McMaster Program for Faculty Development (MacPFD)

Spark Podcast

Official Transcript

Episode Number: 9
Title of Episode: Indigenous Health with Dr. Downey | Graduate Supervision with Dr. Hanna
Producer: Nick Hoskin
Music by: Scott Holmes
Featured Guests: Dr. Bernice Downey and Dr. Steve Hanna
Interviewer: Dr. Teresa Chan
Date of original release: January 20. 2021

Dr. Teresa Chan (00:02):
Welcome to the MacPFD Spark podcast. This podcast is meant to inspire you to take the next step in your development journey as a faculty member. We're really excited to bring you all sorts of content from inspiring you to teach or supervise differently, to leading and managing your team, to thinking about new creative ways or humanistic ways to actually do your work, and finally to up your game in your scholarly practice. Are you excited yet? I certainly am. So sit back, listen, and enjoy this latest episode of the MacPFD Spark podcast.

Dr. Teresa Chan (00:39):
Hello, MacPFD Spark listeners. I am really excited to bring you two very, very illustrious, I think, guests is the best way for me to put it. The first of our two guests is Dr. Bernice Downey. Now, Dr. Downey is an internationally-renowned speaker, but she is also someone who's been a leader within our local milieu. She is the faculty lead of the Indigenous Health Initiative, and she's been doing some ground-breaking work that really is associated with bringing indigenous health to the forefront of our organization. So it has really, really been a privilege to be able to have a conversation with her and understand better what she's been up to. I think that you'll find what she talks about really, really informative and something that can help you open your eyes to some of the initiatives that are out there right now. The second segment is a segment by Dr. Steve Hanna. He is someone who is the Vice Dean of Graduate Studies in the Health Sciences Faculty, and he really brings to the forefront the idea of what graduate supervision is and how to get involved. This is something that some people probably just take for granted that they just do because it's what they've always done, but I think that he has some really cool pearls on how to do it better...

Dr. Teresa Chan (01:58):
How to think about it if you're not doing it right now, and how to get involved in graduate studies here at McMaster University, so listen up.

Dr. Bernice Downey (02:07):
Well, thanks for your interest. When we first met online as the world is all about right now, I could immediately see the connection when I went to the PFD website, and so as part of the goals for the Indigenous Health Initiative in the education curriculum is to provide a menu of learning opportunities for clinicians and staff. Yeah, so the Indigenous Health Initiative started with my recruitment in 2017, and I was recruited and cross-appointed to the School of Nursing and the

Department of Psychiatry and Behavioral Neuroscience, and 50% of my time was as an administrative appointment as an indigenous health lead for the Faculty of Health Science. And so the goal was for the faculty to respond with a concerted, focused effort to the Truth and Reconciliation Commission. Yeah, so that started us collaborating down this path, and initially, I advised the faculty that the first year would really be about building relationships, and there's a couple of reasons for that. One is that we are very relational people by nature. We like to establish a clear relationship. Oftentimes indigenous people, the first question that they'll ask someone else is, where are you from, because we make that connection to our tribal origins and our land, and it gives people context to understand who you are.

Dr. Bernice Downey (03:38):
The second factor related in that was that indigenous peoples in this region have been trying to engage with the Faculty of Health Science to identify systems barriers and solutions for a long, long time, and without a whole lot of success. I think the main bulk of the effort has gone into the social science area, but the need for focused health approach has been there for a long time. And so trying to compensate for the mistrust and disappointment that has developed over the years for community partners was also an important piece of taking our time, building the relationships and so forth. And the other half of building the relationships, of course, is on campus. For the most part, people are unaware of what the specific impact of colonization was on the health of indigenous peoples. We have quite a number of different cultural groups represented in the faculty, and if you are a newcomer to Canada, oftentimes people have never heard of residential schools, for example. And even if you're born in Canada, there is a dearth of information in grade school or secondary school, and a lot of us come into our profession without having that background as well. So the first year was about building relationships and establishing...

Dr. Bernice Downey (05:03):
My goal was to have a very comprehensive strategy. It had to be more than lip service, and it had to be more than incremental or piecemeal, and so I established six different working groups to cover a range of issues. So we need policy change, so it's important that senior level administrators are aware and engaged. Our steering committee currently is composed of four vice deans in the faculty, and a chair, and they are colleagues on a couple of the working groups, so the goal was really to get them to roll up their sleeves and be aware because in order to get anything changed, they have to be educated. And so six working groups were established, one being administration, another being indigenous knowledge, a knowledge helper working group, education and curriculum, research, student support and services, and faculty leadership and support. And so the faculty leadership and support in keeping with the aspirations of PFD was established in order to educate and support non-indigenous faculty, because typically the response I would get in talking to non-indigenous faculty is, I don't know if this applies to me because one, I'm not indigenous, and two, I don't think I have any indigenous students in my class, and I don't teach any indigenous courses. And so it was a way to give people permission to...

