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

[music]

Speaker 1 (00:44):
Hello and welcome to the 30th episode of MacPFD Spark. Today, we will be listening to two different discussions about two different types of growth. First, we have the opportunity to listen to Liz Darling discuss the growth and history of the midwifery program at McMaster University. Next, we will be hearing about how to grow an effective workplace environment by selecting the best healthcare leaders with Rick Hackett. Please enjoy the episode.

Dr. Teresa Chan (01:16):
Hello, everyone. My name is Teresa Chan and I'm here with Dr. Liz Darling. She is the Assistant Dean of McMaster's midwifery program, and I think her other day job, in addition to being Assistant Dean, she's also a researcher in maternal health service research, and when she has some spare time, which has been more than usual, maybe this year or maybe not... Well, in her spare time, if she can find it, she's been able to do some cycling and actually that's been something that she's been able to do despite the pandemic, which is kudos to her for having a hobby that can be resilient. So welcome, Liz. Would you like to say hi to the listeners?

Dr. Liz Darling (01:49):
Hi, everyone. Nice to be able to join you today.

Dr. Teresa Chan (01:53):
Yeah. So we're really excited to have Liz, because while she's a force to be reckoned with around these parts and has always been a very strong advocate for really all sorts of education, whether

that's clinical education, early education with regards to pre-clinical, but just really carving out a niche for people who are interested in being educated as a midwife. She also works really hard to kind of help mound out some of the educational directions that we have across the school of medicine, and is just a really wise person. So, I thank you for coming on this podcast.

Dr. Liz Darling (02:25):
I'm glad to be able to be here and join you.

Dr. Teresa Chan (02:28):
Liz, can you tell me a little bit about what it was like to be part of our midwifery program? 'cause it sounds like you were in the second cohort of students ever, in the program. Is that correct?

Dr. Liz Darling (02:38):
Yep. That's right. So back in the very early days when the program was much smaller than it is now, and I think some of the faculty members sort of described that whole time period as being one term ahead of the first class of students. So when I went through the program, everything had been tested once, so I probably had a slightly more polished version, but it really was a pretty exciting time in the profession, I think. There had been a lot of work that went into leading up to the build-up of regulation, and the people who were involved as faculty members often wore lots of different hats. They had often been actively involved in different ways, prior to the regulation of midwifery. So when the program started, they were all very busy, still doing lots of other jobs in addition to creating a new program, and I think, were just thrilled with the idea that there were now gonna be more people joining them to be able to take on some of those roles in a few years, as we graduated.

Dr. Teresa Chan (03:27):
So take me back to before the program existed. Can you tell me a little bit where midwifery kind of situated itself? It wasn't yet regulated, like you said, and it was something that wasn't a regulated health profession. Is that what you're getting at?

Dr. Liz Darling (03:41):
Yeah, that's right. Midwifery actually operated in sort of an interesting context at that time. It was illegal. So it wasn't specifically illegal to be a midwife, but we had a number of people who had been trained as midwives in other countries, so for example, in the UK, who came to Canada and then weren't able to work officially in the role of a midwife, many of them ended up working as labor and delivery nurses. And then we also had another group of people who had trained as lay midwives, often through apprenticeships. Some of them worked with family physicians who at the time, attended home births, and that's how they initially learned some of their skills as midwives or they apprenticed with other midwives. Some of them traveled outside the country to do training and then came back. So they were working outside of the healthcare system, essentially and usually being paid privately by clients for the work that they did, they also did a lot of pro bono work, I think at that time. And they were only able to act as the primary care provider for home births. So when clients had births in the hospital, they could go into the hospital with them to provide support, but couldn't continue to provide clinical care. There were some small exceptions.

Dr. Liz Darling (04:44):
So McMaster was actually one of those exceptions. They had a number of nurses who worked on labor and delivery, who were trained as midwives, and before regulation, there actually was a pilot program that McMaster, where a number of the people who had previously been in the role of labor

and delivery nurse were able to actually work to the full capacity as midwives and attend births at McMaster.

Dr. Teresa Chan (05:04):
That's amazing. Honestly, the history of midwifery in the UK, I know because of that show called Midwife. But, it's fascinating to hear what it was like and all the leaps and bounds that we've come along way since the... Even the time earlier, just proximal to your training, to be honest. Because that was around the time that... That was when regulation was starting to happen, right?

Dr. Liz Darling (05:26):
Just all the work that went into that, there was a lot of support from clients of midwives who worked to lobby in and encouraged regulation. There was a task force that was set up by the government to look into how it should be set up, in terms of the education program, how midwives should work. And Dr. Karen Kaufman, who was the founding director of the Midwifery Education Program, here at McMaster, actually was the chair of that task force, and they looked broadly across different countries... Models that were operating in other countries, to sort of inform the decisions that were made here in Ontario.

Dr. Teresa Chan (06:00)
Let's fast forward to now, and some of our listeners actually might not be health professionals, so they might actually not quite understand how big a deal regulation is. But now, midwifery is a regulated health profession, which means that it's on the books, it's totally legal, and it has parameters, and it has its own governance structure and all those other things that registered and regulated health profession has. And so, It's a professional designation now, that you can get through McMaster. And can you talk to me a little bit about what an average day of maybe not someone like yourself who also does research and other things, and Assistant Dean work, but let's say an average midwife's career on a day-to-day basis. What does that look like? Just for our listeners who might not know.

Dr. Liz Darling (06:43):
It's pretty varied, actually. So, most midwives in Ontario work in a model where they are based in the community, they work in group practices with other midwives, they attend births both in the community and in hospital, and they provide primary care to people that starts at the beginning of pregnancy, goes all the way through, includes all the care at the labor and birth for both the person who's giving birth and for the baby, and then continues for six weeks, postpartum. So, an average day actually can be quite varied for midwives. So sometimes it will be spending a full day at your clinic, doing appointments, prenatal and postpartum appointments, seeing parents and babies. Sometimes it can be that you get called in the middle of the night and you head off to a birth and the next day, you might be doing some home visits, following up on people at home. There's a fair bit of variety in what the day-to-day looks like for midwives. We are starting to see some other roles that midwives are starting to play in health care system too, which is just a recent development, where there is now some funding available for midwives to be working in interprofessional teams. And so they might be taking on some pieces of those portions of care, and working with other professionals to provide the whole package of care, around the pregnancy inter-partum and postpartum period.

