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Spark Podcast

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Dr. Teresa Chan (00:02):
Welcome to the MacPFD Spark Podcast. This is a podcast that focuses on helping you develop your career as a faculty member. Our goal is to spark your enthusiasm and passion in one of our four main pillars of development. Creativity and humanism, scholarly practice, leadership and of course, teaching and supervision. Throughout this podcast, we're aiming to bring you insightful and inspiring conversations that spark your interest and open up your mind to new ways to grow as a faculty member. Okay. Have we sparked your interest yet? Let's get started with this month's episode.

Dr. Teresa Chan (00:46):
Okay. So, Dr. Dina Brooks is my next guest, and she will be going over some key parts around what it means to be a great mentor or sponsor. And she's no stranger to this concept because Dr. Brooks is the Vice Dean of Rehabilitation Sciences here at McMaster University, and it was just a privilege and honour to discuss this with her.

Dr. Teresa Chan (01:09):
Welcome back to our podcast. Today, I have a very special guest with me. I think all our guests are special, I guess is not that... But we are picking very awesome people to speak with. It's my pleasure to discuss a really cool topic too with this person. So Dr. Dina Brooks is the Vice Dean of the School of Rehab Sciences here at McMaster University, and she is, and a podcast enthusiast, I know that she's that, so she was excited to be on this podcast, I think, hopefully. And I'm so excited to have you here, Dina. Can you say hi to everyone?

Dr. Dina Brooks (01:38):
Thanks. Hi, everyone, and thanks for having me.

Dr. Teresa Chan (01:41):
And so the topic of discussion today that Dina has chosen for us is mentorship. Mentorship is so important. There's study after study after study and I think several systematic reviews that shows if you're a researcher who's got a mentor, you're more likely to win grants and publish more papers. We know that mentorship is important in the clinical sphere because, let's be honest, most of our training is largely built around an apprenticeship mentorship model, right? And so I think in the

Faculty of Health Sciences, there's no doubt that mentorship has a role for our teachers, for our researchers and scholars and for our clinicians.

Dr. Teresa Chan (02:18):
So I think that it's a very important topic. It's something that's near and dear to my heart. I've been trying to figure out how we can crack that nut and do a good mentorship program 'cause obviously there are programs that don't work, and everyone seems to have one, but there's probably some secret sauce to the actual interaction of finding a mentor, being a good mentee and then being a mentor some day. So Dina, let's talk mentorship. What are your thoughts?

Dr. Dina Brooks (02:41):
So I really think that my ability to be in this position has been all due to my mentors. I think I'm part of the science that says it works. I do feel that the position that I'm in right now has been, and being able to get here, has been totally a function of the mentors that I've had. In my mind, mentors are people that open the door for you.
You still have to walk through the door, but they at least open the door that maybe you didn't know existed or you didn't know how to open.

Dr. Dina Brooks (03:09):
I also feel like the best part of my job is to be a mentor. So often, people think, "Oh, I don't wanna burden you with mentorship." But yeah, it's like the highlight of my day is to be with people that I'm mentoring or to watch people that I've mentored succeed. There's no greater satisfaction in the job than to see that. So in both sides, it's an incredible gift.

Dr. Teresa Chan (03:31):
Yeah. I actually had a conversation with a junior faculty and I tried to normalize to her peers actually. I'm like, "Did you know that your peers ask for my help more regularly than you and that you should have full permission to ask on equal par?" I kind of equated, you asked for 10% as much time as some of our other colleagues who share an office with me, who asked for so much more time, right? And so you shouldn't shy away from that. And I think that that's probably the first, definitely first pro tip that I would say that you've just hit on, is that mentorship comes from people wanting to do better. They enjoy it, so don't see it as a burden, see it as a gift, and don't refuse gifts when they're given to you. That's not polite.

[laughter]

Dr. Teresa Chan (04:16):
Those always asking to be your mentor, asking to support you, you should say, "Yes, and when? Yes, and how can we meet? Yes, and let's do this." So definitely get over that. It's almost like a bit of imposter syndrome, right?

Dr. Dina Brooks (04:30):
Yeah, for sure.

Dr. Teresa Chan (04:31):
Like, "I'm not worthy enough for this person's time. I'm not worthy enough to go and talk to X, Y, Z because they are so busy, so they're so wonderful. They won't have time." Okay, getting over the imposter syndrome of asking. Okay, that's a good pro tip. What else?

Dr. Dina Brooks (04:44):
Sometimes I think too that we have a responsibility to reach out. So I think of my most influential mentor. I was doing my undergrad, at the time, I was an undergrad in physiotherapy. I had just come to Canada before I started my undergrad, so I was 16, came to Canada. I went to university, got my physio degree. And in my fourth year, this prof approached me, and she said to me, "Have you considered graduate studies?" And so it wasn't even on my radar. All I wanted to do was to come out and support my family who'd come to the country as refugee. I didn't speak English very well. It was like, "How could anyone think that about grad school?" And financially, I needed to have funds and she said, "Well, you can do this right and I think you have the capacity to do graduate studies, so why don't you?" And I feel like she changed my path.

