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Spark Podcast

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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 member. 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]

Dr. Teresa Chan (00:41):
Hello everyone. I am very thrilled to bring you two very amazing segments. The first is a segment with Dr. Leslie Barron. Now, you might know her from Twitter, and you might have seen some of her fairly political and advocacy-oriented tweets. She is someone who is a physician, actually a surgeon, and she has actually entered into politics in the Canadian political arena. After that, she actually has now moved on to moving back to Australia with her family, and we wish her the best of luck, but before she left, I was able to record a really cool segment with her. So, listen in on that. Then second, we're gonna bring back a friend of the podcast, someone from our own MacPFD volunteer faculty core, and it's Dr. Sean Park, and he's gonna be talk about playfulness and path finding in academic medicine and healthcare. And he's really just brought in a really great way to think about how we can bring play and creativity into our everyday work. And he talks about a Pathfinder program that exists that you might wanna check out. You can see it being listed along all of the other events in MacPFD.ca's events calendar, so definitely check it out.

[music]

Dr. Teresa Chan (02:00):
Hello everyone, and welcome back to MacPFD Spark. I'm here with a special guest, Dr. Leslie Barron, who has been taking advocacy on the road in a new way that many of us probably don't even think of doing. She is someone who has entered into the world of politics and uses that as a way that she engages with changing health systems and advocating for change within healthcare. And so, I thought I'd bring her in to inspire us with her story. So, can you say "Hi" to everyone?

Dr. Leslie Barron (02:29):
Thanks for having me. I'm really happy to be here.

Dr. Teresa Chan (02:31):
Alright, so thanks so much. And I know we're gonna be missing you because you're now headed up to Australia actually to take on new chapters there with your family who's from that area, but you've been here around in Canada for quite some time and...

Dr. Leslie Barron (02:46):
Well, I was actually born here, near here. Ancaster, actually. And I did med school at Western and then surgical training at Calgary, and then on the way to doing a master's degree, met my husband on a vacation, and he was Australian. So that is how I ended up in Australia, getting qualified there, and then 12 years ago, we decided to move back here to be closer to family, and now it's time really to sort of move back to Australia, and be closer to his family and for me to take up a new challenge really.

Dr. Teresa Chan (03:16):
Well, that's so exciting. And so, in the time that you've been here in Canada, you've been quite a mover and shaker. Can you tell me a little bit about your decision to enter into politics of all things? And it's something that I think for a lot of doctors isn't even on their radar as something they could do, but it's something that you chose to do. So, can you tell us a little bit of that origin story there?

Dr. Leslie Barron (03:36):
Yeah, so a lot of people asked me that when I was running in the Federal election last year, like, "Why? Why aren't you going to be doing surgery?" or "Are you still gonna be doing surgery?" And I think medicine is inherently political in Canada, the funding, how it's organized, and particularly as we're sort of recognizing more about the social determinants of health, it's incredibly logical for physicians to get involved in politics and start advocating for themselves, their patients, and really my interest is in advocating for changes to the healthcare system that will benefit both patients and doctors, 'cause there's lots of areas where we could improve things for collective benefit. So, when we moved back to Canada, we had two very young children, I was hired at Georgetown, and then I had my third child quite quickly, and then we were really in the, what I called "Hanging on by our fingernails" years, where we didn't really have time for a lot else.

Dr. Leslie Barron (04:33):
So then what happened was, I was walking through an airport on our way to... Actually, it was our 10th wedding anniversary trip, and I picked up a copy of The Atlantic that happened to have a condensed version of a book called The Confidence Code. And I read it on the flight, and I ended up subsequently buying the entire book. And like a lot of people in medicine, up until that point, I really felt like what happened to me was really an individual thing that... I wasn't really affected by gender bias or anything like that, and the book was really eye-opening as a, "Wow, this is something that happens to other women too." And you have to remember, I'm in my mid-30s at this point with... I have a master's degree, I have a transplant fellowship, I'm qualified in two different countries, I have three children, and I'm leading a full-time career, and I'm still sort of questioning myself and my accomplishments. And so it was just a real eye-opener to me, and that laid in my career.

Dr. Leslie Barron (05:25):
Because of course, when I was in training we didn't talk about those things. We didn't talk about gender bias, we didn't evaluate whether or not female trainees were being evaluated appropriately. We didn't talk about racism in healthcare, we just didn't have these conversations. And so, I think we have moved forward, but unfortunately not enough when it comes to structurally and systemically, so that was really the point. And then very soon after the Trudeau Liberals were elected and the gender equity cabinet was proclaimed, because it's 2015, and I was actually quite impressed with that. And you know, the Trudeau Federal Liberals have continued to draw criticism for doing gender-based analysis on their policies, like the oil pipelines and things like that. And yet, the economists are telling us that's where we need to go. We need to think about how gender affects things. And particularly with COVID, it's been extremely disheartening that we've had these conversations about gender equity, not just within medicine, but society more broadly.

