McMaster Program for Faculty Development (MacPFD)

Spark Podcast

Official Transcript

Episode Number: 28
Title of Episode: Waitroom Revolution with Dr. Hsien Seow | Women's Chat - Getting to 'We'
Producer: Nick Hoskin
Music by: Scott Holmes
Featured Guests: Dr. Hsien Seow and Dr. Teresa Chan & Sarrah Lal
Interviewer: Dr. Teresa Chan
Date of original release: October 13, 2021

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 (00:44):
Hello, and welcome to the 28th episode of MacPFD Spark. Today we will be listening to two discussions about improvement. First, we will have the opportunity to listen to Dr. Hsien Seow discuss organizing care through his podcast, Waiting Room Revolution. Next, we will be hearing a segment from the Women's Chat series about Getting to We, a discussion focused on enabling women to collaborate and champion each other in the healthcare field. Please enjoy the episode.

Dr. Teresa Chan (01:15):
Hello, everyone. I'm here with Dr. Hsien Seow from the Department of Oncology. He is a PhD researcher and someone I've known since high school. Say hello to everyone, Hsien.

Dr. Hsien Seow (01:25):
Hi Spark listeners, so happy to be on the podcast today.

Dr. Teresa Chan (01:28):
Alright. So Hsien and I know each other because we went to this thing called Shad Valley once upon a time, many years ago.

Dr. Hsien Seow (01:36):
Yeah, it's still around, and I bet you there are people listening who might know what that is, so we've just outed ourselves, but yeah, that's how we met.

Dr. Teresa Chan (01:42):
Well, it still exists, so there might be people who are sending their kids to it, well, in the time beyond the pandemic.

Dr. Hsien Seow (01:48):
Yeah. It's funny how small the world is, and here we are back together again, it's amazing.

Dr. Teresa Chan (01:52):
Yeah. And Shad Valley is a non-profit organization that runs, basically, a summer camp for kids to get them interested in science and beyond, and both of us, I guess are probably alumni that they're exactly hoping for.

Dr. Hsien Seow (02:04):
Yeah. And in some funny way, we both did go into math and science and engineering, so maybe it worked.

Dr. Teresa Chan (02:09):
Yeah, exactly. There you go. And so, one of the core tenets of that program really is to spark people's imagination and creativity around how they can see their world changing if they got involved in STEM, and I'm gonna add STEMM with a double-M with medicine being possibly one of those things, 'cause that's who I am. But I do think that it's really interesting to see how our roles have evolved and changed, just even in this wake of the pandemic, we are certainly in a new world where we're able to turn out vaccines in record-breaking time. We are changing the face of how we are doing things, and yet we are still using fax machines in our hospitals. And in this ever-changing world, one of the things that I have noticed is that, increasingly, we are all using social media, we are all using things like podcasts, blog posts, and misinformation and fake news is certainly real.

Dr. Teresa Chan (03:04)
And so, I think that there's been a big push to get people out there with the expertise, with PhDs like yourself or MDs like myself, to get out there and really talk about the reality of what it is that we do in the sciences. And to me, as a fellow researcher, I see that call to arms for that. In fact, I've been probably at the front of the revolution waving a red banner and saying, "Alright, scientists, alright, doctors, alright, nurses, get out there." And I know that you've been getting in the game. So can you tell me the story about how you went from scientist to podcaster?

Dr. Hsien Seow (03:40):
It's a great question. I got into science, the field of work that I do is about palliative care, which is care for people with serious illness, many of them will die from that illness. And so, when I got started it was really about end-of-life care and hospice care. And I knew that even though it is a reality, it's a common human experience, it's not something that many people prepare for. I knew that if I wanted to get in the game, I needed to have credentials. I didn't have the same brainpower as you do to be going to medical school. But I really had lots of social science questions about how do we organize care. And so I got my PhD from Johns Hopkins, I studied how we could make the Ontario healthcare system better, particularly home and community care, and the critical role of primary care connected to hospitals for the care. And I knew that evidence mattered. We can't make decisions and policies based on guesses, they affect millions of lives, we want good decisions and data and facts. And I would say the thing that I feel that has been so important is, yes, the research methods, but the curiosity, I think that's been the thing that I... Asking questions.

