McMaster Program for Faculty Development (MacPFD)

Spark Podcast

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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.

Dr. Teresa Chan (00:44):
Alright, are you ready for another great episode, 'cause I sure am. In this episode, we have two segments. The first segment features Dr. Sharon Bal, Tara Packham, and myself and we're going to be talking about social media and how it can be used to up our game as leaders, researchers, and scholars and educators. The second half of the episode features Dr. Lawrence Mbuagbaw. Lawrence is a big advocate for equity in health research and he'll be talking to us today about health equity and knowledge synthesis.

Dr. Teresa Chan (01:19):
Hello everyone, my name is Teresa Chan and welcome to another McMaster program for faculty development event. I'm the assistant dean for program for faculty development, and it is my extreme pleasure to kind of kick off tonight's event. I'll be a presenter as well, in this one. I'd like to introduce my two other co-hosts as well and have them give a introduction to themselves, so what I'll do is I'll have the spotlight now on Dr. Packham. Hello.

Dr. Tara Packham (01:43):
I'm Tara Packham. I'm an occupational therapist by training, and worked for many years as a clinician here in Hamilton, and then made crazy decision to go back to graduate school and get a PhD. And so now I'm an assistant professor in the School of Rehab Science here at McMaster. So I'm a recycled alumni now turned professor and I do research in the area of persistent pain.

Dr. Teresa Chan (02:05):
Excellent, okay, and now I'm gonna put the spotlight on Dr. Bal now.

Dr. Sharon Bal (02:09):
So my name is Sharon. I'm a family doctor in Cambridge. I've been practicing there about 15 years. So I'm kind of getting over having to apologize for being a U of T'er because I've been part of McMaster now for a fair amount of time. So I'm an assistant clinical professor and Pre-Clerkship Coordinator at Waterloo Regional Campus, and really just enjoying collaborating with our two co-hosts here, and particularly with having done some stuff with Teresa on MacPFD, which I'm really proud to be part of.

Dr. Teresa Chan (02:38):
Yeah, so we have a growing team of volunteers who do really cool work, and so we're really excited to have Tara and Sharon as part of our crew. So if you're looking to join a crew and you want it to be a safe, clean cut crew, we're pretty safe and we're pretty clean cut. So definitely think about joining up in the cause, if you're a McMaster related faculty member, we're happy to bring you on board and fit you as part of the team. So whatever your faculty development needs or desires, if you wanna help develop stuff, if you wanna actually just be there to cheer on and do some of the behind the scenes stuff, we need more people to moderate webinars and do a lot of other stuff. So definitely you can do that, so.

Dr. Teresa Chan (03:13):
What we're gonna do now is we're gonna go through my segment of things. So I wanna talk a little bit about being social and Med Ed. And I chose Med Ed, not because I want to single out medical education, but rather that's my personal experience. And so part of it is that this is my story intercalated with the story of #MedEd, which would be how we label things on Twitter. And so for others who are not in medical education, maybe in other types of healthcare education, if you were telling the story you'd use your own hashtag within yours.

Dr. Teresa Chan (03:43):
So, it might be #PainTherapy for some, it might be #NursingEd for others, it really would depend on what your story is, but I figured rather than trying to generalize things, I'm hoping that in telling my story, you'll have some things that you can acknowledge and we can go through some of the uses of social media that I've encountered and used in my career.

Dr. Teresa Chan (04:01):
This is kind of how sometimes I think we all feel. Sometimes I think when we're actually out there as practitioners, if you're not someone who usually practices in a group, even me as an emergency physician, a lot of the time, even though I overlap with my colleagues we're usually, they talk about toddlers doing parallel play, we're kind of parallel working. So we're not usually always working together, maybe on the rare case I might help out with the resuscitation or jump in and consult with a colleague. And I'm lucky in an environment that I do that, but most of the work we kinda know what we're doing, so it's not like we have a lot of head-scratchers or complex cases where we're gonna have different people coming.

Dr. Teresa Chan (04:40):
And so, what's nice about the isolation part is that as much as you can do your own thing as an independent practitioner, sometimes it can get a little bit lonely. So even though there's that kind of sense of independence, I think the dark side of that is isolation. And so what I found was that for me, I wanted to find other people to have conversations about what I do as an emergency physician, as a clinician educator, as someone who wanted to do different things, I found that I needed a community of practice.

Dr. Teresa Chan (05:09):
Now, community of practice is known in the sociology literature, anthropology literature as a concept that comes from Étienne Wenger's work. They kinda studied a bunch of different groups, even basket weavers and artisans, and found that people who had the same practice often congregated to exchange how they did things to evolve their practice to learn together, and that's what they call the community of practice. And I think that's a really powerful concept that I was looking for.

Dr. Teresa Chan (05:35):
And so I turned to my mentor one day at the end of my training and I said "Hey, how do you learn?" Jon Sherbino is the guy that I turned to, and some of you might know who he is, he's @Sherbino on Twitter, and he's one of my mentors. And at the time, I was like, "What do you do?" And he seriously looked at me and said, "Twitter." And I'm like, "What?" I was like, "You've substituted, going to accurate lectures with Twitter?" And I looked very confused and a little skeptical. He's like, "Just try it. Just try it and you'll see." And I had a Twitter account, I had taken the time to start one way back in the day, when I was probably a second year resident, my brother had sent me a link and... Just get a... Get a account. You'll want it later. And I said, "Okay."

Dr. Teresa Chan (06:14):
So I had an Account but I hadn't used it honestly, until he revealed to me that's how he learned. And so I went, I figured out who he followed, and then I started following some of those people, started getting in conversations, and lo and behold, I found myself in the community of practice. And for me, Twitter was that community of practice, still is for a lot of the things that I do. So whether it's faculty development or medical education, or now health professions education is my bigger mandate, and just seeing what people are discussing, understanding what the discourse is, understanding what they talk about for...