Dr. Leslie Barron (06:23):
And then we've come to this point with COVID, where we now have moms who are working from home, home schooling, losing their jobs, sliding into poverty, and we still have the media consistently going to male experts. Women's voices are completely lost because we just don't have enough women at healthcare leadership tables, sort of making their points and pointing things out. So it's been very, kind of disheartening. But anyway, so going backwards, I then applied to be on the OMA board, and I was elected on to the board at a very sort of controversial time. And at that point, I really didn't know how things were structured, right? Like, how decisions were actually made, the OMA negotiates pay for Ontario physicians with the government. Negotiations did not go well. Very controversial TPSA agreement, and so, I was sort of thrown in at the deep end and had to weather all of that. And at the end of that, I was just like, "This process is ridiculous." [chuckle] It's just, there's not enough women, there's not enough diverse voices at the table, and so that was when I decided to have a run at politics.

Dr. Leslie Barron (07:32):
And again, I was sort of wading into something that I had really no experience in. You know, I had met at the CMA meeting, I had met Monika Dutt, and I was just so... She... At that point, she ran in the federal election for the MPP party, and I was just so impressed with that, and then meeting people like Jillian Reddy who also ran and just these women stepping forward and putting themselves forward and out there with their policies. And physicians should absolutely be doing this. We have intimate expertise of our patients experience, and we are able to link that to evidence-based policies or we should be able to. And we're not doing that in government, and so, that's really when I put my nomination application in. I was nominated, and I ran in this riding Wellington-Halton Hills, I obviously did not win, but I did get 20,000 votes, and I went through a process of lots of door-knocking and debating and meeting new people, getting to meet cabinet members, Catherine McKenna, all of these incredible women that we are seeing come up through Canadian politics.

Dr. Leslie Barron (08:33):
And so, even more recently, we've seen the focus on Jacinda Ardern, and I keep saying there are lots of Jacindas out there, we just need to elect them and get them to the table so that they can sort of influence policy.

Dr. Teresa Chan (08:47):
Okay, so my next question then is one that's more around how to vocalize then when you are at the table, right? I think that increasing... Like, you said, there are more and more women who are

stepping up, like you have in seeking representation, and then they get to these tables and they're surrounded by many people that sometimes don't look like them or sound like them. What are some strategies that you can suggest when you are at a table and you are in the minority, what are some things that you can think of that people could do to kind of get their jobs done?

Dr. Leslie Barron (09:21):
So I think when you're looking at women at leadership tables, you have to understand how the process works, who sets the agenda? 'Cause frankly, if you're interested in gender equity, intersectionality, tackling racism in your institution, you sitting in a meeting for two hours talking about a call schedule, scheduling issues is not really gonna get you very far. So you have to understand, who's setting the agenda, if these issues aren't on the agenda, why aren't they on the agenda? How do you put forward motions, how do you sort of draw... Get people to support your motions and speak to the motions? And I think with women, particularly, people tend to not take our opinions at face value, and so, it's very helpful to have anecdotes, but also then back them up with evidence when you're at these tables. And unfortunately, we do know that a lot of women who are promoted into leadership positions who do get seats at the table are those that aren't talking about gender equity.

Dr. Leslie Barron (10:18):
So, if they choose to talk about that when they're at these leadership tables, it's kind of gonna come out of left field or they're not gonna talk about it at all, or it's immediately gonna be shunted off to a lesser priority. So, I think you have to be very deliberate in terms of the system and the structures that you have in place to decide who is actually sitting at the table. It is not enough to simply be sitting at a table as a woman, right? You have to actually be there to try to change things, change the policies that has really let us down in terms of leadership in Canadian healthcare and politics, in terms of not allowing female voices at the table. So, what is the strategy? Are you gonna advocate for term limits as a way of increasing diversity, are you gonna advocate for quotas, are you gonna have them look at this sort of evidence? So you have to bring those sort of ideas to the table to get your voice heard, but the institutions and the structures need to be doing their job too, right?

Dr. Leslie Barron (11:16):
Like, it's just ridiculous to not have term limits for healthcare leadership positions in any, I mean really any institution or board in Canada, when we know we have these huge issues, right? Term limits are a good idea. They're very simple, they're government's best practices. So, [chuckle] it's just silly that we don't have them, and then things that we know also work in terms of the gender pay gap, like salary transparency. This should be a no-brainer. And yet we had the OMA spending thousands and thousands of dollars to block pay transparency in Ontario up until very recently. So yeah, those are just... I mean, there's lots of different things that people can do in terms of bringing best practices to their tables, and unfortunately, I think as physicians we get into leadership without a lot of training, right? We spend a lot of time just getting through our training, getting our exam, and then focusing on clinical work, and then often just as you're finishing as a woman, you're often then going into trying to get pregnant or getting pregnant and having very small children.

Dr. Leslie Barron (12:18):
And it doesn't leave you a lot of time or energy to advocate for these changes. And then by the time you're through it, it's like, well, I'm finished breastfeeding, so why should I advocate for breastfeeding facilities for somebody else, because it's just a temporary stage of life?