Dr. Hsien Seow (04:40):
In this world of misinformation, I kinda get where these questions are coming from. But then you need to keep following up with good questions to find the right answers, and not sort of just believe everything that's coming into your social media feed. But what I learned when I came and arrived in Canada, which is, I'm Canadian, a great country with a great healthcare system is, even though I'm fighting to get grants and publications and great journals and getting our message out, there was still a disconnect between what we know is the right thing to do and what was happening on the front ground. And maybe some of that is KT science, implementation science, but I think it was something more. I realized that we were really trying to change behavior and practice, and not just influence knowledge. And so, if you think of that, there's this analogy of policymaking where it's like sausage-making and evidence is just one piece of it, but values, economics, patient and family experience, all of that fit in there somewhere. And so, understanding those parts became really important to me wanting to make a change.

Dr. Hsien Seow (05:39):
I got into research not to necessarily get publications, but because I wanted to make a difference in people's lives. And I think many of the listeners are in their research fields for the same reason. And so I realized I needed an extra skill, and that skill came in the form of innovation science. I teach a course about innovation science, and I think I learned from human-centered design innovators and IDEO methodologies, and there's lots of them. But it was really just this idea of... I think it's just another tool in the research tool belt, which is you need to ask your users what's the problem, prototype, use ideation, different kinds of things to just really tackle big problems. Complex problems are not always able to be narrowly defined in a study design that can be answered with a randomized trial. I think there's obviously a role for that. We know with vaccines, randomized trials are really important. But for other problems, sometimes solutions come from talking to people and qualitative work and just design innovation.

Dr. Hsien Seow (06:32):
So I will say that that was the other big skill that I've sort of developed in the last five years. And the podcast part came from me realizing that even when you have that, you have to get your message out. And again, my field is palliative care, there is so much stigma and misunderstanding about what that is, and there's this whole role for educating clinicians. For sure, we've been spending decades, not just me, but many people of trying to introduce palliative care in a way that other clinicians would understand and be able to implement. But the light bulb for me came when I realized patients and families also had a role in changing their storyline, but didn't know how to get involved because of so many of these barriers that are sort of hidden, frankly. And so podcasting was a way to get a message out in a way that we could use plain language to people. It has been a really fun journey, we just sort of started in the past few months. Our podcast is called the Waiting Room Revolution. The name comes from us wanting to have the revolution from the waiting room. Patients and families should be part of this conversation of how we make a better healthcare system, and we ignore them at our peril.

Dr. Teresa Chan (07:38):
That's very fascinating. I love the idea of bringing end-users into research. I think that there's big movements in research around experience-based co-design, that being kind of the research version of what other people might call design thinking. I think that there's a lot of overlap with what people talk about in implementation science, or quality improvement. I think that there's definitely a

spectrum here of tools which is at the core of it, we're all just trying to improve clinical care, we're all just trying to improve health. And I think that it's really fascinating to think through, even just the example of what you said about the COVID vaccine, yes, when testing vaccines versus placebo to see if it causes actual benefit and increase antibodies and decreases numbers of hospitalizations, that was really important to do as a randomized controlled trial.

Dr. Teresa Chan (08:27):
But we're not one-trick pony type people, and we also need different things when it comes to vaccine delivery, when it comes to convincing communities. Some of our emerge docs that have gotten involved with some of the South Asian Task Force in Peel region, get people over the hump of actually coming to vaccines, that probably isn't the same skill set. And RCT is not gonna convince people, grandparents to influence their entire family to be able to go and get everyone to get vaccinated. And so we do need to bring and draw from the social sciences to better understand how we can improve health because it's gonna take all sorts of different sciences. And for us to just hinge on RCTs I think is insufficient, which is why I think that your story is so fascinating.

Dr. Hsien Seow (09:11):
Yeah, it's so interesting. So much of the stuff that's really changing behavior is the psychology, it's the neuroscience of how we learn, but also the psychology of how we think and make decisions. There's so much talk about cognitive behavioral therapy, and just finding our triggers for mental health, all of these things are so important. And I think it's just, they're all sciences, they're all connecting these in different ways. And really, the idea that any individual is not just a single thing, we are a combination of our values and our experiences and our aspiration, so evident... Just like policymaking, that sausage-making analogy, when we make decisions everyday of whether to get a vaccine or not, or what things to eat for dinner, there are lots of factors going into that, and it isn't just the evidence.