Dr. Teresa Chan (06:43):
Especially during the time of COVID, it's been huge to have a lot of those connections formulate and see all the resources and the experiences people were having. Like some of the heart-breaking tweet threads from some of the talent doctors, they were scary, but they were a warning signal for why we had to act. And so for me, Twitter has become a place where I get a lot of my information and news, and that has been useful for me as a learner, is to connect. And I think for some people it might be Instagram, might be a community of practice. It isn't for me, but I know that a lot of our students, that's where they... That's where they live, that's where they've grown up, and that's where they have their accounts, and a lot of our residents that's increasing this visual medium that they use. There's definitely that.

Dr. Teresa Chan (07:24):
And there's a bunch of other online platforms, LinkedIn, Reddit for some people. It can really depend on what you're interested in, and most importantly, it's about where your people are. Now free open-access medical education, it was a movement that was born and kind of synergized with Twitter because it earned its own hashtag of #FOAM, #FOAMEd. If you just have the #FOAM by itself, F-O-A-M, that's largely FOAM parties, and so there's a lot of people dancing and FOAM dripping from the ceiling. I guess that's a thing. But #foamed is this education movement.

Dr. Teresa Chan (07:56):
So, if you search for #FOAMEd, so #F-O-A-M-E-D, you'll see a lot of people sharing resources with each other that they've developed, either as blogs, podcasts, infographics, all sorts of different artifacts, and they share that kind of resource with each other to help advance everyone's learning. And so we have actually recently written a paper. If you just Google a short history of FOAM, that will actually get you the article. It's on the American Thoracic Society that commissioned a commentary from a bunch of us who've been working in this space for a little while, and it's definitely through the connections, through Twitter, that I actually met the editor-in-chief, and that opened up a door for me to be able to write that commentary. So, he'd been following my work and wrote me an email and connected with me because of my online presence.

Dr. Teresa Chan (08:39):
So, it definitely is something that I've come to realize is a... It's a big way to open up some of my world. Not only do I learn stuff, but I get to know people, and there's lots of people that I consider my... I call them my tweeps. So like they're like my peeps, but they're, really just people from Twitter that I know or that I've gotten to know over the years, and they've cheered me on, they've helped me amplify my message. I've answered questions for them, they've done the same for me. It really is a community feel and it's been really cool to work with some of them.

Dr. Teresa Chan (09:06):
I've even got one paper back in the day when I was quite new to the #FOAMEd world, I had a good privilege of just getting into this thread discussion on Twitter that became a Google Doc and then became a paper actually in Medical Teacher, and we always joke about how this is the paper that was born on Twitter, and some of my colleagues who are first and second author are now super famous in the US. There's Esther Choo who's on CNN, I think almost every other day it feels like, and Megan Ranney who has been doing a lot of the gun violence advocacy in the US as well. And I can't believe I'm third author of that paper, it's pretty amazing.

Dr. Teresa Chan (09:39):
But all of that was born out of a conversation on Twitter, which I think is pretty cool, so that you can open up your network that way, I think is a different way to think about how we can use these social connections. Because at the end of the day, most of these hashtags, they often are aligned with the movement, they're not just a hashtag. And so #FOAMEd is one of those, #ThisIsOurLane was the other hashtag that's what... That's the one that in the US, when the NRA tweeted "doctors to stay in their lane," it basically broke Twitter because that was the rise of, I would think, Med Twitter as we call it, medical Twitter, and nursing Twitter rose up to say, "No, actually the gun control and gun violence is something that we wanna advocate for because that's something that's a healthcare crisis in our country."

Dr. Teresa Chan (10:21):
And that definitely sprung out as a talking point and became a big movement in the US. And now more recently, as we all know, the Coronavirus work around #GetMyPPE, that's definitely been something that people have taken to the main streets of Twitter to raise awareness that there's been inequities and the types of personal protective equipment that people have had access to. The most recent thing would be around the Black Lives Matter movement and supporting people through the difficult times that we're living in right now.

Dr. Teresa Chan (10:49):
And so I think that Twitter truly has become this new space where we can congregate and have these discussions, hopefully in a productive manner, and definitely something that we need to talk about in terms of how we train our next generation or current generations of healthcare practitioners, is how do we intersect with that world. And so we'll be inviting... Obviously, my two co-presenters will be formulating their spots as well, but definitely I think that this is a conversation that we can start today, but it won't be something that will continue. Maybe you can continue it on Twitter though.

Dr. Teresa Chan (11:20):
And so within #FOAMEd, we've seen a big... At least in Emergency Medicine and Critical Care, we've see a big skyrocketing amount, and you'll see that if we continue the curves, they kinda start to plateau, which is... It's a good thing, we're all looking at graphs, they look like they're all slightly with the COVID virus, but in this case it was an eruption of blogs and podcasts, not patients that were intubated.

Dr. Teresa Chan (11:38):
So, it's a good thing that all these things were happening as opposed to the graphs that we're used to seeing right now, so definitely there was an increase in the number of blogs and podcasts over the previous kind of two decades or so, and now we're probably reaching maturity where we're plateauing. You're seeing that advent of bigger multi-person blogs. I volunteer for two of them, one of those is Academic Life in Emergency Medicine ALiEM. ALiEM with an M at the end dot com, and CanadiEM.

Dr. Teresa Chan (12:04):
And both of those are emergency medicine blogs that span a large group of people with hundreds of volunteers on the backend that make this happen, and they're out there putting out content for people to learn and grow together. And CanadiEM, last year got 1.5 million views. I think this year we're on track to break closer to four million views. COVID has definitely had a profound effect on our annual views, and we've actually had lots and lots of hits in the last while since we've been putting out lots of content during the COVID crisis, but I think people are just hungry for more content to read and learn together, and we've been trying to respond to that as good as we can, the well-vetted content that we usually have that's written sometimes by learners but always reviewed by staff physicians, and others are just by senior trainees or staff physicians themselves. We also peer review all that stuff before it goes out.