Dr. Teresa Chan (12:32):
I survived it and therefore everyone can as well. I think that one of the challenges that we often like to throw down as a challenge is that, how can we create systems that are better than what we went through? And I think that across the board, whether you're a man, woman, whether you're gonna breastfeed or not, whether you're going to be someone who is a champion for, let's say, changing the road so they're more reasonable for our trainees. Just because you went through something that was inhuman or horrific, doesn't mean that you have to subject other people to that. And I think that as a great leader, not like a good enough leader, but a great leader, that we should aspire to mix better the systems that we actually have lived through and you've survived it. It's true. And that's amazing. And you're resilient, and with all of that resilience that you've earned, I think now you can start going to the right board rooms and going to all the right meetings, and suffering through the terms of reference and the changes and the change manager strategies, with all that extra resilience you have, use it now to make things better.

Dr. Teresa Chan (13:32):
And I think that that's the challenge I often throw forward for, especially educators, because I do run a Clinician Educator Diploma Program. And the idea would be, "Yeah, it's great that you went through something and you've survived it, you could tell that survivor story, but how would it be if we didn't have to have that as a challenge? And how much greater would you have become if you could have been spared that and could excel even further?" And so, I think that, that's a challenge that I like put up to our faculty is, how might we make systems better than we had it? Because I think that that's how we become better as humans, is that we leave behind better than we had. Otherwise, we'd all still be probably hunting and gathering, and we wouldn't be able to pass on the great innovations and new ideas that we have from generation to generation.

Dr. Leslie Barron (14:20):
Yeah, it's interesting how medicine... Some aspects of medicine really embraced innovation, robotic surgery and all these stenting and things like that. And really when we look at our training, it hasn't really changed that much. It's very disheartening. And I think the advantage that I've had as someone who's worked in the UK and in Australia is that it is a chance to see a completely different training system. The training system in Australia is completely, completely different. So, they didn't have junior and senior on call for general surgery. Everybody was on the same call schedule, so instead of one and three, you were doing one and seven. And then in addition, they had an eighth person to cover overnight call from 11 till 7, so that if you were coming back in on a week day as a registrar training in surgery, and you were gonna be doing a big open elective case all day then you were gonna have had a minimum amount of sleep. That is something that we just haven't seen in Canada.

Dr. Leslie Barron (15:09):
And Australia's not that different, right? In Australia, there was paid overtime for registrars who worked more than 40 hours a week. The pay rates were much, much higher, and there was just more flexibility in the system for people to take mat leave. For example, the Royal College exams in Australia are done twice a year, which for women who need to take time off to have kids and breastfeed or are ill, it makes a lot more sense. And so, we just don't see that sort of international collaboration that we see when it comes to medical innovation being done in education. And yet when we see things like CBME, which I have real concerns about that it's gonna be disadvantageous, particularly to procedural trainees that are women, we see it being pushed through without much evidence. So, I think when you go and look at different systems, it really helps you because then you

can come back and say, "This is crazy! Why are we doing it this way?" Because it's been done that way for a 100 years, there's so much that we can do to innovate. And I know that there are international medical education meetings, but unfortunately the trickle down to actual progressive changes doesn't seem to happen.

Dr. Teresa Chan (16:16):
Yeah, we could probably have a debate about CBME, 'cause I do think it is actually evidence-based. And I think that having been a scientist in the area and done the innovation, I think it's possible for it to actually be a big stroke of how we can improve equity and access. Because all of a sudden, let's say, someone that normally does a lot of the ward stuff, takes care of all those things, and you haven't quantified that this surgical resident who happens be a woman, has been manning the fort upstairs or womaning the fort as I would probably say, [chuckle] and making sure that the patients needs are taken care of. Doing all the family meetings, doesn't get to OR, actually gets a fair shot at being able to have a number of observed surgical procedures before, because right now, we don't even have that quantification very well outlined in a lot of programs.

Dr. Teresa Chan (17:01):
I think in some programs there are case logs and things like that, but I think that as we get more nuanced in some of that accounting, it can actually be a way of transparently weighing out that there is a gender gap in some of these situations. So, I think that it can go both ways, but just like you said, I think that there's a gap between those who are at the, let's say, the national meetings and the international meetings, making this happen and then translating it down to our colleagues who are on the front lines and explaining kind of like that evidence behind it. So, I think that just in those kinda debates, I think we can have really, really awesome discussions around it. But how do we make more accessible those discussions? And how do we make them more accessible, the concepts that we're talking about? And I think that for me, Twitter, that's how I know you, has been a great way of breaking down some of those silos and barriers.

Dr. Teresa Chan (17:48):
I think that as we are all getting a little bit more comfortable with platforms like Zoom and other things I think we can be really upping the ante with national and international collaboration, or even just site between site, right? So, Georgetown isn't too far from where we are, and yet, this is the first time we're meeting, we're meeting visually.

Dr. Leslie Barron (18:06):
I'm from Ancaster, and I've had almost nothing to do with... At McMaster, and I'm a 30-minute drive away in the community.

[laughter]

Dr. Teresa Chan (18:13):
Exactly.

Dr. Leslie Barron (18:15):
We are in very silent systems.

Dr. Teresa Chan (18:18):
Yeah, so how can we bring people together? I think is the next great step, so we can have that conversation, because I think the...