Dr. Dina Brooks (05:35):
In that moment, she changed my path. I didn't even know that door existed, and she opened it and that was the first step towards doing my master's and then eventually my PhD and all that. And she's remained my mentor, even when I left UFT. When I got the offer at McMaster, she was the second person, second to my partner, who I called and said, "Should I take this position? What do you think?" So she's been kind of a mentor through my whole life and it's just good. I mean, ultimately, you make your own decision. You decide you're gonna go to grad school, you decide you're gonna change jobs, but she just helps you, he or she helps you think of things in a way that you don't necessarily think of it.

Dr. Teresa Chan (06:12):
Yeah, I think that mentors can do a lot. I'm indebted to a lot of my mentors. I have so many different ones, both within the institution and outside because I think it's definitely something where you'll have a whole bunch of people who might be able to show you parts of yourself and maybe a few possible futures. And I think that that's a huge role as a mentor and as a mentee, to listen to that advice so that you can hear what's possible. 'Cause sometimes, again, we have imposter syndrome and sometimes we check in and out of things, sometimes we don't think about things.

Dr. Teresa Chan (06:44):
And so does a mentor, do you think always have to be someone that's more senior to you, that's walked the path before? What's your perspective on that?

Dr. Dina Brooks (06:52):
No, not necessarily, but I think there has to be some connection. I remember when I had a family and having an academic career, I had a PhD supervisor and post-doc supervisors who were more traditional men, who in their families had not taken a lot of responsibility for the family, and yes, they might have been mentors in certain aspect aspects, but I did have to turn to mentors who maybe kind of could relate to what it was like to have that experience, so it doesn't always have to be someone that had a... I do think professionally, they have to be able to open doors, but sometimes you need someone who can say, well, my experience of how you are able to balance life and work is this, and have you thought about this? And those kind of mentorship are just as important. I do think you need to have a mentorship circle, so it's more than one person 'cause it's not always one person that can do it all for you.

Dr. Teresa Chan (07:40):
Yeah, yeah, I think my, one of my mentors is John Shapiro, he's written about it actually, having a board of directors, for your life, and just like in a board of directors, different people hold different roles, you have people who might be your guiding mentor for a certain aspect of your life, like your professional career, other people might be your guiding mentor for your dating life and your married life or your parental life in different phases of your life, and again, you can change those people up just like a board, you can diversify and I think that that's a good analogy, I think. A circle is a really cool way to think about it too, because it's like... Like they say about children, it takes a village to raise a child. I think it takes a circle or a board of directors to raise an academic, to foster them.

Dr. Teresa Chan (08:27):
You kind of talked about how mentors need to open doors, and I think depending on how nitty gritty you get with the literature, I think that people now talk about something called sponsorship, and I think that... I wonder if what you're talking about there is that mentors can be sponsors, but sometimes people are sponsors, even though they're not mentors, they might not have advice to you to give you because of who they are or their position, but they open the door and then they hold it open for you and they encourage you to walk through it, and that is maybe a discrete... Maybe a discrete act, what do you think?

Dr. Dina Brooks (08:58):
Yeah, I've never thought about the sponsorship, I kinda like that idea of that, and I'm thinking about what makes a sponsor and a mentor, and I think I've tended to think more of them in terms of mentorship, but we're...

Dr. Teresa Chan (09:09):
I think you need both, right? To me... So I don't remember who gave me this analogy, but someone in the senior leadership here has talked about it. There was the idea that there's a mentor who shows you that there is a door down the hall, and a sponsor then is kind of like the door person, the person at the door that opens it for you and then invites you to walk through. And I think that sometimes the mentor does walk you all the way down the hall and then shoves you through the door, and sometimes that's the kind of mentorship you need, but I think that there might be different people. And so sometimes I think, depending on the opportunity that you're seeking, the person that can mentor you how to get to see that there's an awareness, again because you have a circle, might be different from the person that ends up being a... Helping you make it possible. And I think that expecting one person, like you said, to do it all might be challenging, and so I think that that's another pro-tip, is to diversify your mentorship and to diversify your peeps that you have at your back because they all will bring different things and in this age of equity by diversity and inclusion.

Dr. Teresa Chan (10:14):
Think, think about who can give you different things because of their background, because yourself, with your background of having come here as a refugee, like you've explained it, that's gonna give you a very perspective on power structures and equity and how to be resilient, probably. And that's gonna give you a different lens than someone else who's maybe lived in a more sheltered life like myself, like a kid with the physician doc dad and born in Canada. I've had a lot of privilege. I'm a minority woman as well, in some ways, I have had my own barriers in different ways, but I'm gonna have a different opinion on certain things than I'm sure you do, and I'm sure that if we talk to people like Mark Walton or even Dr. Alban, each of these people have a different perspective, like our vice

deans that are at your level, like Dr. Mark Malton and our big Dean, a leader right now with Dr. Alban, they're gonna have different perspectives because of who they are and the journey they've had.