Dr. Hsien Seow (09:54):
I'm sure we've all heard the, "There's no randomized trial of the effectiveness of parachutes." Similarly, so many decisions that are being made are not only based on evidence, and I think the podcast method is a beautiful way to get people into a conversation that meets them where they're at and sort of in a different format. Because to be honest, not many people are reading the academic journals. Everyday people are reading academic journals like we are, or there's a paywall and things like that. So, who wins out the things that are free, the Twitters, the Instagrams that are winning out because they're getting their message to their audience fast in a way that's digestible, that doesn't, well, require sophisticated understanding of methods.

Dr. Hsien Seow (10:30):
And so, I think the big shift for all of us who are trying to get a message out is the recognition that our usual sources of information, like we used to be in a world where patients would go to their doctors, the doctors would know everything. "Yes, doctor," they would listen to everything the doctor said. But we know more and more that people are getting information from their peers, from their social networks, from social media, and therefore, they're having more and more influence on how they behave. And so if we don't play that game, I think we miss an opportunity to activate them and bring them alongside 'cause we need allies to share our message, I think that's the big key.

Dr. Teresa Chan (11:06):
Agreed. And I think we need to take a look at the neuroscience behind things like marketing, steal from the playbooks of other industries that are much better. How many of you remember the slogan for Nike without me having to say it? It's easy-peasy, because they've hinged on the things that work and they made it stick. And I think we need to make our work sticky as well, and I think that it's why we have a whole team in the MacPFD environment working on building social media capacities and working with people to develop those skill sets. And hopefully we'll have some modules soon to launch for you to do it in your own way, in your own time, because we know it's tough. But hopefully, this podcast is part of that so that we can help people be convinced that this is a skill set worth knowing.

Dr. Teresa Chan (11:50):
But if you wanna get in the Instagram game, guess what? We have a recorded workshop run by Andrew Ibrahim, who is the originator behind visual abstracts himself from University of Michigan, he also has a design background, he is a surgeon, and he has been helping journals get into the game of visual abstracts so that they can get the people to click and read their articles, and spread the word about these articles as well. So I definitely think there's a new game to be learned, and that's gonna be something that we need to encourage everyone to up their game. And so hopefully, we'll be supporting the scholarly practice of expanding this in the coming months. Alright. Hsien, do you have any final thoughts for what you want to get across to our listeners about if they are a faculty member looking to reach their patients better, what would be maybe one take-home point you wanna give them? Or you can go with two if you want.

[chuckle]

Dr. Hsien Seow (12:43):
What I can share with you, it has been the most fun journey making this podcast, the Waiting Room Revolution. Because it allowed us to think of a different audience. Our target audience wasn't just clinicians, changing clinician behavior, which we still do with other training, but when we thought of our patients and families as a potential target of information, it opened the light bulb for me and my co-host, Dr. Samantha Winemaker, and changed our whole perspective because so much of what we're talking about and teaching clinicians on the language and how to have these general conversations, are things that patients and families could initiate. So I think the take-home to me has been that it allowed us... When we thought of them as an audience, suddenly, first of all, our target audience of allies is suddenly millions and millions of people. And suddenly it seemed doable. There are times when it was doom and gloom of like, "How are we gonna change the needle? It is not moving fast enough." And we didn't have enough people sharing the message.

Dr. Hsien Seow (13:36):
And so this podcast has been one medium to reach that audience, and the response has been amazing. When you sort of feel alone of like, "Am I the only one who cares about this?" The podcast has really reached out to audience who are like, "No, I'm talking about the same thing." And healthcare providers too. So it has been sort of career-saving. There are times where you're sort of like, "Wow, am I really... Should I be doing this?" And this has been one way to tap into a new audience that just feels affirming and validating, which we get sometimes from our journal articles, but I have way more rejections than I have successes. And so, maybe this is just allowing us to have a conversation with more people and it was just a beautiful experience. And I encourage others to

think of who the other audiences are that could be allies, so that you feel like you're part of a group that is advocating and is passionate about the topic as you are.

Dr. Teresa Chan (14:20):
Alright. Well, thank you so much for your time, and we'll check you again later when you're on the podcast as a team member for MacPFD.

Dr. Hsien Seow (14:27):
Oh, I can't wait, it'll be fun.

[music]

Dr. Teresa Chan (14:30):
Wow, that was a really awesome first segment of the MacPFD Spark podcast. And now, on to our second segment.