Dr. Leslie Barron (18:24):
You have to have the policies, right? The framework that's gonna allow you to do that thing, and I think we have such silo-ing in Canada that we really don't have that. So these ideas are sort of percolating on social media. We know that women are getting together on social media, comparing notes about things and are much more vocal, and most of us, I would hope, are also looking at intersectionality, like how does racism impact our patient's access to healthcare? How does it impact our medical leadership within Canada? And I'm not sure we've really seen from medical leadership in Canada adequate response to any of these equity and diversity issues in medicine, and I think some of us are getting a bit better.

Dr. Teresa Chan (19:12):
Yeah, yeah fair enough. And I think that these are the conversations we need to have to explain why there is the importance for us to get involved and engaged and create systems and improve them, because a lot of the time people, I think have, specifically women and minorities often hit their head against a glass ceiling, let's say, and they can't make the change. But little by little, what you see is that each generation, if we help each other up and out, that if we develop people that come behind us up until a certain point, then eventually a whole bunch of us can hit that glass ceiling together and maybe push through it. And I think that that's the way I see it.

Dr. Leslie Barron (19:48):
I was a bit pessimistic 'cause I've seen a few generations come through, I started med school in 1992, and I just haven't seen a ton of change in medicine. So I think it really... We have to push really hard. If you told me that I was gonna be spending 12 years being paid fee-for-service as a general surgeon and kind of flat fee for service, [chuckle] I would have said, "You gotta be kidding me." That was another advantage of going to Australia was realizing, "Oh, there are healthcare systems that have people on a flat salary." And guess what, we still do our jobs. We still show up at work and operate patients and look after people even on a flat salary. And this idea that the whole system would collapse if we weren't paid fee for services is kind of ridiculous. So yeah, I do hope that going forward, that there is gonna be much more focus on equity and diversity, but I just... Really, it's disheartening to see, "Well, we're just gonna have a committee and they're gonna talk about equity and diversity and we're not gonna embed it in any of our actual structures."

Dr. Teresa Chan (20:50):
Yeah, exactly. But I think that what you said was true. Sometimes we lack the insights because we lack the training. And so I think that's been a big push from what we wanna do with faculty development, continuing professional development is to give people access to the training to understand, "Okay, this is a template for our terms of reference if you wanna change things." Here's some language for setting up a term limit, and make it easier because I think that those of us who have come through and have the training, if it gets us to think about how we can lay down again, make the system better than it was before by laying down that track and making explicit the tacit knowledge that often is passed down in smoky cigar rooms or now in Zooms that you weren't in, and these are all those things that often people only learn by doing, and so let's give them more opportunity to do that. And so we have a whole pillar actually on leadership and management, because I think that's what we need to do is give people the tools, and just like not every person

who is a clinical teacher needs to have master's level discussions about epistemology. So too, do we not need everyone to go and get an MBA and learn about organizational development.

Dr. Teresa Chan (22:03):
But does everyone need to learn how to maybe set an agenda, how to equitably run a meeting? Yeah, probably. And so what are the essentials that we need to have? Just as the same as faculty development has traditionally focused on what are the core skills that a clinical teacher might need, because that's where the tradition of the specialty of faculty development kinda came from, is to up-skill a lot of clinical teachers, and I think we've done that really well. And now I think it's about carving out the other skills that we need as clinicians and as teachers and as academics, because there are people who are running big labs, but haven't ever been trained to run a good equitable meeting. And so how do we actually create that? So thank you so much for your time today. I think it's been a really revealing conversation.

Dr. Leslie Barron (22:50):
And make sure you write to your MPs and your MPP because I think that is actually a way of effecting change.

Dr. Teresa Chan (22:56):
Yeah, sounds great. Well, thank you so much, Leslie. Have a great day.

Dr. Teresa Chan (23:00):
So that was simply an amazing first segment, and I'm gonna give you a bit of a commercial now about our upcoming 2021 Women's Symposium. This was co-developed by the Department of Medicine's Associate Chair for Equity and Inclusion, but more importantly, it's a place for the women within our faculty and those who identify as allies of women to really explore the idea of how women can lead in healthcare and beyond. As we know, there's a bit of a gender gap in our world and at McMaster University, I think we have to try to see how we can as faculty really help to close that gap. We've brought together some amazing speakers from the world of politics, from the world of academia, from the worlds of healthcare, and I think it's gonna be an amazing event.

Dr. Teresa Chan (23:45):
So definitely come and check it out. We are so grateful for all of our sponsors for coming to this event. You can check out more information about all of them at the Women's Symposium website. So definitely check out our event calendar and find the 2021 Women's Symposium, which will be on April 28, 2021. It'll be great to have you there, and we're hoping that all of you, men, women, those who are non-binary, two spirited, can join us and figure out how we can definitely raise awareness that women can lead in healthcare.

Dr. Teresa Chan (24:20):
Alright, hello everyone. My name is Teresa Chan, and I'm here with someone that I think is one of the most creative souls that I've ever met. Dr. Sean Park is someone that I really look up to as someone who has a real touch point on what makes us creative, human, innovative. He's just a really thoughtful person in this space. I'm really excited to have this conversation with him, because I just like hanging out with him. And Sean, can you say hi to everyone?