Dr. Teresa Chan (08:01):
That's a lot of stuff. And it sounds like such a diverse practice. It must be a very interesting health profession to get involved, and many of my friends who have chosen to go through and have a

midwife, have not looked back. They have definitely found that it's an experience that they really cherish. And so, I think that speaks to the quality of the kinds of graduates that your program is probably putting up, 'cause most of them are from around here. So congratulations on definitely making a high impact for a lot of people. Because I think there is a lot of mechanization that goes on and depending on people's experiences with child birth, sometimes there can be pickles that people encounter and have different rapport with different people. And so, I think having a diversity of people out there that they can pick from, for the style of birthing experience they wanna have and have support. I think I love that it's more interprofessional as well, so I think that's really awesome to add to that diversity of the network of people that people can rely on.

Dr. Liz Darling (08:53):
It's a really rewarding type of work to do. Often, for people to transition to parenthood is one of the most profoundly impacting times of their lives, and to be able to be a part of providing care to people at that time can be tremendously satisfying.

Dr. Teresa Chan (09:10):
So it sounds like it's a really interprofessional zone. And so, it sounds like you probably have a lot of different collaborators, from family doctors, to nurses, to people who are obstetricians and gynecologists. Being a midwife sounds like you'd come into contact with a lot of different people and be really kind of working inter-professionally. Is that correct?

Dr. Liz Darling (09:27):
It's changing and evolving over time. I think the original model of midwifery care in Ontario often means that a lot of the time as a midwife, you're just working one-on-one with your clients. But midwives definitely do intersect with all of the professionals that you've mentioned. Particularly around the time of birth, when we go into hospital with our clients, we're interacting with the people who are there on the floor, and they may not be individually involved in the care of that particular client, but we do see them and they're there as a team, as back-up when people do require more interventions. So I think one of the things that has changed over time, though, as I mentioned, there are now some more opportunities arising in the system, for people to work in more interprofessional settings, and I think that's something that has been quite welcomed by some midwives.

Dr. Liz Darling (10:12):
I think the original model of midwifery care worked really well, and it is really, as you mentioned with your friends' experiences, it's often an experience that people find highly satisfying. But I think it's nice for us to have more options in the system also, for midwives to be able to interact with other healthcare professionals. It allows them to share their knowledge and ideas and improve the care that's offered in teams, and it also creates new opportunities and ways for midwives to work, that might fit better into their lives and help retain them in the profession as well.

Dr. Teresa Chan (10:43):
I think that's probably the case with all health professions right now, because with the added strain of a pandemic. But also just increase in volumes and diversifying the way that we see our jobs, I think, will be really important for sustainability. So that's a really good point. Thinking about how we can pivot to provide care in different models, I think virtual care has been a real thing for people lately, I think that my psychiatrist colleagues and psychology colleagues are actually finding better access, and obviously, with midwifery and obstetrics and gynecology at large, it might be hard to

actually not have physical exam as part of it, but I would assume that there's other parts around counseling and early pregnancy, where you'd have access to have someone to talk to you. And I think that we can definitely see that transition manifesting in front of us right now, as we are kind of heading into the brave new world of probably around 2010. [chuckle]

Dr. Teresa Chan (11:37):
I was finally coming about to where the rest of the world was 10, 20 years ago. We're starting to use video chat as a modality to deliver care, and I think it's because of, like you said, regulation has been hard to enact for the midwives, but also regulation is also hard to change. And so, as we head into the world of digital technologies, we haven't always been able to change the laws that govern what we do, and so many of us, we're practicing the old way until, hey, the pandemic hit, and then everyone's basically creating a 2.0 version of their practice in real time. And it's been such an exciting time to be a healthcare practitioner, I think in some ways. It's also a little daunting because of obviously, the... The pandemic has not been not felt. But have you found that there's been a shift in rejuvenation or perspectives on how we provide care?

Dr. Liz Darling (12:31):
Definitely, the pandemic has had broad impacts in terms of the way that Midwest are delivering care. And it's interesting, I think in these times of stress, I don't wanna be too binary about it, but I think there's often two different ways that people react. Sometimes when there's change and people aren't anticipating it, it can feel overwhelming and can leave people feeling exhausted and frustrated, but I think, as you described also, there's the potential and change to create new opportunities and for it to be quite exciting. And so, I think there definitely are some things about the changes that the pandemic has produced, that are exciting, and the ability for us to be able to explore ways of providing care online and potentially making care more accessible is interesting. I think that's also... For me, one of the things that's exciting about the new opportunities in terms of midwives being able to work in different ways in the health system too, is that it's creating new opportunities for us to improve access to really good care for people.

Dr. Liz Darling (13:24):
So having midwives being based in a community health center, for example, that serving people who often don't have good access to healthcare means that midwives are able to work in a role where they don't have to be attending lots and lots of births in order to earn their salary. They can spend time with people, help them to navigate the system, build trust with people who might not otherwise really be comfortable seeking out care. And so I think those kind of other opportunities there are some of the things that are really exciting to see happening, as we see change in the profession.

Dr. Teresa Chan (13:56):
It's so awesome, to kind of see the evolution of a profession, and I think as a physician myself, that happened decades ago and hopefully doesn't stop changing because I think with the advent of things like the can men's rules and other things like that, we've seen a rejuvenation every so often, of a profession. But there's nothing as exciting as what you've experienced in your career, seeing actual regulated health profession come to prime and be part of that change. So as a student at first and now as a faculty member. But you weren't always here at Mac, right? You went away for a little bit?

Dr. Liz Darling (14:27):
Yeah. I graduated from McMaster a while ago, back in 1997, and I went and actually practiced in two different places. I worked for a little while in North York, and then moved to Ottawa and was a faculty member at a distance, for Laurentian University, for their midwifery education program there, for a while. And so, I just came back to McMaster, early in 2017, and it's interesting because I think I... I didn't necessarily anticipate that I would come back, but in many ways, it does feel like coming home, it's a very comfortable place for me to be.

Dr. Teresa Chan (14:57):
That's super interesting. So tell me a little bit more about what brought you back then, because I think a lot of new grads often think, "Oh, should I stay academics? Should I go?" That's the tension, so we can explore that a little bit. But let's start with what brought you back. Why did you come back, in the end?

Dr. Liz Darling (15:13):
I was sort of recruited to come back to be able to step into the role that I'm in now. And I guess I never had... As I was moving through my career and becoming a faculty member and teaching at Laurentian, I was really pretty interested in doing midwifery research. I never had a burning desire to be the leader of the midwifery education program. But I think one of the things that really appealed to me about coming back here and stepping into that role, were the other opportunities as well, to be able to really support the growth of midwifery research. And now, being in the role as the Director of the midwifery education program, I find it very exciting and there are lots of really rewarding aspects of that job as well. So I'm pleasantly surprised that that leadership role is also very rewarding for me, but the research piece was really what appealed and what was probably what pulled me the strongest, to come here.