Dr. Teresa Chan (11:10):
Alright, so we've talked about stepping up and asking for mentorship and receiving mentorship and then nudging our mentors to maybe reach out and offer their mentorship and making sure that that's there. We've talked about diversifying your mentorship and not expecting one person to be the Omni mentor that does it all. That's probably not feasible. What else?

Dr. Dina Brooks (11:31):
So just to go back to that point now, and then I'll... I remember we were talking about this before, but this is kind of when I took up back up singing, I felt very uncomfortable being on stage. And there's this woman who just looked so incredibly comfortable on the stage, and I remember asking if she would mentor me on how to be a diva on stage. So sometimes you need them. And what you said about, you need the mentors in different aspects of your life, that they can help you in so many different ways.

Dr. Dina Brooks (12:03):
The other thing that I think is really important is that you actually tell your mentor, approach someone, ask them to be your mentor, so it's... Of course, there's an informal part to it, but there is a formal part to it, like Susan Denburg has been my mentor since I came to Mac, I meet with her every two months. I go in with very clear things that I need to talk to her about, she knows she's my mentor and I just... That is important. So it's not just the casual, when I see you and if you need help call me, but you actually have the commitment with this person to help you navigate some of the stuff.

Dr. Teresa Chan (12:36):
It's almost like a mentorship contract, right?

Dr. Dina Brooks (12:38):
Yes.

Dr. Teresa Chan (12:38):
I think it goes both ways, because as a mentee, someone who's benefited from being a mentee... There's a great article in JAMA called mentee missteps and people... I'll put it in the show notes, but it's all the mistakes that people sometimes make, and I think that it's important for us to think about how we can both step up to the plate, and I think that sometimes people actually, unintentionally, maybe because they don't have that intentionality, they don't have that agreement and that perspective of how to step up on both ends that the mentorship relationship falls apart, right? And so in the mentee missteps paper, I think it's kind of fun, but they trying to talk about the different kinds of classic paradigms or classic phenotypes for mentees, that kinda, don't mess it up, but they aren't as successful. So there's the over-committer, the person that says yes to everything and they can't get anything done. The ghost, the vernacular of ghosting people, like you sent them an email and then they disappear on you. The doormat that they basically just, they do all the step-work but they don't actually, they're kind of exploited by their mentors, maybe unintentionally because they're just, they're bending over backwards, they don't see themselves as a possible peer some day and kind of fall into the mindset of wanting to take care of their mentor and serve them.

Dr. Teresa Chan (13:52):
The vampire and countless evil. I think that this is what every mentee that has said, "Well, I don't wanna bother you," they're worried about becoming a vampire that sucks the life out of their mentor.

Dr. Teresa Chan (14:07):
The lone wolf, right? The lone wolf is the person that is so successful that they don't seem to need mentorship, right? But they are probably a different kind of impostor syndrome but they're kind of putting on a good show, but they probably do need people at their back. And then the worst is the backstabber. The backstabber, where people, you help them all in the way and then they do something that is not so cool on the other side. And I'm sure there's both sides of it, but I think that this is why people shy away from mentorship because as a mentee, there's so many ways you could do it wrong, but I think having a conversation, just like you might have a conversation about who's gonna lead this paper or project? Who's gonna be PI on the grant? I think those awkward, ahead of the time conversations can make a relationship much better.

Dr. Dina Brooks (14:51):
I agree. And I think the system, the organizations have to also pay part of it. In our school, faculty have to declare who their mentor is when they do their performance. And I really would like staff to also declare who their mentor is. It doesn't just have to be faculty. I often get the people who are in the last five years of their career like, "I don't have any mentor. Who could be my mentor?" Well, could be mentored by someone who's going into retirement or first year post-retirement so you can, wouldn't that make retirement easier if we had mentors like that?

Dr. Teresa Chan (15:26):
That'd be amazing, right? In that vein Allyn Walsh is one of my mentors, and Dr. Allyn Walsh she's a family physician who used to be, she was a founding assistant dean of program faculty development. So just as she was about to retire, I reached out to her, but she's now retired and I thought, you know what, can you tell us a story about your retirement? And so she actually wrote a blog post for a blog that I helped edit and it's about her transition into retirement. Of course, then she undid it all by joining back up when COVID hit and she just re-entered the lights. I'm like, "You lied to me. You said you retired." No, no. But she's now back in retirement and tending to her vital needs and stuff like that. She's a phenomenal woman, and it was really nice to kinda hear her story and read her writing about that transition, because I don't think that's an easy one. So you're right.