Dr. Teresa Chan (12:55):
And so CanadiEM has been a big portal for us to develop some really cool things. I worked on something called the Frontline Primer recently. We had a series of blog posts come up, but they're all linked in this one little app basically that we created using Google Forms, and so people can check it out if you go to Canadiem.org and then you type in "Frontline Primer" into the search. You can see the posts that we have, and it's a little app that we had for people who are redeployed to the emergency department knowing that not all centers have needed this, but there have been some centers where PAs or physicians have actually come to guest star in the emerg and we wanted to make sure they were welcomed and had some resources at their finger tips to help them refresh. And so that's what we developed a couple of weeks ago in response to some thoughts that we might have to be prepared for that.

Dr. Teresa Chan (13:37):
And if you go on Twitter and just search for Med, you'll see there's a lot of tweet activity, usually a couple hundred tweets a day around this phenomenon. And I think it's because it's a powerful movement, and so what we can do is we can share information with people and really change the world, I think, if we actually start integrating some of this to just work with each other.

Dr. Teresa Chan (13:56):
And so the question I have for you is, will you start tweeting? And so if you go to twitter.com, the sign-up bubble is right there at the top there. You can login, you can sign up. If you already have an account, you can just simply login like I say, but if you haven't, you can sign up, and by the time we're all done talking, you can probably have signed up for a Twitter account if you're able to do the two-screen thing. But this is kind of a quick dirty little summary that Sandra Vickers, who is one of my big collaborators online that I've really liked to highlight. She's done some great work, and this is an old infographic that she's developed, but I think it still stands.

Dr. Teresa Chan (14:31):
And so, for instance, you can have your name, you can have your picture, you can have your bio. You can create a bio to make sure people know what you want. So go ahead and take a screen capture of this. If you want this as a playbook. You can follow people who share the content that you like, and you'll maybe acquire followers if you are generating content. But that's okay if you don't have a lot of followers at the beginning, as that does change over time. And as you interact people will decide if they wanna follow you. And then you wanna make sure that you understand the functions.

Dr. Teresa Chan (14:57):
So, there's four main functions, they're reply, a re-tweet, there's a quote re-tweet, where you can re-tweet with someone else's quote sub-tweeted within it, and then there's the liking function where you can like something. These are all ways that you can interact on Twitter, and I think it's a starter path for just understanding the functionality. There's a lot more rules of the game, and what I suggest for people who are new to this is to follow a couple of people that you like, for instant like myself and Sharon and Tara would be a good starter pack maybe. And you can see how we do things, maybe observe how we tweet. You don't have to feel obliged to tweet right away, but once you get the hang of it, maybe you could dip your toe in.

Dr. Teresa Chan (15:33):
And what I have here is we have the MedEd conference, which is a Medical Education conference, CCME, that's a pretty safe account, because they're very institutional run by the AAMC and they tend to be quite welcoming of followers, but then you can also check out other kind of resources that are out there. You can also take a look at some of the major journals, they all have a Twitter account. I highlight them [0:15:53.9] ____ ones, because I think that they actually do quite a good job, even if you're not in emergency medicine, you can see what they put online. If you're running any institutional accounts, it's nice to pay attention to how other institutions do things.

Dr. Teresa Chan (16:04):
And then these are some FOAM producers that I've worked with, and so I highlight them mainly because I think they do good work and have a good social media presence. So ALiEM team has their account, EM Cases is run by Anton Helman, that's his personal account, he embodies the podcast himself. I think he does a really good job at interacting with people and putting out content when he's got new content. The CanadiEM team has the We Are CanadiEM, which is a play on that Molson

Canadian call to arms a couple of years ago, but we thought we are actually CanadiEM, so we're the group behind it.

Dr. Teresa Chan (16:35):
There's the SGEM, which is The Skeptic's Guide to Emergency Medicine. And Ken Milne is one of my mentors, and he's always done a really good job at doing critical appraisal in a fun way. I think that he's just... Even if you're looking not for emergency medicine, I think that he's kind of an interesting character. He's done some really interesting advocacy work around immunizations and lobbying his local hospital. He has this mask that he puts on and here comes Vac Doc and he actually goes around and highlights different people in his hospital that have gotten their flu shot, for instance. And he actually did some internal QI work and found that by having a Vac Doc campaign, they actually increased their flu shot adherence rate to 30%-40%. It was amazing.

Dr. Teresa Chan (17:15):
They didn't publish it, but I think anecdotally that sounds like quite an interesting application to the social media stuff that someone can do, so he's definitely an inspiration to follow. One of the biggest podcasts in the US is EMCrit. It's an Emergency Medicine Critical Care podcast, and they've been around for a while so they've got the EMCrit team. And then St Emlyn's is another outlet in the UK. And really, because I'm an emerge staff, these are the ones that I follow. You can feel free to explore. Take a look at what they do, but I think that there are just people that have been doing this for a while, so they might have some hints you can pick up. But obviously, you wanna try to explore in your own disciplines, what it is that people are putting out there.

Dr. Teresa Chan (17:51):
So, there's some cool people that are doing allergy work and immunology work. There's a whole nephrology subculture and urology subculture. They're very strong. There's definitely a lot of people who are in nursing and doing nursing Twitter podcasts and things like that. So that's really cool. And then I think that there are less presence for people who are in midwifery and physio and SLP and OT, but that's not to say that we wouldn't welcome more voices and more presence. So obviously that's why we're doing this development work is to make sure that people feel empowered and connected. And so I think when you're getting up there, take a look at some of the stuff that other fields are doing and steal what you can and be inspired. And I think that'll be a good ways to do that.

Dr. Teresa Chan (18:33):
And so, now what? You've got your accounts and you've got it set up. How do you put it into your life? And so, think about it as sneaking a bit of education into your life. And so it's kind of like putting the kale in the smoothie. We put a lot of our content on the website, obviously, so this is an example of Blood & Clots series hosts, that's about anticoagulation in people with renal dysfunction. And then what we do is we make sure we have a Twitter account, a Facebook account and we actually syndicate our resources through.