Dr. Sean Park (24:46):
Hello, hello, [chuckle] wonderful to be here.

Dr. Teresa Chan (24:50):
Alright. That's great. Okay, so, Sean, can you tell me a little bit about your background? Just for everyone to understand, you're a PhD trained scientist who does all sorts of a diverse work now, but where did you all start out? What's your origin story?

Dr. Sean Park (25:05):
Origin story. I'm from Hamilton, and I went to Mac, and I was in the first cohort of the BHSC program. I was really lucky. I got to spend at least four years with the amazing Dr. Del Harnish, who was one of the biggest innovators, creative disruptors at Mac. And I this inquiry-based learning environment that I had there, really opened my mind to questioning everything, things don't fit into boxes, you can challenge stuff. And so I did. I had a wonderful time. And I got really scared about what I should do next, and I didn't wanna do medicine, and I was like, "Oh, I'm gonna go into law." I dropped out after 10 days in law school, I was like, "Man, this is not for me." And what struck me was the way in which legal education was being conducted more than anything, and I was like, "You know what, I've spent time doing inquiry, there's a different way." So I came back to Mac actually for a year. Del, he gave me an office and said, "Make up a job for a year for yourself, no job description, nothing."

Dr. Sean Park (26:03):
And so I was just doing weird wacky stuff with complexity theory in education. I was writing medical schools and asking them, will they accept applicants from an accredited program that didn't have grades, but had a transcript and a learning... So I had a learning portfolio, and they got back to me and said, "No." But Del really helped kinda pushed me to do this stuff. And so I ended up going to OISE/UT, Ontario Institute for Studies in Education, and I really was interested in complexity science, theories of self-organization and living systems as it applied to facilitation of inquiry-based learning environments. There's something about emergence, I get a lot of emergence of holistic properties in learning systems. I'm like, "You know what, this is happening in learning in education." You can feel it in the room when people are really on to a topic and covering new ground, new territory. I wanted that, I wanted to know what makes that buzz. What do you have to do as an educator, and creating that environment? So while I was in Toronto, I joined an Afro-Brazilian Samba percussion orchestra.

Dr. Sean Park (27:07):
I got immersed in Theater of the Oppressed work, Mr. Boal's work. And I also joined Chinese martial arts and medicine school, and I also spent a lot of time with Buddhist's mindfulness meditation. And so my immersion in kinda the full spectrum of being human, really came alive while I was in Toronto. That spurred me to then wanna go do a doctorate in Philosophy of Education and Arts Education at Simon Fraser, looking at the sort of contemplative, psychological and body dimensions of being an educator. This sort of put me in touch with some of the deepest parts of myself, creative aspects of myself. And I had a great time out West. Couldn't find much work after I finished my degree, but I ended up finding my way back east. And I spent a bit of time at MaRS Innovation Center in Toronto, running a leadership program there, and that's where I became really so excited by design. Spent some time with some design educators in a real natural linkage with my stuff in the arts and creativity. And so design has now become a real amazing place for me to sort of talk about human experience as really the domain of what we're making and creating and solving for. So that's just sort of a little bit of a thread of how I got here.

Dr. Teresa Chan (28:22):
That is such a typical route to academia, but at the same time, it just speaks to why you have so many diverse approaches and covered it from such a philosophical bent, and it really is interesting to hear your journey because I think for many people, they might have taken more of a straight path, and that goes a long way to show a lot of the way you can learn all sorts of different new skills that can just really spark interest in new areas. And that's where, to me, where creativity lies, is when you take something and you can see it from a different vantage point. And I think that your journey of meandering gives you that ability to see from a bunch of different backgrounds and disciplines, and maybe that's some of your secret source for being so creative, but I don't know. I think that that's something that I ponder a lot is what makes us creative? Any thoughts on that?

Dr. Sean Park (29:22):
Yeah, I think you kinda pulled on the metaphor I'll call strings there that then animated the root for me, and that's... It's about wandering and being okay with being lost and messing around, and I think of... There was a writer, a fiction writer that many people might know Kurt Vonnegut, who wrote some amazing work. And his wife challenged him one day, he said he was going out to the store to buy one envelope, and she's like, "Well, why don't you just buy a whole bunch of envelopes, and then you don't have to get up and walk out into the street and go to the store and... " And he said, "You know what, when I go out and I get my envelope, I run into the neighbor and I run into the post office person, and I see the kids playing in the street, etcetera." I'm paraphrasing it, but it was basically... I love it. He's like, "We're here on earth to fart around, mess around."