Dr. Teresa Chan (16:11):
And I think that the other thing that would be, sometimes your mentors might actually, even though that's not the traditional model, that they might be younger than you, because there might be inter-generational stuff that you don't know. I know right now, there are people that reached out to me because of my interest in technology, and technology and enhanced learning, to get some mentorship about how to make a YouTube video, or how to record a podcast. And these are people that were traditionally more senior than me but I think that's, again, if you think about it as a circle or a board, I can be their CTO, Chief Technology Officer to help them get through that digital transformation right now. I think that's the interesting part. Okay, so obviously look for mentors in all different ways, again that diversity part, but declare it, being formal about it, having a system. And so, do you have some pro-tips? 'Cause I've sat across from the table with a mentee, and until I had some tropes and until I developed some teaching scripts, I guess in the same way I do with

clinical care, I had trouble doing that. Do you have any thoughts on how you can capitalize when you're with your mentee? Or as a mentee, when you're with your mentor, what are the kinds of things, like what are some starter path kind of conversations you can have with that person?

Dr. Dina Brooks (17:26):
When I think about my mentors now, I always go with an agenda. They know what you wanna talk about and you know what you wanna talk about. So it's not just, no, I'm not just going there to whine about who's really bugging me at work. It's about trying to accomplish certain things.

Dr. Teresa Chan (17:42):
Sorry, say that last sentence again, you cut out for a second.

Dr. Dina Brooks (17:44):
Oh. So always go in with an agenda. It's not just going there to just have a chat about what's bothering you that day, so there's clear outline of what we're trying to accomplish. And I also ask my mentees to come in with an agenda. We may sway up the agenda, but at least I know what are the things that they're struggling with. Sometimes for some of my mentees, this for example is a big one, some of my mentees really struggle with publishing.

Dr. Teresa Chan (18:10):
Yes. I think we all do. [laughter] You know you're having a week and you're like, "I'm useless. I'm nothing."

Dr. Dina Brooks (18:19):
Exactly. So, often they have a running tab and they're accountable to me. Between two meetings they're gonna work on this paper and not this paper. You become a bit more of a person who they're accountable to to say they've met their goals, they haven't met their goals, that kind of stuff. So yeah, structure I think is important in those meetings rather than...

Dr. Teresa Chan (18:39):
Yeah, so goal setting, right? You have to... I think as a mentee, if you couldn't go in with some goals, you know that it might morph because your mentor obviously is there because they've been there before, they can see things you can't see, so obviously go with the flow, but if you can highlight what it is that you need help on that at least it starts the conversation. That's a really good pro-tip. It sounds like a problem-oriented approach for us as healthcare providers, probably makes the most sense, right? Here's my problem, if I was a patient and if I was a client, this is what's bothering me.

Dr. Teresa Chan (19:12):
But obviously, there's other ways to do that too. You can pick an activity, you can look at what it is that you wanna foster as an activity to get someone... You might have some things you wanna teach someone. If you're a journal editor and someone's coming to you to understand publishing, you may wanna give them like a five-minute spiel that you've pre-set and given in a bunch of places, maybe you even talk about to say, do you know all the pieces of publishing and what actually happens on the backend of how our journal article is born? And I think that those are the moments where sometimes as a mentor, you have to be willing to flip the switch to maybe just do some teaching. Because mentorship sometimes isn't just about hearing and centering on what the other person needs and wants, but rather giving them a little bit of a boost, a mini, tiny bit of tidbit, not too much pontification, but a small reflection on something that they didn't know before so they can go

further. And I think that that's something that we're trying to do with a part of our podcast around Scholarly Secrets, and I know that this is...

Dr. Teresa Chan (20:12):
This is a more broad conversation about mentorship, but we're hoping to archive some of those conversations with people. And you'll probably have seen by now in this podcast, that we're featuring conversations with great people to lock it down, so you have a digital mentor, it's kind of like... The idea is that mentorship probably, again, rotates in a circle, and so in some of those circles might be people you can't talk back to, but there's a certain sociality of podcast. But at least you've heard someone speak about something and you can file that away for your own edification. Alright. So that's great. And then the next thing would be... And so as a mentor, when you're first getting started, what are some things that you think that we should keep in mind, as mentors?

Dr. Dina Brooks (20:51):
So one of the things that I always struggle with is, you wanna be empathetic, but maybe that's the wrong word. Because I think being in someone else's shoes can be quite paralysing at times if you could feel all their pain. So I think what you need is rational compassion so that you can be compassionate to the struggles that they have, but keep your rational mind and be able to provide action plan. And sometimes, and I think of some of my mentors, you actually need to tell your mentee, "Get on with it," and it's okay that you say get on with it. "Yes, I've heard you, this is a struggle, but what's the action plan?" So I think it's important to have compassion, but also with some logic that goes with the compassion.

Dr. Teresa Chan (21:37):
Yeah, I think that really understanding and being deep dive to understand the other person is something we all struggle with as people. It's so easy to just speak from your own experience and to frame things, well, in my day or... Everybody has those tropes, right? Well, when I was going through, that wasn't the case or it was, or maybe... We're all different, and so what might have happened for you might not happen for me, might not happen for someone else that comes later on. And each of those conversations, if we can build that compassion and a little bit of empathy to understand where they are right now, what their situation is, helps us be better at being able to help them through their problem. I would think that that's what we always talk about with patient care too, right? Feelings, ideas, functions, expectations. I love using those same four questions with my mentees as well, because sometimes they're feeling like they're despondent because they've, again, had their desk rejection in publishing, let's say, their ideas or that they'll never be a good academic. And if you don't unpack those, you'll never address those things.