[music]

Dr. Teresa Chan (14:43):
Sarrah and I are here to welcome you to this workshop. And so the Women's Chat series came out of an asynchronous conversation I had with Sarrah, which turned to a burst conversation and then an inclusion of others, where we were trying to think about how we could create better connectivity for everyone. And so we came up with this idea called the conversations in healthcare, academia and teaching, as a format and a methodology that we chose women's issues as the first series, but that we would then expand into other topics later on. And so this is a format that you might see other ones. I assume we're gonna probably do something like a leader's chat or an educator's chat at some point, and there'll be other chats that come up. But the idea would be that, thematically they are supposed to work together as a suite. Basically what it is, is that the inspiration for this one and this chat series is the idea that there's a persistent gender gap in academia, and probably in healthcare leadership as well in many ways.

Dr. Teresa Chan (15:34):
Even though women are increasingly in academia and healthcare as a great constituency within it, we provide a lot of the care, leadership roles tend to still be quite male-dominated. In a hospital that has thousands of nurses who are all female, for instance, the CEOs of many hospital systems are still men. This is something that we have to tackle with and think about it in that way. We do encourage you to also think about the intersectionality of whether you're a physician or a physiotherapist, administrator, we acknowledge that there's many ways that you can see this. And our goal is to, in this chat series, help bring together women and identify individuals and allies to discuss challenges and learn from each other and build capacity to overcome barriers towards leadership in this particular series. We're gonna kick it off now with getting into our topic of discussion today, which is around Getting to We, collaborating and championing each other. Sarrah and I will do a little bit of tag-teaming, I'll do some of the chief talking and then she's going to add on as well.

Dr. Teresa Chan (16:31):
So the problem is that a lot of the times, and for those who are on other disciplines, you may see this happening in your discipline as well, but in general work places, women disproportionate carry the burden of a lot of the collaboration. And this happens because women care for the collective, care

about everyone on the team, and then this often manifests in stepping in when there's uncertainty or someone isn't willing to do something, no one's cleaned the sink in the common room for a while, it tends to be women that step up to do those things. It is also something where people feel guilty about putting themselves first, and women often are in that group, and there's study after study that women will voice that. I'm sure all of us here probably have done it, where you feel like you need to give more time to others than it is to do your own, protect your own time so that you can have your relaxation time, your me time, or even just deep work time where you have to struggle through a paper.

Dr. Teresa Chan (17:24):
I myself have found myself sometimes if I'm accountable to someone else, I'm more likely to finish that paper than I am the ones that I have to author by myself. And so, this is just a reality of the way that we're probably socialized and it's just the way we acknowledge. And women often are desired as collaborators, though. If you look at big companies and they've done the analytics, women are often seen as someone that knows the lay of the land, understands and maybe has information that other people don't. And they're often then also brought into teams, brought into collaborations and network, and then maybe not always given the credit that they are due because that's really important. And so I do think that this is something that I'd like to prioritize for us. There's a Harvard Business Review article that is from 2018 that I kind of shamelessly kind of I'm siding in this because I think that she said it better than I could ever do. And so I will point you towards that talk at the end of my talk to highlight the importance of this article and some of the solutions in that article.

Dr. Teresa Chan (18:21):
Now, another part of the problem is that due to your highly sought after place and part of that team, we often do prioritize others, mentorship, team meetings, sponsoring others, helping others out, and again, kinda neglect where we are. We also spend less time doing our own work and our own deep thinking that can advance our scholarship, our teaching, our leadership potential. We also then endure something called collaborative overload where you have so many collaborations, you're not really sure where to go next. And so I hope that that term is something that, even though it might be new to you, it might just be putting a label to a phenomenon that you have found yourself experiencing. And so it's something to think about and to understand that.

Dr. Teresa Chan (19:03):
And so I thought I'd tell a story, and then maybe see if Sarrah would be willing and interested to share a similar story. But my story is that, I often do find myself as part of teams and have gravitated towards leading teams, but one of the things that I did find in my early career is that I would often prioritize a lot of work that I did with others more often than myself. And so what would happen would be that I'm trying to carve out a niche as an education scientist, and I'm trying to put together a lot of the just getting papers out and grants written, and I'd say yes to a lot of things to collaborate, but maybe my first author publications would start to suffer because you know what? I have a med student that I'm trying to foster and make sure they get their publication done and revision, where someone, like one of my good friends is on the call today, Antonia, I'm like, "Hey, look over my paper," or I'd get a request from someone to review an article or edit something.