Dr. Sean Park (30:13):
And so I love that sense of, "You know what, let's explore, let's play around, let's mess around for a while, and we can also be serious and get work done and... " Great, but why can't we do both? Why do we have to sort of say, "Well, it's one or the other." Because I remember struggling a lot with that feeling of like, "I'm wandering around, am I just wasting my time? When am I gonna get really serious with my life?" But I just couldn't... I couldn't deny the curiosity to seek something and say, "Hey, I'd like to try that. That looks really fun." Or, "Yeah, what if I just sort of tried it out and see what might happen?" So that sort of led me well, although at many times I sort of wondered, "What am I doing, where is my life going? What's happening?" [chuckle]

Dr. Teresa Chan (31:00):
It wouldn't be the first time I've heard someone who is an exceptional person tell a meandering story though. I think that in the end, most of us have these non-linear paths, it just... To the outset, it's like that idea... I've seen a meme out there where it's like this big squiggly line and a straight shot, and some people... From the outside, it looks like it's a straight trajectory, but for the person that's living it, it's a meandering path that's not a straight vector, but rather it's like this back and forth and side-to-side thing, and a curlicue that from the outside, you can't see it. So I agree with you, I think that that's a big part of our journeys to become faculty members. That journey doesn't really stop with getting hired either, right?

Dr. Teresa Chan (31:43):
I think that as a faculty member, it's always interesting to see where our journeys take at, from the point that we're hired, from that point all the way to our retirement. So talk to me a little bit about this. You've been involved in this program with the HLA, that's called the Pathfinders Program that you're kind of piloting right now. Can you tell me a little bit more about it? And it sounds like it's kind of in line with what we're talking about right now, which is a meandering path and sometimes you

get lost. And I think that's kind of what the Pathfinder Program is about, right? The HLA, for those of you who haven't heard all the acronyms at McMaster [chuckle] is the Health Leaders Academy, and Sean teaches within some of that program as well, especially with his interest in strategy and design and future-facing kind of like forecasting, and also his work on leadership. So, Sean, what is this Pathfinder Program that you're piloting right now?

Dr. Sean Park (32:35):
So when COVID hit, our standard leadership program was cancelled, and it was two-week boot camp. And we thought, "Okay, well, let's see what we might wanna do that's perhaps a different kind of offering." And so we spent the summer looking at, "What are people doing differently? What do we wanna do differently?" as an opportunity to experiment. So we decided to... This is our first run this fall with an eight-week virtual program that's got eight live sessions and some homework and some coaching in-between, and this idea... The word pathfinder came to me as a metaphor for where people might sort of find themselves right now amidst the ambiguity of change, and it's... Also I think for many people, they do find a point in their career where maybe they're wanting to sought of find a new direction. And particularly for those who are wanting to develop their leadership skills, they might not have had the training or the guidance around how to do that. And so finding or making that path is a need that we sort of wanted to just explore how we might meet. There's also the fun other side, which is, you think you've got the path and you think you really know what it is, and then let's get you lost a bit, let's sort of... Let's go into the woods without a map and see what might be there to discover.

Dr. Sean Park (33:51):
So the idea is we didn't wanna make this very content-heavy, and really the only thing that we're providing is essentially a process for understanding leadership, essentially as a creative learning process, where like any good navigator, you need to sharpen your senses. So you need to know how to observe your own inner and outer environment. Human beings are sense makers, and so there's a part around, how do we reflect and make sense of the world in different ways? Or we can get stuck in how we make cut-outs if you will of the world. And how do we sort of understand our own position in different ways? And then I think most importantly is this thing around action, doing, making, experimenting, tinkering. Because in academia, we're just sort of used to really being sort of, "Great. Some great theories out there, awesome models, love that stuff." But when we're looking at leadership, so much of it is about communication, your behavior, trying new things out, experimenting. In design we call it prototyping, where it's like... You don't know if it's gonna work. Give me like 60%, 80%, that's good enough, let's try it.

Dr. Sean Park (35:02):
So what we've done is, we've essentially had folks do a lot of reflective work, and brainstorming work around, "What do they wanna work on for their leadership?" And then, we help them sort of define, "What are the opportunities that they wanna have?" And seeing a bunch of stuff around, handling difficult conversations in conflict, or figuring out, "Where do I wanna go after being in this organization that I've been in for so many years, and I don't know what else to do, what else is out there?" And the fun part is then sort of, having people sort of define what that is, and then getting people to sort of imagine multiple futures, "Where might they go? What might it look like to take a different kind of path?"

Dr. Sean Park (35:45):
And so, we get them to come up with all kinds of experiments and things they might try out now to kinda learn very quickly what works, what doesn't, what do they like, what doesn't, and use whatever information they get, whatever feedback they get from that to inform their next step. So it's really about... We use cybernetics as a real sort of base to understand this process of learning. So it's a lot of fun. We sort of bring in a lot of creativity into the work. And the other piece is also narrative, right? Story as a way of... This really struck me today. A narrative, a story can be... It's like a holistic container that integrates so many aspects of human experience. When we think about story, it's got all of it there. So, we're trying to figure out how to use that as well as part of our work.