Dr. Teresa Chan (22:42):
And so just as you have those clients and patients that, you feel like something's off because you haven't asked them those questions and they're really worried about something. I think it's important to think about using those kind of heuristics to help you get through a mentee relationship because you're not trying to be their clinician colleague, but I think that just to relate to other people, having some tricks like that to make sure you have some touch points that, is there anything else in your life that's bothering you? How can I help in those ways as well? And also as an emerge shock, I know you don't have to manage every call, you just have to uncover it sometimes and then point them in the right direction. Because if they then, crying on your shoulder that they have an intimate partner violence, or if they have something really big in their life that's going on with, their parents are not doing well with their health, or their kids are having trouble at school.

Dr. Teresa Chan (23:30):
Unpacking that helps you better contextualize what you could ask of them, like your goals. You might need to help them actually adjust their goals and not be as productive right now, 'cause the rest of their world's on fire. So I think that it does... You won't be able to help every part, again, that's why you need the circle of other people that you can pass them on to or refer them to so that they can get the expertise they need. But I think as a mentor, I think you're right. Understanding and being compassionate so that people can tell you what's really bothering them is so important.

Dr. Dina Brooks (24:01):
And the other thing is to also know when to end a bad mentorship relationship.

Dr. Teresa Chan (24:07):
Oh, yeah.

Dr. Dina Brooks (24:08):
There are some that are just not... I remember asking a gentleman to be my mentor, he was very successful, heading a research institute. And I thought, "Oh, how does he do it?" And I just realized after the second meeting that we were just not compatible that, and it's how to exit a bad mentorship relationship. And I think often what you can ask people is to mentor you for a year, so at least there is a natural exit to it if you're feeling that it's not resonating with the way that you think or maybe their values are different than your values. But I don't think we can assume that you have to... You don't have to be committed to a mentor for life, you don't have to... It's not a marriage. People are your mentors for certain times and then you move on and it's not... I think as mentors, we can't take it as a rejection that now they've moved on. Actually, we should be proud that they moved on, you know?

Dr. Teresa Chan (25:00):
Yeah. Well, I guess it's kind of like our trainees. They're not gonna be students forever, we know that there's a natural succession that they will eventually be a colleague. And I think that if you reframe your mentorship experiences as the same kind of opportunity, is that to help someone along the way for a time until they don't need you anymore and the fact that making yourself redundant... Making yourself redundant as a mentor is the biggest privilege, is to have brought someone up to be your peer or to be more successful than you. That's a whole different... I don't know, that's a whole different paradigm.

Dr. Teresa Chan (25:32):
From the Asian culture, there's lots of those fables and stories about the Sifus or mentors, holding back stuff so that their trainees and their apprentices can never exceed them. But I think that we should not do that, we should actually try to make... I mean, I'm sure your mentor who helped you get to this point, that you first referred to, that suggested you go through the grad school and now nudged you to be Vice Dean. I don't know what rank she holds, but maybe at this point, you've exceeded her expectations and where she was. And I think that hopefully you can fool, fold that, as a mentor into your ego complex, that you help someone else be more successful than you, and that's a privilege and an honour. That's amazing, right?

Dr. Dina Brooks (26:15):
I totally agree. Yeah, totally. That's a nice way of putting it. It's a privilege and an honour.

Dr. Teresa Chan (26:22):
I would say like, okay, this is probably an aside sign because it's probably more of an act of sponsorship. But one of my hobbies in life, in addition to singing, songwriting, like I talked about, and presiding board games, and I have weird hobbies. But one of the things I love doing is actually putting other people up for awards. And I would say that when I get an award, I don't get the same dopamine rush or high that I get from when one of the people that I worked really hard to do the application, get like dozens of signatures and make it happen. I am way more proud when one of my mentees or one of my mentors, or one of the people in my life that I love and really admire and have put forward for an award wins. Because I feel like I did way more work. When I'm the winner, I don't find that I...

[overlapping conversation]

Dr. Dina Brooks (27:07):
I completely agree.

[laughter]

Dr. Dina Brooks (27:09):
And that's... And I don't care how busy I am. The highlight would be to pull out an award application for someone. I know exactly what you mean.

Dr. Teresa Chan (27:19):
100%. We're kindred spirits, I knew that when we first met, but this has reaffirmed it, you're a singer, you're an award nominee. Can we start a community practice around that? Can we just have like a nominator's club or something like that, share best practices? [laughter] 'Cause actually, there is an art to it, just like anything else, right? Like being able to write a great reference letter for a student, for graduate studies, for medical school or for... Even from high school, I guess, to university, I think you still need sometimes references and stuff to put people forward for awards. There's an art there. We'll have to have another conversation another time about that, because I do think that there's a playbook for that too. There are some people that are really good nominators, and the people they put forward, both because they select the right person, but also probably the way they write that application, probably there's some mechanics there that we can probably elucidate. Maybe I'll do a special podcast episode on that, but... Anyway, that's a side conversation for another time that we can... I'll bring you back to the podcast.