Dr. Teresa Chan (18:58):
And as you can see here, there's a lot more people. Right now, we're pretty awesome, we have 26 people, I'm really excited about that, but on Facebook, we can be a lot more people. And so definitely, like on CanadiEM, we're trying to reach people, we're trying to build that community practice. And so it's pretty cool when we can have this many people engaged with our content.

Dr. Teresa Chan (19:18):
And again, it's kinda like I said, like having the kale in the smoothie. I'm not a big fan of kale, but if it's mixed in with blueberries and a good amount of yogurt and some goodness, I don't notice it as much. And so in the sea of cat videos and wedding pictures and baby pictures, it's kind of cool to have some learning. So I think that that's why I like to sneak in fun, and then there's learning that can go in-between the pieces of fun.

Dr. Teresa Chan (19:42):
And so, what I do is that when I'm waiting for something, I might turn on Twitter and I'll just kinda scroll through and see what I can. I don't try to read all of Twitter 'cause that would be too much, I follow about 5000 people, I just look for some trends that I see in the content. And so sometimes if I was waiting for an elevator at McMaster Children's Hospital, the elevators are notoriously slow there, and so I might be waiting for a while, I might just check out Facebook or Twitter and see if there are some new posts or new papers that people have tweeted about, and I might like them and come back to them later.

Dr. Teresa Chan (20:12):
It might be that if you have a commute, so sometimes you're taking the GO bus to Toronto when you have a meeting there, or maybe you're from Toronto and you're just stuck in traffic, obviously, you can't do it when you're driving, but when you're on public transit, because you sneak in a little bit of reading there. I think that one of the big things we can do is we can actually bring some of that to the bedside, and so what we can do is we can have all that content, put it out there and we can look some of it up at the bed side.

Dr. Teresa Chan (20:36):
However, I think for #FOAMEd, it's not just another way to broadcast, we actually created an online PBL experience a couple of years ago. The series has ended now, but we created this medical education and cases series where people basically discuss a difficult case about medical education and did faculty development online, so it's case based faculty development. And what we did was we had some expert consults already pre-published and polished that we eventually co-published alongside some curated summaries of the proceedings from the, basically the online consensus conference.

Dr. Teresa Chan (21:04):
The books are now online for everyone to... As free, open access on iTunes and ResearchGate, you can also check it out at aliem.com/medic, and we've even kind of talked about our methodology and accurate medicine. So I think that what I wanted to kinda pitch to you is that you can think about how you can harness social media. You can comment, you can ask, you can participate, and whether it's med-ed, nursing-ed, OT-ed, PT-ed, we-have-ed, I haven't seen that before, but definitely there's lots of room for us to grow our communities and to intercalate and have those discussions online. So definitely check it out and see if that's the thing for you. And I'm gonna hand it over to one of my co-speakers now. I'm gonna have Tara tell us her story.

Dr. Tara Packham (21:50):
So one of the reasons I really got on to Twitter and social media more broadly was for the idea of networking. When I actually went back to grad school, I was looking to find other people that I could connect with that could help me get some support through that experience 'cause it was definitely a unique experience that I was going through, and so much had changed since my undergraduate days

that I really wanted to make sure that I was getting the most out of that. And so Twitter was really where I started, and I started just by following colleagues and people that I thought were interesting and organizations in my area, and then I moved on to looking at more advocacy groups and connecting with other trainees, but also connecting with leaders.

Dr. Tara Packham (22:34):
Certainly when people started to follow me, when my Twitter following did not build very quickly, you always wanna make sure that you're following back and that you are making that connection. My caution is to watch for bots, and so again, as Teresa alluded to, make sure you put your picture on your profile so that people know you're not a bot and that you populate your little... Your profile, that they know that you're a real person there.

Dr. Tara Packham (22:58):
Certainly one of the things that I found to be incredibly rewarding being part of this network on Twitter is the opportunity to connect with other people. When I was a trainee, I connected with other trainees as well as people that were further on in their career, but I also now as somebody who's in the position of where I have trainees underneath me, I use this opportunity to amplify their voices as well. And to connect them into my network. You can certainly use retweeting as a way of pinging specific colleagues, so to bring people into conversations that you know have something to contribute that might not otherwise take that step on their own.

Dr. Tara Packham (23:37):
One of the amazing things about Twitter, people sometimes complain that it's a bit of an echo chamber, but I think it's only an echo chamber if you choose to make it your echo chamber. To me, it's been an amazing opportunity to really understand how people are talking about things, what is the discourse on topics from a lot of different perspectives. So, it's really an ideal opportunity to cross-pollinate. And for me, one of the things that I've been trying to be strategic about is to kind of curate my brand, through my profile and my posts, I do want to be a contributor.

Dr. Tara Packham (24:10):
I've been strategic about trying to contribute things, but I also wanna be relational because it is for me about building a network, and so part of it now at this point in my career is trying to attract trainees. And so I want them to know a little bit of who I am, and so that means sometimes that I post things about my garden or about my dogs, and so that's mixed in with posting about great articles that I've read or conferences that I've been at and doing some live tweeting from sessions. You can decide what is you, right?

Dr. Tara Packham (24:39):
You don't have to follow and do exactly what I do or exactly what anyone else does, but you can make it your own. Another amazing opportunity with Twitter is the opportunity to ask for advice and use that hive mind. It is incredible sometimes the responses that you'll get from random people, from leaders and amazing people, it really can be a very, very rich resource, and I would say that's been one of the amazing things that I've seen even in the COVID crisis, where there have been leaders and organizations who have posted and said, "This is what we're working on and we need rapid information. Please send us this, connect us, show us where this is happening."

Dr. Tara Packham (25:19):
And the response has been quite phenomenal, I think it's an exciting opportunity that we can leverage. I referenced a great paper by Dan [0:25:26.5] ____, which really does a nice introduction to social media in general, but specifically walks you through how to set up a Twitter account, and gives you some great definitions. So I encourage you, if you need something to walk by step that's a great place to start.