Dr. Teresa Chan (36:32):
Okay. So that's a really fascinating course that you've built. So, hopefully, those of us who are maybe wandering in the woods right now, who want a roadmap or at least a guide to think through how you can appreciate the woods, that might be a program that people could look out for. And so, for those of you who are interested, you can check out the HLA program. We'll often cross-list a lot of the programs from the HLA onto the McMaster Program for Faculty Development website. We like to help our friends and neighbors out to promote their stuff, and especially if it's interesting to our faculty. So definitely check that out. But yeah, I think the other thing that I was gonna say is that now we're in this new world of digital future, and with the pandemic, there was a big shift to kind of pivot online. And I thought I pick your brain a little bit about, what do you think the future is gonna hold for a lot of what we do as educators, as people who work in the health professions? And what do you see as some trends that we're gonna need to pay attention to? And then on top of all that, how do we stay human when we've got all this technology in our faces?

Dr. Sean Park (37:36):
I've been thrust into this like the rest of us, and I feel like I'm sort of at the front line of learning with students and my colleagues about what works. And we're working very quickly at this, and I think... A couple of lessons are starting to kind of emerge. One is, I've known right away when it's been too much content, and so the thumbnail guide that I've had is, "Cut your content in half and double your engagement." And by engagements, it's dialogue, it's conversation, it's reflection, it's interaction. And I've never been a super content-heavy guy, but even then in my teaching, I find that if we're gonna be online with each other, if we're be face-to-face online, there needs to be a really good reason to be here and meet, because it's difficult enough as it is to have a great conversation. And so it's really made me think about, what can I do with students or with my colleagues to create a container that allows us to have a really engaging conversation, a deep conversation?

Dr. Sean Park (38:45):
A conversation that allows us to listen deeply to one another, to perhaps even be changed or moved even by what we hear. And we have to fight against a number of things here, one is not having the body of another in front of us. Our bodies are wired to respond to body language, and so camera's on, keep your attention, visual attention on what you're seeing in front of you, move your body more than you might normally do to assist others in reading you. So, there's an almost like a need to amplify the signal a bit to compensate for what's going on.

Dr. Sean Park (39:24):
So, now we have to, sort of, move the body more. Ground rules for things like distractions, can we be responsible to stay single tasked in this? Can we commit to that? What's that like? And we can even talk, I even talk with my students about the struggle of doing that. What do we need to support

ourselves in doing that? Because I have a eight million things that... I try to shut down my notifications, but geez, they're still popping up at me. There goes one right now, in my ear bud. I just heard that. So, that's also now bringing an awareness of our nervous system and what happens when we hear all of this stuff, we're looking for satisfaction. Hey, what's that message? Is that for me? Is there something bad that's been said about me? Is there something good that I want there? So that comes into the conversation. So we have to attend to that. So, how do we create the environment? And then I think it's also about the kinds of questions that we're exploring, and how we go about exploring.

Dr. Sean Park (40:20):
So, I'll give you an example, some of what I ask my students to do are things like developing empathy, developing skills and listening, and identifying underlying needs and emotions that others might be feeling. Sure, I could make this an academic conversation and there's parts of that are important, but for these students in the work that we're doing with each other, it becomes about practice, modeling, trying things out. So, the experiment has been, show them some stuff, some videos, but very quickly, it's about getting to use their senses, what do you notice? What's happening? Making use of the tools that we have with chat and interactive visual collaboration tools like Miro or Google Jamboard to get them to do something with their ideas, to put them into words. We know that that really helps a lot in learning.

Dr. Sean Park (41:18):
And then, I mean, when the environment has a lot of people in it and you gotta break it up. And so, having people go out with a clear understanding of a simple task into those breakouts, it's a bit of a struggle getting them there, but we're figuring it out. Well, once they're there, then it's about re-orienting 'cause it is a bit of the bends, I feel like when they get shifted from room to room, you've kinda like, "Where am I going now? Who are these people?" And recognizing that it needs time to get established and then they can attend to the question. So, it's different than in person where you can give them time to move into their groups and settle in and trusting... I mean, part of it is, I can't go into every room because I've had a lot of students, it's also trusting even more so now that they're guiding themselves and that if they get stuck, that they're gonna ask for help. So there is the leap of faith. This traces... One of my big insights is, even here right now, I'm in my office, I'm looking at my computer, I have a little camera and I see you. And I have to almost like every moment have faith that you're on the other end and you care, and you listen and you're here. And so it feels like that even more so with my students who I just might not even see their faces on the screen.

Dr. Teresa Chan (42:34):
Exactly, I mean, a big part of being an online teacher right now is, you see it actually with other modes of media. So, like Stephen Colbert and Jerry Seinfeld actually recently reflected on how awkward it is to be doing comedy to no one, basically, right? And I feel that way about my online teaching, and so for any learners that are out there, it's great if you can interact with us back 'cause it's lonely in our end, right? We have to have faith that you're absorbing it, that you're interacting, and you're even there sometimes, because if you turn off your camera and mute yourself, I really can't tell. And on the flip side of that, we're human too. And so being able to explain and maybe be vulnerable with your students around some of that as well, I think is really important.