Dr. Teresa Chan (16:04):
And I assume that may have been some of the inklings around how you might be able to connect better with other research intensive faculty members here at McMaster, and I guess we're kind of known for some of our work and research, like in medicine and other things like that. So I assume that some of that was a draw, but I would also assume that it was a chance for you to carve out your niche and your ability to collaborate as well, with more centers and things like that, because we're closer to other centers, I assume.

Dr. Liz Darling (16:34):
So I actually have multiple degrees from McMaster as well, and one of the degrees that I did was in the HR and the Health Research Methodology program. And so, knowing that there was that really strong base of people doing research outside of midwifery was definitely one of the things that appealed. There also were a couple of faculty here at McMaster, with really active research programs in midwifery and nobody else really in Ontario, at least with that kind of comparable level of research as midwifery faculty members. One of the challenges for us has been that the midwifery education program was created as an undergraduate education program and we're essentially funded to run an undergraduate education program, which means that really the faculty roles for a long time, to just focus entirely on education. And that's been great in terms of developing a really high quality undergraduate education program, but I think it's time in the evolution of our profession, for us to be looking towards building a much more substantial research component to support the development and growth of our profession and inform ongoing clinical change, inform improvements in how we deliver health services, all of those kinds of areas of research that are

relevant to a profession.

Dr. Teresa Chan (17:40):
That really resonates with me because while emergency medicine in the house of medicine is actually a pretty new specialty, in many ways, it's one of the only specialties that erupted, maybe other than obstetrics, I would say, that erupted because there was a dire need. The idea would be that people were showing up to hospitals on the doorstep, and then they had to create a room where we would have people, usually interns, tending to lives with people to make sure that they could be taken care of, and that specialty evolved over several decades. We probably had a head start for about 10-15 years before midwifery became a regular profession, but we were championed by that founding group of people who actually just said, "Maybe we should actually have a discipline now, in the house of medicine and carve out a niche." And then again, it started out with great educational programs and then evolved, that were like, "We should probably do our own research," and then you see the advent of Emergency Medicine journals and amazing scholars and researchers that have come out of our discipline now, to carve that out.

Dr. Teresa Chan (18:39):
So it definitely mirrors some of the other evolutions of other parts of healthcare. And so, that's really exciting. I'm sure that with the advent of nurse practitioners and extended care nursing, we'll see a similar evolution there. I think we're seeing some glimmers of that with paramedicine as well, because some of our paramedic colleagues, they're not regulated, for instance, in Ontario. They are regulated in some other provinces. So it's super interesting, I think, to see, as health care evolves and changes, it bring other people to the table, how we're gonna see the advent of great researchers like yourself taking charge and carving out a niche so that's really inspirational, thank you.

Dr. Liz Darling (19:14):
One of the pieces of research that I've been working on as a supervisor, anyway, is some research about strengthening professions, and I think one of the things that I do always keep in mind are the words of somebody that I worked with who is a midwifery leader in the professional association here in Ontario and went on to become the president of the International Confederation of Midwives. She really talked about the pillars of a profession being education, regulation, and association, but we often think about a fourth pillar as well, and that's research. And I think those different pieces really help to build and strengthen a profession, and often the work that we do as researchers can help with those other pieces, right? It helps with the care that's provided, but it also helps with how you form as a profession and the education that you're providing to build your profession.

Dr. Teresa Chan (20:04):
Yeah, as someone who does primarily education research, I'm feeling where you're going with that, because I think all three of those pillars, actually, are strengthened and bolstered, let's say, by scholarship and research in those areas. We're not just grinding out papers for the sake of grinding out papers, especially in health professions. What we're trying to do is we're trying to articulate better how we should do business, how we can do that better for our patients and our clients, and how we can improve the whole system so that we can really just make society better. And I think that in other parts of the university, it's not as clear-cut how you do it in other disciplines, right? So I can imagine it's not as obvious sometimes, the line of sight between some of our humanities colleagues and how they change the fabrics of society, but in Health Professions we're an applied science at the very forefront of people's lives. And so if we can improve the way we deliver care

through your health services research, some of my education research, or some of the clinical trials and things that people were kind of famous for around these parts, I think that that's how we help change the fabric of what Canadian healthcare looks like, so... That's exciting. Super exciting to me. So I can see why you came back. [laughter]

Dr. Liz Darling (21:13):
Yeah, yeah. I think one of the other things that I appreciate, too, being back is really being in a culture within our program, but I think also within the greater university, of this desire to improve and learn and do better. When I talk to my colleagues about any of the things that are going on, people have that inherent drive to figure out, "Okay, like, we could maybe do it differently this way that next time, because then we'll address this problem." And I think that sort of creativity and desire to continue to learn is really inspiring and motivating.

Dr. Teresa Chan (21:43):
Innovation is part of our strat plan, so I guess that's probably where it comes from, but I do think that there's a hunger to always make things better, I think, because if you're a trialist, then you're always thinking about your next trial. If you're someone who is an educator, you're always thinking about how you can improve your program. And if you are someone who is a clinician, you're probably always looking to see how you can improve, right? That's why we have things like M&M rounds for the clinicians, or sometimes we call them Awesome and Amazing rounds, when things go well. So how awesome is it to have those kind of avenues to start thinking about the future and how we can improve? And have that real joy to think about the next challenge and see it as an opportunity to grow, rather than being hindered by it, because I think there is a lot of burnout in all the professions right now, with being saddled with more and more paperwork, more and more HR, typing, and all those other things.

Dr. Teresa Chan (22:31):
But how do we spark joy in what we do? I think it's looking to the future to think about how we can do it better, and I think that scholarship really brings back to light and QI or education research, or actual proper health services research you do, or even running a clinical trial. Those are all a kick at the can at do something better next time. I think that that's a real good essence of what drives us in academia, so... Thank you so much for bringing that up.

Dr. Liz Darling (22:54):
No worries. I think when you spoke there about sparking joy, it reminded me of some of what I've been hearing and some of the research that I've been doing lately. So I'm working on a project where I'm investigating the value for money of these new funding mechanisms that we've had introduced in Ontario that are allowing midwives to work in different ways, and I think the midwives that I've spoken to who are working in the new models are just very excited about the work that they're doing. And I think one of the key things that comes across for me, in many of those conversations, is that they're doing work that they feel is really meaningful, and they feel it's addressing key needs and it aligns with their values, too. And I think that's one of the things that we have a privilege in healthcare to be able to do work that we really feel aligns with the values that we have, and we're working in a field that has a greater purpose, and we're intending to do good in the world and for society. And I think that when you're able to have all those things line up and feel like what you're doing in the day-to-day is really making a difference, I think that's part of what helps to spark joy for people.