Dr. Tara Packham (25:40):
I also use LinkedIn for networking now. I have always kept my LinkedIn profile professional. I don't link with all my family and friends because I really have been strategic about how I use it. I use it a lot to connect with trainees because I have lots of students that I connect with over a short period of time, and I'm getting older, so remembering everybody's names is not always great, but I find LinkedIn is a great way for me to remember their face and connect it with their profile and be able to keep connected with them because often trainees have emails that are constantly changing, and so LinkedIn becomes a place that doesn't change where they stay connected to that, and then it allows me to post job opportunities for them to connect them with other research opportunities or labs. And so I've used that really strongly for that reason, not so much to get opportunities for myself, but as a way of sharing opportunities with others to again, kind of live out that mentoring piece.

Dr. Tara Packham (26:39):
Another function of social media for me has really been about building community. I belong to a couple of groups on LinkedIn, and primarily I use Facebook for looking at pictures of my nieces and nephews, but I haven't found them to be either of those platforms from a professional level to be quite as helpful for me, what I really again, have used more is Twitter, because I started out following those organizations and advocacy groups, and then contributed to that and by sharing, and that really does start to build community and you'll start to see you get pulled into threads or interesting conversations along the way, once you've started to connect with others within that.

Dr. Tara Packham (27:18):
And that can be a really powerful way of sharing information, and so if a new paper comes out in the field of hand therapy, I often get pinged on that from a colleague in the UK who is really great at connecting people and has really built a community of practice. I participate in Fracture Friday that happens on Twitter where people post a case and then there's an interdisciplinary discussion about how that was managed, so there can be some really great opportunities.

Dr. Tara Packham (27:44):
Another platform that you may not be as familiar with is Slack, and so I learned about slack by joining MacPFD 'cause they use it for communication, but it's really a workspace, it can be an amazing place to hold a community of practice and connect people around specific themes. So I actually just set one up this week for the Canadian Society of hand therapists that I'm involved with, because we're gonna use it as a place where people can get together and connect to study for the certification exam, and we've created a need-help channel where people can post clinical questions and again, get answers from within the local community of other hand therapists in Canada. It becomes a really great member benefit for belonging and contributing to the organization.

Dr. Tara Packham (28:27):
One of the things that has stood out the most for me is the whole point about collaboration. I've definitely checked people out on Twitter to think about, is this somebody I want to collaborate with

by looking at their digital footprint more than just what they've published to get a sense of who they are and how they roll a little bit, but that has led from starting at the level of networking where maybe I've connected with somebody on Twitter and then I've contacted them 'cause I see they're going to the same international meeting that I'm gonna be at. And I say, "Hey, why don't we meet for coffee at the conference, and I'd like to talk to you about your work." Most people are happy to do that anytime.

Dr. Tara Packham (29:05):
So, we get to know them in real life and make that connection, and then that builds into opportunities for collaboration where people reach out to you, or you can reach out to them to say, "Hey, I'm thinking about putting together a workshop for the next conference would you like to be a part of that?" And certainly all of us here presenting today have not met in real life, we've connected virtually and have had the opportunity to pool our resources and our thoughts and put this together for you, but that can happen at multiple different levels. And so for a number of different communities that I'm a part of, I'm interested in hand and limb rehab, I'm interested in pain, I'm interested in medical education or professional education. And so all of those things, I can find those places to collaborate and pull people in that I don't think I would have had accessed. And having that virtual connection helps me address the intimidation factor as well of reaching out to new collaborators.

Dr. Tara Packham (30:03):
So I have to say that this has definitely been an area that has been amazing, and I know at least one of the people on this call, I think is somebody that I had connected with in real life, but we've kept connected over time through Twitter, and now have a bunch of collaborations going. Yes, Kim, I'm calling you out, because of those virtual connections that just help to maintain those relationships even with people that are local that you just don't get face time with. So I would encourage you to think about it and how you can leverage that. I'll pass it on to Sharon to talk about opportunities for leadership.

Dr. Teresa Chan (30:37):
Yeah, Sharon's gonna talk to us about... She's bringing up the rear here of our relay race on social media, and she's gonna talk to us about leadership and advocacy. So, I think that in today's day and age, we could not talk about it, but I figured Sharon is highly situated to be able to actually talk about that because she does a lot of this work.

Dr. Sharon Bal (30:57):
So I'm gonna talk to you about going back to what Teresa said my Twitter experience or my social media experience. And so it really has been for me quite a journey because I started off initially joining Twitter at the request, actually by a friend, it was a project that we did in class, actually in our Master's program, so a couple of years ago. And I was thinking of it very much in terms of #FOAMEd and really from a very academic lens, and really what it's evolved for me is quite a bit beyond that, it's been a place where I've really been able to collaborate, met many, many mentors, Teresa included.

Dr. Sharon Bal (31:35):
It's a place where I really found a voice, and advocacy, and particularly in a subject that's very important to me, which is Women in medicine, women in leadership. And it's quite interesting because over the last six months or so, although it feels much longer, but over the last six months,

eight months or so, I've really found it to be quite a powerful platform to connect with others in healthcare leadership.

Dr. Sharon Bal (31:56):
And so for me, that's important 'cause it's part of some roles I hold, and I've been told more than once that being on Twitter, and some of the comments or perhaps more the narratives that I've been involved with have actually advanced my role in leadership and probably gotten me some roles. So I wanted to talk about that piece. And for people who have heard a part of this talk before, I know there's at least one, I have changed my Twitter handle to @SharonBalMD, so there's a lot of learning that happens at these talks.

Dr. Sharon Bal (32:23):
I think the key message that you'll hear from us again and again is what is important to you. That's really what this is about. It's not that we mold ourselves to the platform, but rather we use the platform to convey what's important to us. And I've shared this tweet before, but I absolutely love it. And so Lash Nolen has some more than 14,000 followers, bless her, and I think she started probably around the same time I did on Twitter. And I really love this tweet because, first of all, I found it very empowering, and I think it actually shows the power of the platform. It's just used so masterfully by her.