[chuckle]

Dr. Teresa Chan (28:18):
Thank you so much, Dina, for having this great chat with me. I think you've shed a lot of light on a really important topic in academia, and it's been great to have a conversation with you.

Dr. Dina Brooks (28:28):
You as well. Thank you for asking me.

[music]

Dr. Teresa Chan (28:32):
Wow, that was a really awesome first segment of the MacPFD Spark Podcast. And now onto our second segment.

Dr. Teresa Chan (28:45):
Alright. In this segment, I'm going to be having a great conversation with someone who is a legend around these parts, Dr. John Kelton, hematologist and innovator at heart. Dr. Kelton is the immediate past Dean of the Faculty of Health Sciences here at McMaster, and he's gonna be introducing a really new initiative here at McMaster, the Michael G. DeGroote Innovation Initiative and he's gonna explain what it means to him, the university and the community at large.

Dr. Teresa Chan (29:12):
Alright. Hello everyone, I'm back again. Thanks for tuning into another episode. I'm here with a very special guest, Dr. John Kelton. Some of you may know him as a hematologist and researcher, some of you may know him as the former Dean of the Faculty of Health Sciences here at McMaster, and some of you may know him as someone who's kick-started a really cool initiative recently. And I'm gonna ask him to actually tell us exactly what that initiative's called. John, do you wanna say hi to everyone and tell us what MGDII stands for.

Dr. John Kelton (29:40):
Thank you so much, Dr. Teresa Chan, and I'm delighted to be here and have a chance to chat with you and others. The Michael G. DeGroote Initiative for Innovation in Healthcare had its origin about eight or nine years ago, and at that time, I was the Dean of the Faculty of Health Sciences, and Mr. DeGroote, a wonderful, generous citizen, an entrepreneur and innovator who had made many millions of dollars, gave a lot of it away, and he said to me one day, he said, "John, here's something that's puzzled me. You're from Hamilton, I'm from Hamilton. That's why I wanted to give a lot of my money away to people in Hamilton through... " And he resisted naming the medical school, the DeGroote School of Medicine, but he said, "Hamilton created a lot of wealth in the '50s and '60s and '70s through steel and through industry, but it looks like that's gone forever." He said, "What happens to the leaders of universities, medical schools, nursing schools when there's not millionaires or billionaires around who will donate?" I chuckled and I said, "I don't... Tell me what you're really meaning," and he said, "Why would you not start to think that great graduates should be great doctors, great nurses, great caregivers, but sometimes also create companies that employ other people? In other words, don't just help people, but help create wealth to help people."

Dr. John Kelton (31:12):
I found that an intriguing challenge, and he said, "Here's some money to support this," and from that, as I stood down from being dean five years ago, I visited a lot of places, and the first thing that I noticed was a reason to be humble. The McMaster School of Medicine, Health Sciences, Nursing, Rehab, is very powerful, very well known for all of its research, but when you go to what I would call peers, and peers in the rankings, the University of Michigan, Hopkins, other places, they're surrounded by industry that has come out of their discoveries, and the more I visited, the more it sunk into my mind that we are wonderful Canadians, we discover fabulous things and promptly give it all the way, and that inspired me to say, what if as we're teaching people to be great scientists, great nurses, great doctors, we also say, for a small percentage, because it's not gonna be most, but for a small percentage, "Have you ever thought of creating a company? Have you ever thought of operationalizing some of your wild and crazy ideas," some of which might be monetized, but many of which are just gonna simply help people, but help people on a grander scale than doing what I do

every day, which is treat patients and care for patients, which is a wonderful calling, but maybe we also have an obligation to change healthcare.

Dr. John Kelton (32:47):
In my own area, I'm a researcher, a lot of my discoveries are in books on shelves in my lab, and that is the nature of a lot of big discoveries, most of us don't operationalize it. So it quickly became apparent to me there is not a dichotomy between creating an idea and having other people pick it up and run with it, or creating an idea, and for us as people in Hamilton, for us as Canadians, helping determine how to make money with this, not from ourselves, but for everyone, and that... That was an epiphany for me, and that's what I've been doing for the past five years and it is terrific fun.

Dr. Teresa Chan (33:29):
Wow, John, that sounds really cool. It's also a complex and fairly ambitious proposition. Can you tell me a little bit more about how you're actually pulling all this off, the ways that you're doing all of this stuff?

Dr. John Kelton (33:39):
The first thing I had to discover myself was I didn't know anything I was talking about. I was a pretty good doctor and a pretty good researcher and a pretty good administrator, but the skill sets required for taking an innovation and saying, "Does somebody want it, or is it a great idea" in my own mind, was completely lacking. So I quickly started working with people and I made a really important conceptual discovery, if I could be so bold, in the first year or so. And I learned that people like you and me as physicians, we never take risks. We are trained to be risk-averse. So when I've got a patient needing treatment X or Y, I rank the risks. If I've got a complicated patient, or if you have a complicated patient with multiple problems coming into the hospital, you're gonna rank which one is the most important, start to fix that first, move to the second one, and you move them up and down. But we are by training risk-averse.