Dr. Teresa Chan (24:00):
Yeah, I think that that's a big part of why we're trying to do this podcast is to bring those stories and maybe just some of that reflection to people, because I think when you're doing the daily grind and you're rushing around and you've gotta get home to feed the kids and put them to bed, and then you have to write a paper, and then there's a grant deadline, and in that busy whirlwind of things, do you ever take a step back to say, "Huh, what I do really matters because of X, Y, Z"? I think you've challenged me today to do that for myself, and hopefully for our listeners, we can take that moment to reflect, because I think it really does help spark joy, probably build resilience, and really come to help you get through some of the harder parts of what we do, because when you've been rejected by the fourth journal, it can be a hard day. And when you have a patient die, that could be a hard day. And if you don't center yourself around those values about why you got into this business, why you've gotten to the kind of job that you do, then without those touchstones, we can get lost, and that feeds into that burnout and that lack of resilience that we sometimes see.

Dr. Teresa Chan (24:56):
And I think that having those moments to zoom out and just think through... I think we all kinda joke about it, but find that admissions letter that you wrote about why you wanted to be a midwife, a doctor, a nurse, NP, PA. Find a time to look at that PhD dissertation that you spent so much time writing and just marvel at it. I think those little moments where you can actually take that step back to reflect on how far you've come, but then also what you could find joy in doing next... I think those are really amazing things that we can do.

Dr. Liz Darling (25:31):
The other piece of it, too, that I think is useful when we try and remember what those core values are is that I think many of us in this world, where we're wearing multiple hats, and academics as well as clinicians or educators as well, end up having many things on our plate. And I think sometimes being able to take that step back and think about what your values are and reflect a little bit on what are the things that really align, and what are the things that maybe you need to let go of is also really helpful. And I'm probably preaching what I don't always remember to practice there a little bit. [chuckle]

Dr. Teresa Chan (26:02):
I agree, I was gonna say, "I think I need to do that for myself," so thanks for reminding me, and I think, yeah, for early in career it could be... That could help you pivot to where you wanna go. So for you, it took you to Laurentian. For other people, it might be that you're in a mid-career funk, I guess I call it, when you're not really sure what your next step is gonna be. You're kind of like a little antsy. I think taking some time to take that zoom out, look at your values, try to figure out what works for you... I think that's why people have sabbaticals in academia. Not all of our clinician colleges have the benefits of a sabbatical, but you could still do the thinking that is around a sabbatical and figure out what it is that aligns with what your goals are in life. What do you value? Where do you wanna head? And those are great questions to think every so often. You don't have to do it every day. It's exhausting work to do every day.

Dr. Liz Darling (26:51):
Another way of thinking of it, too, in addition to values that I think is useful is also thinking of creating a mission statement. So I don't know how many of the listeners might have read Seven Habits of Highly Effective People. That's a strategy from Seven Habits, but I think that can be useful, to sort of... If you have a larger purpose or goal that you're working towards, you can figure out what

are things that you can do that can fit in? What could be a next step that you might do that might take you further down that road? It's another way of helping to help you have a little bit of focus, but also ensure that what you're doing is the stuff that's gonna bring you the most meaning and tap into what your strengths are.

Dr. Teresa Chan (27:27):
Yeah, I love that, and I think that's something we're gonna be trying to carve out some new programming around, so definitely stay tuned to our website for some of our... Maybe our new learning management ecosystem, where we'll be asking for people to step into actually doing those reflections, maybe with others, but maybe just with themselves in their own time in their own way, because the questions that you're asking now are great fodder for actually one of our... What we're gonna call "QUEST". So it's gonna be Query-based Ubiquitous Educator and Scholars Training, and it's gonna a new take on faculty development. So hopefully those of you who are listening, if it's already piloting, you can try it out, and for those of you who are, like, "What is this?" You could come check out our website and see about this as a pilot and be involved, so... Thank you so much for all this time. It's been great having this conversation with you.

Dr. Liz Darling (28:12):
You're welcome.

Dr. Teresa Chan (28:12):
You are such a, like I said, wise person that I have been told I should talk to you, and you did not at all disappoint. In fact, you exceeded all expectations. So thank you so much.

Dr. Liz Darling (28:22):
Thanks, Teresa. It's been nice to chat with you too.

Dr. Teresa Chan (28:24):
Until next time, this has been MacPFD Spark.

[music]

Speaker 1 (28:29):
Wow, that was a really awesome first segment of the MacPFD Spark podcast. And now onto our second segment.
Dr. Teresa Chan (28:42):
Hello everyone. My name is Teresa Chan, and I'm here with someone new today. Dr. Rick Hackett is a member of the DeGroote School of Business, and so that's the other DeGroote school that we have here on campus. And he is someone who excels at being able to inspire people around the idea of how to hire better, and that's really something that he's been doing a lot of work in, is around hiring practices around leadership, how do we select better leaders, how we do that kind of work? And so he is someone that is associated with many of the programming at the business school. And so it's a delight to have you here, Rick.

Rick Hackett (29:20):
Thank you, Teresa, and it's wonderful to be here to share my knowledge and experience with the audience.

Dr. Teresa Chan (29:28):
Well, I'm really excited because, to be honest, it's great now we have the health leaders academy where we can intersect with more of the folks from the business school, 'cause then I think in healthcare, there's a bit of a divide between those who have some of that expertise in some of them... Like us that read in Harvard Business Review, or some of the other trade magazines about these concepts. But we often don't have the privilege of knowing someone like yourself who is a deep expert in some of these areas, so I wanted to pick your brain a little bit about the stuff that you've been working on. So can you give us a little bit of a biography about who you are and what you're up to? Because not everyone will know you, but they should, and so I'd love for you to tell us a bit of your story... Your origin story, as it were.

Rick Hackett (30:12):
Just briefly. I'm 34 years with an expertise in researching through consulting in the area of recruitment, assessment, and selection. My training is in Industrial Organizational Psychology. So I'm an industrial psychologist. An industrial psychologist is akin to a management consultant, but with a specialization in assessment, typically assessment and selection. I have had over the years a variety of clients in both the public and private sector. I'm currently a co-author of the leading selling text on recruitment and assessment in Canada, and more recently I've been doing research into character-based assessments of leadership.

Dr. Teresa Chan (31:00):
That sounds really interesting. And so tell me a little bit more about the character-based stuff, 'cause I'm not sure what that all means.

Rick Hackett (31:07):
My experience is that in a lot of executive assessment, more attention is being given, and rightly so, to areas such as experiences and competencies in functional areas of being a successful executive. Much of this work is done through reference checking. Some of it is done through psychometric assessments. But the emphasis as given to assessing character, like integrity, justice, courage, prudence, temperance is often given short shift. And so the problem of that, of course, is that you can have a highly successful... Otherwise highly successful executive put into a position because of their competencies and expertise, but they lack in character, and they can bring down the morale of the workplace because of their particular leadership style and the way in which they make certain decisions.