Dr. Sharon Bal (32:58):
So, she writes "Exciting news to share with my #MedTwitter family today," that Teresa referenced before. "This year, I will be serving as a first female African-American student council president in the history of Harvard Medical School." And I want you to note what she's decided to capitalize there. African-American, a president, Harvard Medical School. "I'm looking forward to using my platform to advocate for justice and inspire change." And of course she is in a picture in front of presumably Harvard looking forward.

Dr. Sharon Bal (33:24):
And what I really liked about this is that it has all the hallmarks that mark a good tweet, especially it's striking, it has a graphic, back to Tara's point about it being relational, it's probably the most important thing that makes it strong. So it's relational in the sense that she uses words like share, and family, and serve, and advocate, and inspire. And it's really that part that I think makes it so attractive and so powerful. There are some other things that she does, like spaced sentences, but the most important piece of this is that she has found it seems like a voice. And she's telling us what she's going to use her voice for. And she has been quite true to that message as someone who's a fan and has been following her for some time.

Dr. Sharon Bal (34:06):
So really, again, I think that... And I was gonna speak specifically about Twitter, but this would apply certainly to other platforms. I think the most important thing is to harness the power of these. And you can do that for social advocacy and to lead change. So, I'm gonna use a few examples. So, before I do... Before I come back to... I really liked this article, and it was about... You know, it doesn't matter if it's physicians, or educators, or researchers, or academics, clinicians of any sort, there is a conversation, isn't there? Like, should we be on Twitter, social media, should we not?

Dr. Sharon Bal (34:36):
And I thought this quotation from this physician was really striking. So, he's quoted as saying, "If you think about what I tell patients in the exam room, if I could de-identify, so take away that particulars, and amplify that message, it would be foolish not to." And that really struck me because how many times are we sitting there, whether we're patient-facing or speaking to a student or a colleague, again, going back to our research... How many times do you wanna just yell off the rooftops that I've had this conversation before... Wouldn't it be lovely to share this on a much broader scale or alternately to actually pick someone else's brain and just throw a question out to the Twitter-verse, as we call it?

Dr. Sharon Bal (35:15):
And so really that's the power of the platform, isn't it? It's in that amplification. There's also another person who was quoted here, and it's Jennifer Gunter, who's a well-known obstetrician gynecologist. She's a great strong character, she has committed herself to really taking a stand on medical misinformation, particularly around women's health. And she's taken on significant foes in the form of Goop and Gwyneth Paltrow without backing down. And she's quoted here as saying, "Twitter is like a giant cocktail party."

Dr. Sharon Bal (35:45):
And so what does she mean by that? All she means, I think, and this really resonated with me, it's the idea that, you know, let's say you go to a professional cocktail party. You're connected in some way theoretically through the host because of the content, because of subject matter or subject expertise, but ultimately you're kind of connecting with people that you don't know necessarily pretty well. And similarly to Twitter, it's very conversational. Often you're engaging on kind of timely topics, and extemporaneously having conversations, and, to be honest, when you're bored, you kind of move on.

Dr. Sharon Bal (36:17):
And then you kinda enter in the midst of a thread, in the midst of a conversation, so you have these groups forming and reforming and so on. And sometimes once in a lucky while, we are able to connect with someone in a relationship that extends past that party. And so, coming back to leadership, I do think... And I'll piggyback on what Tara said, I really do think that the social media profile is really essential. Not just for propagating your message, but for creating allyship, and particularly community building.

Dr. Sharon Bal (36:43):
Teresa spoke about this as well. It's the community build that makes it so powerful. And so I'm gonna give you two examples of what that's meant to me. So away from my sort of @SharonBalMD, but really there's two other places that I've used and two other Twitter accounts that I actually run. So one is @WomenOMA and one is @CNDOHT, so I'll talk about both. So we are not named the very bulky Outreached Women Physicians Committee anymore, we are named now OMA Women thankfully.

Dr. Sharon Bal (37:10):
And we do is it's a committee that reports to the executive at the Ontario Medical Association, and we advocate for patients and communities and physicians through a gender lens. And you can see through the use of hashtags that I'm sort of communicating here, #WomenInMedicine, #GenderEquity, #HeForShe. And so why are we doing that? Well, partly because we're trying to be

searchable, and partly the HeForShe really speaks to allyship. That's been very important, that's been a really a commitment.

Dr. Sharon Bal (37:37):
We started our Twitter page about a year and a half ago, really about a year ago, really in terms of tweeting, and we have shy of 500 followers, but I can't tell you how many times people have found out about our committee because we're on Twitter and Facebook. Really, they did not know we existed, and there's been tons of good work prior to this. It's an interesting thing, we've been able to co-partner with students and with other organizations. We've been able, again, to really reach much, much past our sort of typical circle.

Dr. Sharon Bal (38:09):
This is a tweet from earlier this year, International Women's Day 2020, and of course they're using the theme, which was "each for equal." You can see that we have a wonderful group of people, but again, this would not necessarily in the absence of social media really have been quite as known, and we really would have had just people on the email list. And the email list actually for our committee has always been people who have identified as women on their applications to the Ontario Medical Association. So we don't really necessarily believe in singing to the choir. We really want to get some allyship out there, right? So I think, again, just very powerful.

Dr. Sharon Bal (38:44):
Another Twitter page that I run or Twitter account rather that I run is for the Ontario Health Team. So I think there's about 24 or 26 Ontario Health Teams in the first batch that got approved and our little one called Cambridge-North Dumfries Ontario Health Team was one of those. And I'm the physician lead in that team. And so I created a profile, which you can see to the right, a bio. And this is actually when we were very excited that Minister Elliot came to visit us and speak to our group.