Dr. Teresa Chan (20:00):
And I would always say yes to those things because I wanted to be helpful, 'cause I wanted to collaborate with others and to do all this hard work, and I wanted to be known for being someone who's collaborative and affiliative and helpful. But that meant that sometimes I was putting aside my

thesis, that I wasn't completing my scientific work, that I wasn't making the move on a next big grant. At some point I read this article, [chuckle] and started changing my practice. And so, it was a real struggle for me personally to start thinking about how I could double-dip into multiple wins. Just because I'm supervising a junior person doesn't mean that I can't also then be a part of their team and help them write. I invested more heavily in taking that need to do a more developmental transformational leadership point of view to train up and really heavily invest in collaborators who I have actually spent time to engage with and actually bring them back so that they know the core fundamental ways that you can collaborate well with each other, so that I don't mind working with them in the future, and that they know how to carry their weight and be transparent about what they do.

Dr. Teresa Chan (21:06):
And so a big part of my story is that I try to take some of the practices that we'll talk about at the end of this talk, and actually build them into the systems of trust and networking and collaboration that I currently do. There's a lot of transparency, there's a lot of who's gonna do what, there's clear accountability on the sidelines, and that's the kind of collaborative work that I do is to create a system of collaboration that I do now. Sarrah, do you have any kinda thoughts or reactions to my story?

Sarrah Lal (21:33):
I just have general thoughts to share. I think that there is a difference between being nice and being kind, and very often as women, we sort of trip all over ourselves trying to do good for others and don't really set boundaries for what our expectations are for ourselves. And so, in considering that, there has been a lot of work that I've done personally on trying to better establish boundaries, being able to better articulate the value that I bring to a team or to an environment. And so by understanding that, I'm able to say yes and no to different types of opportunities, which in the long run should lead to less being tapped into as a resource to fulfill a lot of unofficial tasks, and should probably be a more healthy way of using time and using my own personal mental energy and resources.

Sarrah Lal (22:24):
Very often, just to kind of further supplement to what you've been talking about, Teresa, very often I've seen women do work that they're not recognized for, step up, keep going, do a lot of behind the scenes stuff that isn't recognized by leadership. And so I would just further emphasize that, know your value, know what you want to do, where you wanna get to, and don't always just agree to help out or support something because someone else doesn't have time to do it. Very often what I find certain colleagues do is they don't have time for the activities that they know are not gonna be as front and center, as well-rewarded as something else, and so as women, I think we do need to do a better job and just being aware of what is more front and center, what is less front and center, and be able to see through saying no strategically, and saying yes strategically.

Dr. Teresa Chan (23:22):
I want you to think of your last team interaction and share with the group, maybe what role you played on that team. And then the other part of it too would be... Let's talk a little bit about the guilt factor and talk about was there ever in that team something that you felt guilty about doing or that you felt guilty about not doing because you were putting the team's needs above your own? And then I think that you could also talk about the idea of collaborative overload. Have you ever felt that? What are strategies that you did to help you work through that?

Sarrah Lal (23:50):
Okay. So, the idea right now would be that I did wanna highlight that there are some solutions that when you are in collaboration overload or in maybe a culture where collaboration is not yet a fabric of the design and the structures that you're in, is that we can actually create that ability to form a culture around that. And this is something that I've tried to do as I've advanced in my career, and I've been in more leadership roles around research, and in other leadership roles I've tried to actually make this culture around the mutual accountability.

Sarrah Lal (24:22):
And these are things that you can do as you create that space around you for collaboration is... And I think that those of you who do scientific work, this will probably resonate with a lot of the advice you get when you're being coached how to be a good author or co-author. I think part of it is the idea of mutuality and creating that culture around the fact that we're all in this together and having that attitudinal conversation with your team, that, "We're getting into this, and we're gonna be a good team member to each other and here are our touchstones, and this is what it means to work together well." Having that forming conversation when you're putting together a new team is fairly important, and trying to figure out who's gonna be accountable for what and how and why and when. Clear contracting is also important. Some of this might be with regards to the idea of how to make very precise the commitments, like who's gonna do what session, how long it's gonna take, what we're expecting you to do in between sessions. The more clear you can be, the better you can be as a leader.

Sarrah Lal (25:20):
And then, the last part would be the idea of transparency. Making sure that all parties know what everyone else is doing, so that it's very obvious that T. Chan should not take on another student right now, she's got 17, and that maybe someone who isn't actually currently supervising anyone might wanna step up. And sometimes it's just making sure that those statistics are available and transparent. It's not always easily accessible, which is why I think in all of our different zones, especially when you have multiple roles. Because T. Chan might not be doing anything in the master's program right now because she is the Assistant Dean of Faculty Development, and actually that might be a huge portfolio. And to acknowledge that and understand that I am one person but I hold multiple roles has been something that I have to advocate and make sure people are very clear with me, and I'm transparent with them about how I can't continue to work at the same pace for them, when I have something else I have to attend to.