Dr. Teresa Chan (32:10):
So what you're trying to map back is that certain tendencies we have in what you call our character may have some level of impact on the way that we do business, the way that we actually lead, the way that we actually carry ourselves and impact the system around us, is that correct?

Rick Hackett (32:29):
Yeah, that's correct. So some of the leadership style questionnaires will get at that, in terms of what your likely style of leadership will be. Are you one that's collaborative? Likely to listen, to bring together the views and perspectives of other people? Or are you more direct and unilateral in your leadership approach? So we do get at that with leadership style questionnaires, but my colleague and I have developed an instrument that specifically, and in a more refined way, gets at various attributes of character-based leadership. And the research that we've conducted over the past few years has shown that this particular tool has good predictive validity, in terms of predicting things like the success of leaders when it comes to the well-being and life satisfaction of not only their

employees, but themselves, as well as individual and unit level performance.

Dr. Teresa Chan (33:30):
Wow, that's really interesting. So you have found that if certain characteristics are displayed by a leader at the time of selection, that it maps forward to some really high impact stuff, right? Like the influence on their own well-being, but others and the system and the performance that they'll use? That's really important stuff. And so when you're selecting a leader, where would you actually put this tool that you've developed? Where would it actually situate? Would you do it as part of a screening tool? Or how would you fold it in? Is it something you put in the interview process?

Rick Hackett (34:02):
Well, it could be. It should be part of a broader array of assessments done in executive assessments. It's done up front. It's weighted along with other important predictive data of leadership effectiveness. And so we're in the process now... We've developed a paper and pencil tool that captures candidates where they are with regard to these various attributes of character-based leadership. We're moving now to developing a behaviourally-based interview where we can get at these attributes in a systematic way through behaviourally-based interview questions. A further approach to assessing this is through what we refer to as a situational judgment test. So we can present to candidates... Leadership candidates a series of behaviourally-based scenarios that present situations in which leaders must exercise moral-based decisions to see how they would respond to those situations. We're also in the process of developing a situational judgment test, and this research is sponsored by the Social Sciences Humanities Research Council of Canada.

Dr. Teresa Chan (35:16):
Awesome. That's like the CHR of social sciences, so that's the big leagues. [chuckle] Tri-council funding is always very hard to get, and so I think a lot of others will admire the hard work that you're doing in this area, and look forward to what you're coming out of this with. But it sounds like what it is is that you're getting at something around the edges of it, that when we're selecting leaders, we should be looking at a whole bevy of assessment tools to be able to understand that person a little bit more, like a program of assessment around that person at the time of selection. Is that more common, let's say, when you're looking at high level... Executive level leadership selection?

Rick Hackett (35:51):
What I really want to underscore is that selecting leaders, especially at the senior ranks, is an extraordinarily important undertaking, and that with any other approach to decision-making, it should be systematic, evidence-based, and comprehensive. It's a lot being invested in leaders, especially at the executive ranks, but also on further down the ranks of leadership. My recommendation is to bring this very systematic, apolitical, evidence-based approach to selection, which can include a number of different approaches, from psychometric testing to behaviourally-based interviewing, to work samples and simulations, to get a more holistic and broader but in-depth assessment of these candidates. It's made increasingly easy today... Easier, given the technology that we now have available to us, Teresa. A number of these assessments are now offered online with very quick feedback provided to the candidates and to the selection board.

Dr. Teresa Chan (37:07):
So the idea would be similar to what we have here at our medical school, the idea of a multiple mini-interview. You might have different phases, because it probably helps with... Obviously, it helps with reliability. We know that from the MMI literature, that having multiple different vantage points

being assessed over time, you will have a better measure of someone's overall performance and prediction of their performance overall. And it sounds like what you're saying is that when we're selecting leaders, we should do as well by them as we do our own students, when we're selecting them, in that a single interview mean... And to be insufficient to really get to the bottom of understanding someone, especially where it's a high stakes leadership position where someone might be there for a decade or more, right?

Rick Hackett (37:50):
Yeah, you know, I tell my clients that really what we're trying to do is apoliticize the process. To use these evidence-based tools, we should be able to explain clearly what each element of the assessment process is accomplishing. How do each of these assessments map onto the relevant knowledge, skills, abilities, and experiences that we're looking for in a leader? So it should be systematic in that way, and it should be objectively scored against agreed criteria of the selection committee. And of course, where there are more people involved, you're looking for some conversions in their assessments, if you're talking about behaviourally-based-based interviewing, for example. If there's a selection interview board, you're looking for consistency among the ratings against agreed upon criteria to each of the questions being asked in that interview.

Dr. Teresa Chan (38:47):
And so in the interview process, what does the evidence say right now about the best way to interview? Should it be serial interview? Should it be one big giant group of people, all hearing the same answers? What would you recommend if you were to be setting up a selection of some sort, let's say, for a leader in healthcare?

Rick Hackett (39:05):
So most importantly is the structure in the delivery of the interview itself. Each interview question should be behaviourally-based and links specifically to a knowledge, skill, or experience that the question is intended to address. So that's first and foremost. By behaviourally-based, I'm referring to, "Give me an example in the recent past when you faced conflict between two parties. What did you do? How did you handle that situation? Why did you adopt that approach? Would you do anything differently, managing conflict?" So I would say, firstly, in the content and structure of the questions, that they all be job-related. In terms of serial versus team interviews, the more that the process is structured and objective, the less you need a number of people around the table doing the interviewing. Having said that, however, it is advisable, especially if you're looking to bring diversity into your workplace, to have diversity represented on the selection interviewing board, so that... What I recommend to clients is that there would be a scoring grid for each of the questions, so that the answers provided to those questions can be scored against those pre-agreed upon scoring criteria, that the ratings be independently applied by each member of the committee, and then those ratings compared among members of the committee, and where there are discrepancies, they need to be discussed and understood.

Dr. Teresa Chan (40:47):
The idea would be to use these grids to open up better informed conversations, so you're not all discussing the same things that everyone already agrees upon. "This person's really good at communicating." That's not where we're gonna have the fringe decision on this candidate, whether or not they're acceptable, but rather within that person, say, "Okay, well, here there's two groups of us that thought very different things, when they talked about collaboration. Right? And so let's talk a little bit about understanding that as a group together, about how we're seeing this person's

collaborative skills." Is that what you're talking about?

Rick Hackett (41:18):
Yes, that's true. But let me also say that the degree of discrepancy and the evaluations of the quality of the answers to the questions will be lessened to the extent that going into the interview, the interview team has already discussed and come to some agreement as to the scoring grid that will be used to the answers to each of the questions.