Dr. John Kelton (34:46):
So this is the opposite of the way you need to be to be an entrepreneur. I also learned that... And this is of course way too simplistic, but I learned that engineers for the most part, I could almost call them binary. They're oftentimes linear in that, does A work or B? If B does not work, they move to A. You move down the path of A, does C or D work? Which one does or which one doesn't? So engineers, by training, will try A or B, C, D, E, F and when each one fails, they move on to the next one. By bringing together health professionals who've got a lot of problems, and that's our job, is to find problems, with people who are better at solving problems, engineers, and then finally, more recently with people in business who can say, "No one wants that. What you're suggesting, you can already get it twice as cheap." It's been very gratifying.

Dr. Teresa Chan (35:50):
And so to summarize, some of the things you've done are that you've worked with other schools such as the schools of engineering and business here at McMaster to create an ecosystem for healthcare problem solving. Within that, you're launching some really cool programs. I've also heard that you're building a community around innovation and entrepreneurship. And luckily, I've actually been invited myself to be part of your wonderful College of Inventors. But I think that our listeners would probably benefit from hearing a little bit more about this initiative.

Dr. John Kelton (36:18):
Dr. Teresa Chan, when you and I think back, a lot of... And I'm gonna keep on putting on health perspective glasses, 'cause that's what we all are. We were influenced very strongly by both mentors, but also people we admired, people who we held up on pedestals. And McMaster is a particularly wonderful place because our legacy has been great leaders who gave back to the community, which is so important. We have had few examples of people who said, "I am going to take this discovery and I'm gonna build a company around this." And so we spent a little time going across McMaster, which has got a huge, huge faculty and a wonderful population of students. And we found a group of people who had not just done care, not just done research, but they had created something from this that sometimes was sold or patented or given away to someone else who in turn created a treatment from it. And we wanted to develop a group of peers who others would start to say, "I admire her, I admire him for their discoveries. And not only did they treat a... Develop a treatment for cancer, but they were able to give that treatment to a pharma company who was able to then give it to a much larger group of people." And we call that the McMaster College of Health Inventors, about 25 people.

Dr. John Kelton (37:54):
And the intention is to have these individuals function as people that we would look up to, and not everyone will be drawn in that direction. In fact, we know it's a tiny minority of people who want to become entrepreneurs, most don't. But for those, we've now given them a group of people the same way as you and I were inspired by humanists, and in my case, I was strongly inspired by Jack Hirsh, a wonderful researcher. He brought me here 'cause I wanted to learn from him. This is to show our young people, and mostly we're interested in attracting young people, that you can be a great healer, a great healthcare provider, a great scientist, and also work with companies or start your own company as you acquire these skill sets.

Dr. Teresa Chan (38:50):
It's really nice that you have that central group at the core of the community practice. I mean, it's a really huge part of creating a vibrant community, is that in order to sustain it, you need people at the center of it all, with the wisdom and experience to help grow others around them. Those people are like a nucleus and without them, you can't have the electrons organized in a system without a nucleus to hover around. But to change the conversation a little bit, in terms of innovation, do you see this as a pathway for faculty members, one that they could pursue? This is me really asking on behalf of some our junior colleagues who might be listening. Do you think senior residents or new faculty members could head down the inventor or innovator pathway? What do you think that would look like?

Dr. John Kelton (39:27):
It's funny you say that because we know that some people will choose that pathway anyway, but it's a small percentage and in fact there's... I've learned so much, if you took 100 people, it'll be 4 or 5%, four or five people out of 100 who will go on to be, to say, "I wanna not just be a scientist or a caregiver, I also want to be an entrepreneur and start a company." And ironically, you cannot predict who these people are. There is one predictor, which intuitively I would have never guessed, but maybe it does make sense, and that is recent immigrants and families of recent immigrants are more likely to be entrepreneurs.

Dr. John Kelton (40:16):
And when you think back about it, it is an incredible, an incredible adventure to say, "My husband and I, my family, are gonna move to a completely different country so we can try and be better off, so we can enjoy that country." Those people, and oftentimes their children, are more likely to say, "We want this type of experience." What we're now doing is... And I've got a number of people, I've got Sarah Lau, who's a colleague who's a friend of yours. I got Anna Korol, I've got... We're slowly building a group of people who are interested in recruiting young people, giving them the skillset of this, either formally through something called Integrated Biomedical Engineering because we're very interested in the engineering stream, or just, I'll call them walk-ins off the street, who might be at any level who will work with Sarah Lau and her Health Venture Program.