Sarrah Lal (26:15):
And so, I think that's also your own ability to speak up and articulate, all your participation is important. Just to go through it again, mutuality is where you actually form that team and you actually do that hard work it takes to talk about what your shared goals are, where you're headed. I just came from a meeting where Sarrah held my feet to the fire a little bit around articulating that. "What is the goal? Where are we going? What is the journey?" And I think that's really important for our team. The next one would be clear contracting. And this is where we wanna make sure that we're not ambiguous about the expectations. It's kinda like the thing where many of you may have grown up with the household where you have more than one kid. And so, chores, having actual handout that actually says, who's on deck for which chore, is actually really important because otherwise I kept on having to clean the bathroom, and my brother never did. And so having some kind of accountability framework to be able to account for that would be important.

Sarrah Lal (27:09):
The more ambiguous you are, the more likely that there would be a chance for there to be some void that all of us feel this compulsion to fill. And I think that's important, making sure that the requests are precise and guided across all team members, but especially when you're leading or that you're collaborating so that you're bounded by expectations, so that you don't exceed or under-perform, but also mostly, sometimes making just very clear what that request is so that everyone achieves what they're supposed to do, and what the next steps are. Well, the last part is the idea of seeking a commitment response. I think a lot of you may have been running meetings visually where, "Will anyone take this on?" And then you have to be willing to count till 15 for someone to unmute or type something. That does take an extra piece of time. The other part of it too would be if you have a committee that comes together quite regularly. It might be, "Okay, so next on deck is gonna be Joey, and Joey, you're next on this list. So unless anyone else wants to volunteer as tribute, Joey is gonna be taking on this task. Is everyone okay with that?"

Sarrah Lal (28:10):
And so having a list of who's up next, kind of like a speakers list or to-do list, I think it's important to have systems that can augment that committed response. If none, don't leave it to chance 'cause chances are, if it's that void, that uncertainty and it's a... Fact of the matter is that will be headed towards a collaborative approach to it, that it often will be women that actually end up filling that void. I think transparency is the last thing. Making sure that you are above board about the expectations, making sure that you're very savvy about asking, "Okay, so what exactly am I committing to here? What exactly do you need from me?" An email is sufficient, you don't have to document in a formal contract or anything like that, but I think an email, even just after you have a conversation, is that actually making sure that you follow-up with, "Just to be clear, this is what I thought we had discussed and this is what I have agreed to."

Sarrah Lal (28:58):
A simple email after that meeting is actually really good to just keep a data trail and making sure that you have that, and so that you can go back to it as well. 'Cause then you could snooze that email for a bit and have it pop-up a couple of weeks later so you can get your to-do list done before the next meeting. I think that you have to make sure that you then follow through to your tasks and hopefully that's the case, especially in the setting of collaboration overload sometimes you can't keep track of all the tasks. So figuring out a good way to keep yourself accountable is important. And then the last thing would be to create a healthy feedback culture so that if someone isn't stepping up, isn't doing as much that you have that feedback culture so that you can explore why they might not be stepping up as much, why they might not be doing as much as they could, and seeing how you could support that. Because sometimes when you ask, their life is falling apart outside of work, and so a big part of it is that that's what the problem is.

Sarrah Lal (29:48):
And so, that's basically what I have. That's a summary. And during the pandemic, I think we had to think about how we're gonna engage our teams, we're doing things in new ways now. This is a chance for us to rethink all the collaboration techniques, writ large, and not just... Because we are transitioning to digital, that's new for someone else. And this is the paper, so if you wanna scan the QR code, you can hold up your phone and I'll leave that there, and that's basically it. But definitely this is the HBR article that I have more or less paraphrased from, and it's a wonderful article that's a touchstone that really changed my life.

[music]

Dr. Teresa Chan (30:20):
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 dot M-A-C-P-F-D dot CA. Many of our events are actually web events that are free. Finally, I'd like to thank our sound engineer, Mr. Nick Hoskin who's been an amazing asset to our team. Thanks so much, Nick for all that you do. And also thank you to Scott Holmes for supplying us the music that you've been listening to. Alright, so until next time, this is MacPFD Spark signing off.