Dr. Teresa Chan (41:43):
So you're saying you have to calibrate with your team before you even go in, so you should create the scoring tools together so that you have a shared mental model going into the interview?

Rick Hackett (41:55):
Yes, and with my clients, sometimes you get a bit of a push back saying, "Wow, we just don't have the time nor the resources to do that. That's too micro or too in-depth for us." And I say, then, you can't afford not doing this. If you want to make a good hiring decisions, and hiring decisions that are also legally defensible, that you would be doing this, that the price of not selecting the appropriate person for these leadership appointments is a big price to pay. So it's better to invest the time, effort, and other resources upfront. Once you've done a couple of these, it becomes much easier going forward doing more of them.

Dr. Teresa Chan (42:39):
Yeah, I would think that the first one is the hardest one. And if you have a static selection team, then it's probably easier the next time you do it, but if you have a different team selecting people all the time, then it's incumbent then to really fold together the process, so that the people who run the process know the process inside out, and then can see a different selection committee through a different process each time, I would assume.

Rick Hackett (43:01):
Yeah, you know, again, it's just like systematizing the process, making it objective, depoliticizing it. Look, when we went out, my wife and I, to purchase our first home, we had a whole list of things that we'd be looking for in a home, and we would go and assess the house against each of those criteria and see which of them were satisfied, which were not, and that helped inform our decision. A lot of people do the same thing in the purchasing of a car. Well, my goodness, when you're selecting a leader to take up major responsibility in an organization, you ought to be doing the same. You ought to know what are the qualities and attributes you're looking to assess, and then go ahead and assess them in an objective way. Which brings me to my other point. I think that the selection should be going hand-in-hand with a very comprehensive, well thought out, and implemented succession plan within an organization. So that is, there should be identification of leadership potential against understood criteria within the organization to be able to identify your up and coming leaders, and to provide them the experiences, the diverse experiences, required to develop them for the next level of leadership.

Dr. Teresa Chan (44:21):
I like that idea, because I think a lot of the time where people think about succession is that they think about, "Okay, well, who's gonna take the spot next?" But they don't always think about it in that developmental state that you're talking about, is that, "How do I create the experiences that that person, who might be a great leader someday, will need to gain the experiences so that they can become a better leader along the way?" And I think that sometimes we're not creating those

spaces for people to apprentice up into roles and not giving them opportunities to do so. We sometimes cloister the leadership role, that you don't get to be a leader until you are one, and then by that point... Well, we've lost that time. If you identify someone with leadership potential in their first three years of practice and give them an opportunity to lead smaller projects or smaller groups, and then get up to the point where they can lead a bigger group, that's the kick of it. And some of us are maybe a little scrappier and we'll go find other opportunities to lead outside of non-profits, or in community-based advocacy groups, because the central hierarchy is too hard.

Dr. Teresa Chan (45:26):
But I think it's also about acknowledging that sometimes those leadership lessons you learn, motivating dozens of volunteers to do work, actually might be the skills that you need in the formal hierarchy, when you can also then give people pay and then another incentives. If they can help someone do something for no money at all, then when you give them money, they might be even better leaders than you even thought, right? So I think that these are some of the things that I've noticed is that sometimes people don't get given the mandate to lead until they are in a formal titled leadership role, and that might be a little bit too late.

Rick Hackett (46:01):
Yeah. So it should be a well thought out processed in place, and the other aspect of this, Teresa, is it communicates to people who have leadership aspirations throughout your organization that they're being treated seriously, that there are these developmental paths that they can take, and that there are opportunities to move onto more senior positions within the organization. To the extent it's lacking, you risk potentially losing your best talent if they have these aspirations.

Dr. Teresa Chan (46:33):
I think about it in some ways as a physician. I walked out into a residency program after I finished my MD, and it was understood that I would spend five years apprenticing to become the specialist physician that I am today. But then when I walked out of that role as a specialist emergency position, it wasn't clear to me what the next step could be, and what the next apprenticeship would be, and I had to figure it out myself and cobble together the skills. And I think what I'm hearing from you to say is that maybe we could be creating more transparent processes that would allow someone in that, like you said, apolitical way to be able to just see, "I can enroll in a leadership apprenticeship program and learn at the elbow of someone... " I guess right now on the Zoom [chuckle] with people right now, but the idea would be I could have a mentor who could take me through different parts of what their leadership practices, and maybe at times help them with that and at times apprentice with that, and then at some point maybe take on a bigger role myself. And I think that what you're saying is that that may be something that we could look around to do more of, so that we could create those pathways that are either application-based or some kind of talent spotting base. It probably doesn't matter so long as there is a pathway for people to be able to learn those skills and apprentice into what I consider a community of practice around leadership.

Rick Hackett (48:00):
Yeah, that's true. In that way, the leadership potential within your organization is working in partnership with the organization collaboratively in understanding transparent career paths and accessing the resources required to develop their leadership skills and array of experiences that help develop them is certainly part of that. And you mentioned also mentoring and coaching, that can be built into the process, and I understand the financial constraints healthcare sector is under, but this is extraordinarily important to have the right leadership talent in place to lead in the healthcare

sector, because at the end of the day, it's going to lead to efficiencies and effectiveness that is going to result in significant cost savings, let alone enhance the well-being of the employees reporting under that leadership team.

Rick Hackett (48:56):
And then the other thing, just going back to the assessment part of it earlier, one of the things I've noticed in the healthcare sector is that when it comes to leadership identification and selection, that not enough attention has been given to employing the available psychometric tools and processes that are out there for making those selection decisions. And again, these are evidence-based. They've been shown to result in more effective decisions that have impact on both individual and unit level and organizational actually performance.

Dr. Teresa Chan (49:35):
Yeah, I think that you're really driving that evidence-based home, and since at least in medicine, we talked about evidence-based medicine being coined here locally at McMaster, I would say that maybe we should be thinking about evidence-based practices in other parts of our careers, right? It's not just about which drug to pick, but our health systems are increasingly complex. Every piece of evidence to help us be a little bit better and a little more efficient can have real ramifications towards patient care in the end. So patient or client care, depending on your perspective on that term, I guess. And I think that what you're really doing is throwing down the gauntlet to us, to read more and to be more informed about some of the evidence and best practices that exist with regards to all the parts of what we do. And so whether that's the health systems and paying attention to some of the latest evidence in quality improvement and implementation science, or when selecting a new leader, looking to experts like yourself and others who are writing about this in literature that we might not usually read.