Dr. Sharon Bal (39:09):
But what's been interesting about the Ontario Health Team is I think it speaks to why this talk is so important because even though they're 24, 26, sorry, one or the other, there are surprisingly few that have Twitter profiles or social media. Actually at the time that I launched this one, there were actually only four, and so that's actually a very small number, isn't it, in the grand scheme of things? And I don't think it's increased a great deal. So again, through doing this, we've had lots of stakeholders reach out to us, a lot of people partner with us, and actually we've been tagged by quite a few other Ontario Health Teams and actually followed them back because of this presence.

Dr. Sharon Bal (39:44):
Finally, I wanted to speak about what Tara and Teresa spoke about, which is really going back to Lash's tweet which is the idea of being authentic. And so, can we really be authentic without showing part of our personal face? I think in some ways you can, but I think for me as a mother, as you saw even... Even in this short presentation when I was yelling at my children, it really is an essential part of my identity. And so for me here, I was tweeting about my response to our former OMA President Sohail Gandhi's hand wash challenge. And since I cannot sing, I roped in my daughter, and so I'll just end with this 60 seconds, that clip, if I can show it.

Dr. Teresa Chan (40:25):
Maybe if you wanna pop the tweet, we can just put the link to the tweet. It's lovely, it's a video of her introducing her daughter, who then does the 60-second hand washing challenge, which is really cute, and she's got a really nice voice. So thank you so much for joining us.

Dr. Teresa Chan (40:40):
Wow, that was a really awesome first segment of the MacPFD Spark Podcast. And now onto our second segment.

Dr. Teresa Chan (40:53):
Hello everyone, this is Teresa Chan. And I'm here with Dr. Lawrence Mbuagbaw about health equity in research, and he's coming back for a second episode here because the stuff that he's talking was just so important that we wanted to make sure we're featuring it. Because in today's world, it truly feels like health equity has hit prime time and it literally is on prime time every day in the news, and we have had this massive vulnerability in our system has kind of amassed. COVID-19 has really hit so many countries very, very hard because of these underlying fragilities, I guess, in our healthcare system.

Dr. Teresa Chan (41:32):
And I do think that as a leading research institute and a research-intensive university, what we can do is raise the awareness of health inequities within research and health research specifically, because I think it can help us to find solutions. If we can figure out the problems and the gaps, what we can do is then work as a group to find solutions for moving forward. So Lawrence, can you say hi to everyone?

Dr. Lawrence Mbuagbaw (41:57):
Hi everyone, Lawrence Mbuagbaw here.

Dr. Teresa Chan (42:01):
So, Lawrence has previously been on the podcast to talk about health inequities and measuring health equity and folding it into kind of our primary research, so this would be where you're interacting with clients, patients, participants in a primary way, but he also does a lot of work around knowledge synthesis, 'cause he's a member of the Department of Health Research Methodology, evidence and impact. And so, in the Department of Medicine we have very talented associate profs like Lawrence here, who do it all, he does a lot of different kind of research and he teaches around it.

Dr. Teresa Chan (42:34):
So I thought we'd have a conversation now a little bit more around knowledge synthesis 'cause it's such an important paradigm in what we do and how we actually advance our fields. So I thought, maybe, Lawrence, can you take us through how we can unfold some health equity work into the types of research that we do around knowledge synthesis?

Dr. Lawrence Mbuagbaw (42:55):
Wonderful. Thanks Teresa and thanks for having me again. I started off with this, a little bit of history with a student who was working on looking at whether HIV Systematic Reviews in the Cochrane Library addressed health inequities. We use the PROGRESS-Plus framework, which I have described early as a framework for describing health inequities, and we found that for the most part, a lot of

inequities were ignored in systematic reviews of HIV, and we suspect that this would be similar across other kinds of systematic reviews.

Dr. Lawrence Mbuagbaw (43:24):
So, with that in mind, there's guidance out there on what you can do to incorporate considerations of equity when conducting a systematic review. The first thing would be to consider the relevance of the other protocol stage. When you're designing your systematic review, you have to start off with a protocol, and it's in the protocol where you would have the opportunity to describe why equity is relevant to this research question that you're asking and why you need data on certain vulnerable groups, and you will describe how you will collect this data and how you will analyze it.

Dr. Teresa Chan (44:00):
Alright, and so what you're saying is like, everything else in equity diversity inclusion is that you have to think of the system that you set up, you have to, from the get-go bake it in, so whether you're a selection committee trying to figure out who you're hiring for, your training program or bringing into your training program as a student, all the way through to when you're setting up your protocol for a research project, in this case, a knowledge synthesis. You do wanna think through your checklist of all the different items that you wanna make sure you're looking for so that you don't come up on the other side with not the right information.

Dr. Teresa Chan (44:33):
You have to go in with some intention and just like you would if you're selecting a ward or selecting papers in this case, because you're gonna have to go through, I guess we use Covidence here at our shop to go through all the different papers, and when you're actually screening for things, if you're not looking for the things you're screening for, you can't possibly see them, and so what you're saying is that we have to bake it in from the beginning, it has to be a key ingredient to the science that we do.

Dr. Lawrence Mbuagbaw (44:57):
Yes, that is correct, and when you have a very tidy protocol set up with concrete plans to address inequities, the next thing is to define the assumptions and causal pathways involved in these inequities. So if you think people with specific occupations are experiencing worse outcomes, you need to explain why, you need to have a causal pathway. For example, farmers show up at the hospital with hearing problems, you need to describe the causal pathway explaining why they have hearing problems and this is likely because they operate heavy noisy machinery.

Dr. Lawrence Mbuagbaw (45:34):
So for each health inequity that you're incorporating in your protocol, you need to think about the causal pathway. So that's if you don't have findings of the peer superiors, you need to think about all of this carefully. And then you also need to frame the research question with the health inequity in mind, so it wouldn't just be, say, interventions to improve outcomes in farmers, or you need to specify the group of people who are experiencing the inequity, in this case, farmers who use heavy machinery.