Dr. John Kelton (41:22):
It's problem-based learning, but these are different problems, how you and I learn medicine, these are problems where you say, "What kind of problem is the average nurse or physician facing in the operating room, in the emergency department, in placement of patients?" And we form groups of people and as much as possible we're trying to have groups with different viewpoints, the wisdom of crowd model, and have them take that as a problem, work it through and then as they work it through, we've got teams of advisors who can help them out. We call them mentors and some might be in legal, some might be in IP, some might be in marketing. So we've got 20 or 30 people who are volunteering to help these students. And when I say students, it's at every level, including people 40 and 50-year-old staff and faculty, to take their ideas and work them through. And so it's quite exciting. This will happen when we're allowed to be face-to-face in a physical space called The Clinic. And we have a clinic which has now been created in the heart of the McMaster Medical Center right in the library. It's a beautiful 3,000 or 4,000 square foot area with a large room and conference rooms, and there are opportunities for people to work together and have... Who are interested in different skillsets, different experiences, all coming together.

Dr. John Kelton (42:55):
We've also started something that I'm particularly proud of, and Anna Korol and Sarah Lau started this, using some of the models that we've seen at other universities and we've called it Innovators and Scrubs. So students, oftentimes not health science students, will go... We have to get them prepped and then they have to be vaccinated and they have to understand privacy and all of the kind of restraints and appropriate behaviors that you and I and other clinicians, physicians do in a hospital setting. We train them and then they join a physician team that might be in the emergency department or in the dialysis unit and as fresh minds, non-medical, they start to see the problems and then they bring them back and they work towards a solution. We now have probably had about 10-20 teams so far of four, six students participating in this. And preliminary it looks very successful in that most of their ideas will never be commercialized, some could be, but during this time, they and the clinicians are starting to address big health problems at the individual level and it's a very exciting opportunity for everyone.

Dr. Teresa Chan (44:16):
Alright. So if someone's really interested in innovation and wants to get involved, it sounds like there's lots of different ways they can do so. And so for any of you listening that wanna find out more about this initiative, you can check it out at healthsci.mcmaster.ca/healthinnovation. One word. So that's healthsci.mcmaster.ca/healthinnovation. And it's also gonna be in the show notes, so if you forget you can take a look there. And the website is really organized. It shows you how you can get involved based on your identity as a student, clinician, researcher, administrator or

professional. And so as you can see, there's so many cool things, but John, can you just tell me, who is it that you want to attract into your programs? Who's your target audience? Who's the people that you wanna bring into the fold?

Dr. John Kelton (45:03):
We want anybody. So we'll tell you... And we take people from outside McMaster, but of course our focus is physically in McMaster, but I often think that what we'd like to think our metaphor is is, we're running tennis camps, and if you're just a beginner and you wanna learn tennis, come on out and we'll show you how we set up monthly hackathons where people take problems, who are interested in this and at the junior student level, they can take these on. We invite people to bring in problems and we can help build a team around them. We like it if a person's got a problem already that's partly into resolution. We can help you with marketing, we've got a lot of infrastructure. It is all intended to be self-directed. So we point you in the right direction, we have coaches who help you, then you do it on your own. But just the same way as all of us using a healthcare provider model, our model was a series of apprenticeships and progressive learning and progressive responsibility. We can teach you to make a pitch, but we're not at the level where we can say, "Here's $10,000 to make your prototype." But we can teach you how to compete in these kind of opportunities.

Dr. John Kelton (46:31):
We're very enthusiastic. We don't need to have one company ever come out of this. We want to teach people to be innovators and we really hope we can teach people to be dissatisfied with their healthcare system, with their practice so that they need to improve it and continue to make it better. That's our best outcome by far. And if, by the way, in 20 years when I'm long gone from this earth, Hamilton is surrounded by biotech companies and service companies and discovery companies, that's just... That would be wonderful because we're not gonna make steel in our city again. We're gonna keep on, but we're not gonna be a heavy industry city.

Dr. Teresa Chan (47:13):
That's a very exciting vision for the future of Hamilton. Thank you so much for joining me today, John. It's been really great to hear all the cool things that are coming out of the Michael G. DeGroote Innovation Initiative, and I think that I'm gonna have to go and look at your website and figure out how I can get involved.

Dr. John Kelton (47:30):
Dr. Teresa Chan, thank you very much for having me today. I'm delighted and honored, but there were good questions and I appreciate your interest.

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Dr. Teresa Chan (47:40):

Thank you so much for tuning in to the MacPFD Spark Podcast. Just so you know, this podcast has been brought to you by the McMaster Faculty of Health Sciences and specifically the Office of Continuing Professional Development and the Program for Faculty Development. If you're interested in finding out more about what we can offer for faculty development check out our website at www.macpfd.ca that's www.M-A-C-P-F-D.ca. Many of our events are actually web events that are free. Finally, I'd like to thank our sound engineer Mr. Nick Hoskin who has been an amazing asset to our team, thanks so much Nick for all that you do. And also thank you to Scott Holmes for supplying

us the music that you've been listening to. All right. So until next time this is MacPFD Spark signing off.