Dr. Teresa Chan (50:35):
It's not necessarily in JAMA or New England, and so it might take a venture outside of what we normally are looking at in order to find some of these tools and find some of the evidence behind it. But I think that your point is well taken, that if we're gonna be evidence-based in only some parts of our practice in healthcare, that may be insufficient to really move the mark, considering how complex healthcare is now.

Rick Hackett (50:55):
Absolutely, and again, part of this evidence-based approach is... With my clients, what I have them do is create this grid and along the X-axis of that grad, I have listed the attributes that are deemed to be important for the particular position they're seeking to fill. And then along the Y-axis, I have how that particular attribute is to be assessed. Are we going to use an interview? Are we gonna use a psychometric tool? A situational judgement test? Reference checks? And so if you can imagine that grid, it's a very systematic and transparent way. And that's where you may find a gap, so often that's where I discovered the gap in terms of assessing leadership character, saying, "Well, we've got pretty much all the competencies, skills, and experiences covered off, but are we giving enough attention to leader character, integrity, prudence, temperance, courage?" A lot of leadership positions involve taking risk, and so you would look at leaders for the attribute of courage. Prudence, in terms of managing very scarce resources, having to make those sorts of decisions, how best to allocate those resources?

Rick Hackett (52:14):
And then integrity and transparency. What sort of role model is this leader likely to play? Are they going to be empowering? Are they going to be collaborative? Are they going to be good listeners? Are they going to identify where certain pockets of expertise lie with certain people among the medical team? There are some areas of expertise that they need to defer to and draw from that expertise and not feel threatened by doing so, right?

Dr. Teresa Chan (52:43):
And I think that we talk about in education having the end in mind. I think what you're encouraging us to do is, just like we would plan a curriculum or decide what we're wanting to produce in the end, in terms of an educational package, so that our trainees can be the kinds of nurses or physicians or physiotherapists or occupational therapists and SOPs, right? We have all this diversity and the types of healthcare leaders we try to put out there, I think that we also need to be doing a similar kind of thing when we're selecting those same people a decade or two later, when they are coming up to being the head of a unit or the lead of a faculty, is that we can be using some of those best practices that we had, just like we did when they first came to us and applied to be that student two decades ago, and we can be using a lot of the same evidence that we know is to be true, that if you know what you're looking for, you'll be better and calibrated in a more... You said objective, but I would say at least collective agreement as to what we're looking for.

Dr. Teresa Chan (53:40):
And I think that that can also steer us away from our biases, right? Because we know that in the bias literature, free for all text boxes and unanchored rubrics are probably the anathema of everyone being able to have a shared mental model. And then politics will reign supreme, when we're not scaffolded with good criteria, when we don't invest in trying to figure out how we're going to calibrate everyone on the same axes, so that we're all within a number of each other, and maybe some people are hawks and some people are doves, but at least we're using the same scale. When we don't even have a scale, what happens is that it'll just be the loudest voice, or the most influential person that might actually just get what they want, rather than objectively being able to harness a team's wisdom collectively to create a system that actually helps us see the best choice. I think that's what you mean by the apolitical process is taking some of the politics and the Game of Thrones machinations... [chuckle] And the House of Cards kind of wheeling and dealing behind the scenes, and lay it on the table and make it more equitable and more transparent and more defensible, our processes for selecting someone.

Rick Hackett (54:51):
Yeah, that's exactly it. I'm pleased that you brought that latter part up, because I've been emphasizing the predictive validity, the effectiveness of these tools and processes in predicting effectiveness. But of course, the transparency and the analytical approach also ensures fairness and provides an opportunity to explain to candidates feedback that ties directly into the criteria for which you're making selection decisions. So you're able to defend any decisions that you're making, and that each member of the selection committee is agreed, is calibrated as to what it is they're looking for in a leader. You know, I keep saying evidence-based, but I haven't really defined what I meant by that, what I do mean by that is you take the metrics of the selection tools that you have implemented. You actually quantify them, then you can enter them into regressions against the criteria that you deem to be most important as metrics of success for that position. And so we can quantify and hold accountable our leaders. We need to decide what the important performance criteria are. Once we have decided that, we can run these regressions using the predictive

information collected through the assessment tools against those pre-defined criteria, and so most of the tools that I'm speaking of have been established as predicatively valid and reliable over a number of different organizations and work samples in public and private sector. That's what I mean by evidence-based.

Dr. Teresa Chan (56:37):
And so that's fascinating stuff. Is there somewhere where we can read more? You said that you have authored a book on a lot of this stuff, and not to turn this into a book promo, but I do think that you've piqued my interest, at least. So maybe could you tell us the title of the book? And we can put it in the show notes.

Dr. Rick Hackett (56:53):
Recruitment and Selection in Canada, by ITP Nelson. It's coming into its sixth edition. A new addition is done every two or three years. It is also a book that is used by the Human Resources Professional Association and the credentialing of the human resources professional. It's written in a way that is accessible to professionals, as well as college and undergraduate students.

Dr. Teresa Chan (57:25):
And the first author is?

Dr. Rick Hackett (57:28):
The first author is Catano, Victor Catano.

Dr. Teresa Chan (57:32):
Excellent. Yeah. It looks like there's rumors of a seventh edition soon, so, that's awesome, yeah.

Dr. Rick Hackett (57:36):
Yes, yeah, and it's actually been written, it's just a matter of that going to price.

Dr. Teresa Chan (57:42):
That's excellent. Well, hopefully that's something that people can look into when they're looking into a good read in their free time, just kidding, but no, I think that more tactically, it's when you are helping to shape the next selection of a leader at any level, I think that you can be looking to guides like this to try to find some of that evidence-based, and I think the higher stakes, the leadership position, the more it's important to put out all the stops to really use all the tools at your disposal to improve health and healthcare leadership but also academic leadership, because I think that a lot of those things come hand in hand and also the practices that you've isolated are not...

Dr. Teresa Chan (58:19):
I think they're fairly agnostic for what kind of leader. They're more about the actual kind of process that you might follow to be able to hone your committee and to articulate what it is that you're looking for, then map for those things that they're looking for, to criteria, and then find the tools that will help them measure those criteria, and then actually use those tools to make their decision, rather than just having a bunch of people sit around Model UN-style and haggle over who likes, whose sweater the most, which might be a separate conversation altogether. I think the idea would be that if we can articulate what it is we're looking for, we can have better and more informed decisions and conversations at least, that lead to better decisions around selection of leaders.

Dr. Rick Hackett (59:04):
And that's true, and I think towards concluding this interview or this podcast, we understand that there needs to be the will to apply these analytic approaches, and we need to be cognizant that oftentimes, the will may be lagging, that there are political dynamics at play that rob against this systematic analytical approach. We need to be aware of that and we need to... Like when I'm working with my clients, I wanna be told a straight story, do they really wanna be selecting the best leaders against a pre-defined criteria and try to gauge whether there is some underlying political force at play that might rub up against that? And it's just human nature, right? These political dynamics play in, so everyone really has to be on board with taking a standardized analytical approach to selection.