Dr. Teresa Chan (46:02):
And then yes, it probably means that you have to have a better understanding of the different inequities that different subset populations might face. So I think that in the last episode you talk about how you did stakeholder consultation, and I do think that sometimes you don't even know,

especially when you're doing knowledge synthesis, maybe you're a little bit removed if that's your main core business, is conducting knowledge synthesis, you might not know some of the nuances. So having good key informants that can help you with structuring your data, looking for the right questions, I think would be really important, yes?

Dr. Lawrence Mbuagbaw (46:34):
Absolutely, and you would also need to go beyond the typical kinds of studies that people include in knowledge synthesis. So, you wouldn't only include randomized trials, you will have to go for non-randomized evidence. That's where a lot of information on health inequities is captured. And you would also have to go beyond the conventional databases as well, because now you'll be looking for non-randomized studies, qualities of information, government reports, NGO reports, so you have to go beyond all of that. And then you also need to define the appropriate search terms.

Dr. Lawrence Mbuagbaw (47:07):
The word inequity has been called inequality, it's also been called disparities, you would hear terms like intersectionality, you'll hear terms like syndemics. So, you need to build a search strategy that incorporates the right diversity of terms that will help you capture the relevant literature that you're looking for.

Dr. Teresa Chan (47:28):
Alright, yeah. So I think that's a really important thing to think about. And again, you wanna set yourself up for success wherever you're doing these kind of work and baking some of these attributes in consulting with experts like yourself and/or even other people like your friendly Health Sciences Library who might be able to help you think through all these terms. I think once you've got a picklist of terms that you found successful, it's easier the next time you do a review, that's why always what I've found is that the next time you review, you can then use a lot of these terms again to see and help you filter. And so that is worth investing in that one time because I do think as we have revealed in this pandemic era, or post-pandemic era probably. Right now it's still pandemic era.

Dr. Teresa Chan (48:12):
The idea would be that there are groups that are gonna be unduly burdened by lack of available ability to space and social distance, the types of jobs that they may work, that they might have to be put at risk. And so there are new questions that can pop up around all of the work that we're doing now to see. And I look forward to seeing some of the knowledge synthesis that might come out as we roll through some research to really understand how we can identify some of the problems that different groups might be facing. But then I think the most exciting thing for me as a clinician, will be to think about how we can be creative in solving some of these inequities as well.

Dr. Teresa Chan (48:53):
So Lawrence, some of the things that we've done in the past is that we've mentioned that the Cochrane Review Group has some equity content that might be useful to people. And so you can find that at methods.cochrane.org/equity, it's pretty easy to remember. But I know in the past that you've said that there are some guidelines there that might be helpful, do you wanna give a shout out to those guidelines again?

Dr. Lawrence Mbuagbaw (49:16):
I would recommend looking at the extension of the PRISMA statement for equity published by Welch and colleagues, W-E-L-C-H.

Dr. Teresa Chan (49:26):
And that would be... It was published all the way in 2012, it's not that recent a paper, so it's probably worthwhile to really take a look at it because it's been in action for a little bit. And like a lot of the PRISMA extensions, it's just another bit of a checklist that you can add to your practice and diversify what it is that you're doing. And I think like we said last time, it might be that you might be working on a bigger review and adding in this lens will make it a little bit more timely, a little bit more... Maybe publishable, but definitely more relevant to the times in which we live, so I think that that's a big part of it as well.

Dr. Lawrence Mbuagbaw (50:00):
A few more tips, which you can consider when doing knowledge synthesis to answer equity relevant question, is that there are specific terms that could be used in certain fields. For example, if you're looking into research on food and nutrition, and then nutritional status may be a good term to use to identify people who are experiencing inequities because they will have a poor nutritional status. You also need to consider that a meta-analysis may not be the only way to synthesize your evidence, you may need to do a realist evaluation or some sort of meta-ethnography. You may have to pull qualitative data as well.

Dr. Lawrence Mbuagbaw (50:38):
Subgroup analysis are also very important to explore subgroup effects with regards to inequities, and also it's very important to consider the setting. Where were the studies you included in your systematic review conducted and is that setting applicable to the people to whom you want to apply your evidence to? These are other important considerations when conducting evidence synthesis and trying to address equity relevant questions.

Dr. Teresa Chan (51:05):
Okay. Well, that's I think really good pro tips. And for those scholars, maybe there are more junior than you that might be listening to this, can you give them a bit of a call to arms about why you think it's important and where our field needs to go in the future? You've been doing some great work obviously, and you've taken us quite far. But for the people who are gonna come in your wake and inspired by all that you do, what are some things that you wanna say that might inspire them to continue? I guess this good fight.

Dr. Lawrence Mbuagbaw (51:35):
I'll quote Margaret Whitehead and say inequity has a moral and an ethical dimension, it refers to differences which are unnecessary and avoidable, but in addition, are also considered unfair and unjust. I don't think that's the kind of world we want to leave in. We as health researchers have an opportunity to make a great difference.

Dr. Teresa Chan (51:55):
Wow, that is such an inspiring quote, Lawrence. Thank you so much for spending the time to talk to me about this topic. I think it's eye-opening for me, and I am literally, my mind is just spinning and how I can unfold some of this into my actual existing research and how I might check myself when I'm gathering data and enrolling participants. Especially in some of the qualitative work I do to make

sure that I'm hearing all the different voices. And what I'm doing engaging in knowledge synthesis, how I can unfold some of those elements in.

Dr. Teresa Chan (52:25):
It might not look the same for every researcher, so of course, I'm gonna be adapting it 'cause I do health professions education research. But I definitely see the role and how bringing this as a conceptual framework and bringing in these concepts into light will be very powerful for us to help advance the field. So, thank you so much for spending this time with me and I am looking forward to reading more and diving into this topic, so thank you so much.

Dr. Lawrence Mbuagbaw (52:50):
Thanks for having me.

Dr. Teresa Chan (52:54):
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.