Dr. Teresa Chan (43:15):
And obviously for equity reasons and accessibility reasons, and crappy WiFi reasons, there's lots of reasons why people might wanna have their video off, but I think that engaging in chat, and showing

signs of life there, having... There's the reactions on Zoom that I like. Or if you have Microsoft Teams, then you can use... Go ahead and use the emojis. They have a wide range of emojis and those are obviously not quite the same, and I'll be honest, those students and faculty... 'Cause since I do a lot of faculty development who are nodders in the world are the heroes of the modern day. I saw that as a tweet, but I do believe that that non-verbal assent that you give when you give a thumbs up or do some nodding, that can be really encouraging for someone on the other end. So, if you haven't yet presented in front of the crew to know how awkward it is and how hard it is, then I would definitely encourage you to just flip the switch a little bit on the students and have them understand how hard that could be, and I think they'll understand better.

Dr. Sean Park (44:19):
Totally. And to your point, I mean, I like the use of putting things in the chat and on Teams, they can give a thumbs up if they like the idea or not, right? You can sort of see, "Hey, quick check in, how are folks doing on this?" And people kinda give it a thumbs up. The other thing that I started to use more of his bringing in music, so I'll have with me my phone and...

[music]

Dr. Sean Park (44:45):
I'll just be ready to play some music.

Dr. Teresa Chan (44:49):
Yeah, yeah, for sure. My partner, he teaches at George Brown and he picks a song every time to have walk-in music, just like the athletes do on the stage. I think it's important to bring some of that humor in, and it's been great to see people's reactions to that 'cause I think that's really great. And having that time to share, building in that social time, 'cause I think it's important to have that, the times that you would've maybe hang around after class with some of the students, to just chat a little bit and do some of that informal mentorship, creating that space so they aren't running from one zoom to another, that you're not just closing the Microsoft Teams page, and then moving on to another class or having run-off.

Dr. Teresa Chan (45:28):
If you can create that space, or just program it into your... You have a three-hour lecture, well, you can have some time to just pal around and have a chat and things like that. Program some breaks where people can bring their beverage and just turn on their video and just sip coffee together. These are rituals that we need as humans to stay connected, and I think you can humanize a lot of our online teaching that way.

Dr. Sean Park (45:51):
Rituals are totally, totally where it's at. That it just makes it normal, and routine, that there are some activities that have deep meaning and can be quite simple; sharing, breaking bread, having a check-in about how folks are doing, makes a huge difference. And so your question, Teresa, a bit earlier as sort of future-facing, I've now begun to think about, what are some of the... What might be some of the emerging jobs or trainings for educators doing this work? And one is, I feel like there's now a big... Because this is a big production, there's a lot of tech, and music, slide decks, break out rooms, is a lot... And so I think we're gonna see roles and jobs for learning tech and AV, that enable instructors to do their work well, but also, instructors that's what I've become, I look at my office right now with the lights and the mic, and so that's the tech end.

Dr. Sean Park (46:50):
But I think the other piece is almost like, I can imagine a performance training, that here you are, teaching is big performance, that there is guidance, there's creating with the audience together kind of experience. A good performer will create a very deep sense of connection with the audience and go together, along some kind of journey. And for me, it's felt often like I need to pay more attention to how I'm speaking. Because I know when I'm not rushing, and there's those pauses in how I speak, that that silence creates an opportunity to connect. And then I've got right here immediately with me is my son. My son just walks in. Wanna say hi there, Theo?

Theo (47:39):
Hi.

Dr. Sean Park (47:39):
That's my friend Teresa.

Dr. Teresa Chan (47:41):
Hi.

Theo (47:41):
Hi Teresa.

Dr. Teresa Chan (47:42):
And a whole bunch of other people. Yeah, yeah, say hello to all the faculty members that are listening as well.

Dr. Sean Park (47:48):
Say hi.

Dr. Teresa Chan (47:48):
Hi.

Theo (47:49):
Hi.

Dr. Sean Park (47:49):
I'll be just a minute buddy.

Dr. Teresa Chan (47:54):
Yeah, guest stars from our children and our pets, that definitely is a humanizing factor as well, for sure. You know what, it's such an important factor, is that with the work that you do at home, to welcome surprise guest stars like your son, and pets and other things. And to be able to connect with those things and normalizing it, because we're all gonna get Zoom bombed or Microsoft Team [chuckle] invaded by people in our lives, and I think that's an okay thing, if you're okay with sharing that part of your life.

Dr. Sean Park (48:28):
Yeah. Sometimes it's kind of fun to have folks, to build again, empathy for one another. What's your sort of immediate surroundings like? And sometimes I show an image of my workspace and my... I'll turn my camera. "Hey this is my view. There's some sun coming in right now." And, "Hey everybody, don't you love that sunshine?" It gives them a sense of that, I'm not just this little square here, that I do exist somewhere in the world. I do take up some space somewhere.

Dr. Teresa Chan (49:00):
Well, those are amazing tips, thank you so much for a great conversation about this. I always found myself energized after I speak to you, so it could also be all the coffee I drank earlier, but I'm gonna attribute it to you today.

Dr. Sean Park (49:10):
Yes, great.

Dr. Teresa Chan (49:12):
We'll have you back again another time to chat about other things, but thanks so much, Sean, for your time.

Dr. Sean Park (49:18):
Thank you.

Dr. Teresa Chan (49:20):
Thank you so much for tuning into 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.macpfd.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.