Dr. Teresa Chan (1:00:01):
Yeah, and I have faith that a lot of the people listening to this podcast will have implemented a lot of these measures in other parts of their lives, and hopefully we'll see that they're actually not that hard to do because you actually have done them before, and so it's one thing if we were talking about a group of people who had never have thought about these evidence-based selection techniques. But every year our health professions education programs actually use a lot of them, and every year we're using them to select our new fellows and residents sometimes if you're an MD kind of teacher or if you're a person who looks at Master's programs, and it might be that you're using a lot of these same things in the architecture of the application systems, like you've got your GRE, you've got your other tools, like we're using them in a lot of the things that we do for our trainees. And I think we deserve as much hard work being done then when we within ourselves are looking to select our best to be our leaders, because the leaders have a lot of impact on our daily lives. So I think that that's also a part of the groundswell might be that we need to think about how we do that part as well, is that we ask that people do better by us as people who are recipients of that leadership and that we'll have to work with these leaders is that we can select them better by using more of these techniques.

Dr. Rick Hackett (1:01:18):
Yeah, I think in the healthcare sector, you're dealing predominantly with a group that has been sold on evidence-based approach, right? So where I see the political pushback more is in the private sector than within the healthcare sector, but there is typically a few significant champions among the people I work with in the private sector, within an organization that will take the charge to promote an evidence-based approach, so it's happening 10, 15 years ago, it was not at all common to hear about behaviourally-based interviewing. Now, it's being used all over the place. It wasn't as common to hear about work samples and simulations, now you're seeing very sophisticated, well-developed, and reliable and valid simulations that are being offered online for which large reliable databases for benchmarking are becoming available, so the field is definitely moving forward with the increasing attention that big data, data analytics is being given across a number of different functions within the organization, that is also happening within the field of Human Resources Management. And this is what we talk about in my Executive MBA course on a digital transformation. I teach the talent analytics course within that program.

Dr. Teresa Chan (1:02:46):
Very interesting, and so, and this is obviously just a glimpse into this stuff that you might teach in that course, but give us a little bit more of a taste test, what else do you cover? Do you look at performance analytics over time and things like that after selection as well, or is that other kind of stuff that you teach about?

Dr. Rick Hackett (1:03:02):
What we look at is adapting an analytical approach, data-driven approach, and it's surprising to me a little bit as many middle to senior level executives that come in and are saying that they had not previously been exposed to these kinds of approaches, even though increasingly, for the largest and the most progressive organizations, they are enthusiastically adopting them. Google for example, works in partnership with other academics in developing their selection processes within the Executive MBA program, I communicate the various assessment tools and processes that are available and go through within the process by which these tools and processes are validated against important performance metrics and how these performance metrics can have a very significant impact on the competitiveness and longevity of their organizations. They're also introduced to some of the tools and processes of big data analytics, and I have people come in from the industry to share some of the state-of-the-art techniques that are available online for these assessments as well.

Dr. Teresa Chan (1:04:16):
Yeah, excellent. And I would say that the first encounter that I had about the behind the scenes of how Google uses a lot of these analytics is, it's a more of a pop psychology book by Laszlo Bock.

Dr. Rick Hackett (1:04:26):
That's right, yeah, yeah.

Dr. Teresa Chan (1:04:28):
And it's called Work Rules! And it's a big yellow-covered book that I really enjoyed reading and is told in a very easy to approach way, it's not super textbook-like, it's actually more about his story about how he founded the People Analytics Unit, and then how he used those evidence-based data-driven approaches to improve how they were doing work at Google. I think it was a mind-blowing book that really opened my world up to the possibilities of a data-driven kind of evidence-based selection and performance management style, and it's, I think, at the leading edge of some of the stuff that we might be starting to get to within healthcare, as more and more groups are moving to electronic health records and medical records, and more and more data is being gathered, especially around some of the stuff that we're doing in medicine right now around competence-based medical education, it has a lot of the shades of similar in that it's capturing some level of performance and we have more data, and then how do we take this data and help coach the best out of our trainees, and so can we continue that beyond the, I guess, the, we call it the cliff, of the end of training, and can we bring some of these tools then to up our game continuously and in our lives beyond training and in the continuing education space.

Dr. Teresa Chan (1:05:44):
And that's where I'm swimming right now, is try to figure out how we can use some of these tools to help people continue to grow and continue to monitor their performance and get help when they want to and be able to engage in all of that stuff, so it's an exciting time to be in health professions education right now, because we have industries like the tech industry to share with us their stories and maybe for us to learn some lessons from them, and so that we can build upon their shoulders and stand upon what's come before.

Dr. Rick Hackett (1:06:12):
That's excellent, and I also highly recommend Work Rules, it's as a fabulous book and in reading that

book, and you also learn the importance of selection for building and sustaining a culture. So I haven't spoken too much about person organizational fit, but that's another important aspect is selection if you're trying to build and sustain a particular culture, which certainly Google was interested in doing, there are certain attributes that would map on to that culture you're looking to build.

Dr. Teresa Chan (1:06:44):
Again, it's that end in mind, what is the end that you wanna create, and what are the goals that you wanna strive for, and then how do you select people for that end, but then also how do you then help them monitor their own progress or their unit's progress towards achieving that goal, it seems so simple, and yet it is actually excruciatingly hard. And so for all of those who are doing this work, I applaud you, even if it feels like you're moving a mountain, sometimes I think that applying evidence-based approaches and data-driven approaches to the work that you're doing will change the norm, and like you heard Rick said, many people in the past didn't use these evidence-based approaches, but we know from at least there's the one paper that's like... It's the idea that maybe it takes 17 years to translate knowledge, well, I guess we can take some time to reflect on the fact that we can get to where we wanna go, it just might take some persistence and effort by leaders like yourself, Rick, so thank you so much for your time and sharing your expertise with us and I've really enjoyed this conversation. It's been really awesome.

Dr. Rick Hackett (1:07:46):
Thank you for having me Teresa and I enjoyed it as well, very much.

Dr. Teresa Chan (1:07:51):
We'll check you again next time, maybe when we have other questions about performance analytics and we'll tune in for the next segment in the next episode.

[music]

Dr. Teresa Chan (1:08:00):
Thank you so much for tuning into the MacPFD Spark Podcast. Just so you know, this podcast have been brought to you by McMaster Faculty of Health Sciences, and specifically, the Office of Continuing Professional Development in 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. Alright, so until next time, this is MacPFD Spark. Signing off.