Dr. Bernice Downey (06:40):
Know about indigenous health and the socio-historical context but also to teach them skills to become both an individual and an institutional ally, and so Dr. Mark Walton co-chaired that group along with Dr. Karen Hill, who's with the department of family medicine, so established six working groups, started to get this large unwieldy machine going so it resulted in a lot of meetings and a lot of work has come out of it, so we do have now... A final strategic plan that we did a soft launch of in February at our indigenous community health and research conference, our goal is to have the final

report released sometime this fall it's... Everything was interrupted with COVID so and I lost two of my key staff who have transitioned one into medical school, and so I'm finishing up the report on my own right now.

Dr. Bernice Downey (07:38):
So a lot of things we achieved through the process, even though it's taken a lot longer than I expected, but relationships have been established, awareness has increased, interest in integrating curriculum and taking advantage of some of the educational opportunities that we established, so we created a bit of a menu of educational opportunities, not everybody learns the same, not everybody has the same time available to make a commitment, but we started out with a goal of promoting and encouraging people to take the cultural safety training, there were a couple of options that were offered there, one was the Ontario indigenous cultural safety program, which is eight weeks, very interactive, facilitator supported, small cohorts and at the end of the eight weeks, I think the skills building, I know that there's been an evaluation of it, I haven't done one of the folks from the faculty who have done it, we did a survey but...

Dr. Bernice Downey (08:38):
Not a full-blown evaluation, but at least it prepares them to understand the main concepts, the anti-racism training, the cultural humility, the socio-historical background, how it links to health outcomes today and so forth. The other option is through Cancer Care Ontario who have had in place relationship competency modules, I think there's 13 in total, they're free while the ICS goes 250 hours, of course, but I think that's gone up to 300 now, but the Cancer Care Ontario, while they're focused on cancer perspective, there's enough content in them that's generic enough to be applied to any client, and so they're free, it's a self learning format, they can stop and start, they can...

Dr. Bernice Downey (09:29):
They complete quizzes before moving on to the next module, and then they get a certificate at the end, so we've been trying to fill the gap for some students by... Some of the programs, I've been saying complete first four modules of the Cancer Care Ontario package as a prerequisite for classes, and I'm thinking some health professionals have also been doing that as well, and then we initially set aside $100,000 to start the cultural safety training with ICS with clinicians, all the senior administrators on the executive council for the effective health science completed it as well.

Dr. Bernice Downey (10:07):
But as you can surmise, it's a lot of money, and we can't continue to do that, so the onus is falling on clinical practitioners to pay for their own training and the other initiative that we're undertaking that may have some implication for PFD collaboration, is we are developing faculty of health science specific cultural safety modules, and so we're just at the beginning of recruiting two consultants, a team that's working together, one is a physician, an indigenous physician, and the other has an arts and education background, so we're getting prepared to harmonize an approach where we establish curriculum in those modules that is in keeping with the skills-based training that they need.

Dr. Bernice Downey (10:57):
But similar to ICS and the Cancer Care Ontario approach and harmonizing it with more of an indigenous integration of indigenous knowledge and ways of knowing, and so I'm excited about that. It's challenging 'cause they're two very different bodies of knowledge and science, but that is the goal this year is to raise awareness and co-create space for indigenous knowledge and ways of

healing, it's a big challenge in a health science evidence-based environment to get an acceptance and an uptake of that approach.

Dr. Bernice Downey (11:32):
So that's how the cultural safety packages are situated right now, in addition to that, we've also created a menu of opportunities that include experiential learning, so there's a consultant who will come and work with a group that has a variety of ways to help people understand the context of indigenous health. We also have field trips out to the woodlands Cultural Center, which helps people to understand the Mohawk Institute, which was one of the residential schools in Branford, that can be anywhere from a half to a full day, and we have a couple of other opportunities and lists of resources, videos, and so forth. So if there's a program that's looking to undertake a more strategic approach to working with their faculty and staff, I will work with them and advise as to how they should undertake this and move beyond just a piecemeal approach.

Dr. Teresa Chan (12:34):
That sounds amazing.

Dr. Bernice Downey (12:35):
Yeah, so some of the programs are now at that point, the challenge of course, is we need more indigenous faculty and to be successful and to start working really more in-depth with the various programs, we need more faculty. So part of our work is also hinged to what is happening across the university as a whole, and...

Dr. Bernice Downey (12:56):
Most of the indigenous faculty, I think there's nine of us in total now, most of them are in Social Science and humanities and Indigenous Studies program lies within the Faculty of Social Science, and so we have myself, that's full-time in the Faculty of Health Science, but I don't teach, I have a teaching release at this time because in addition to the administrative appointment at the indigenous health lead and the faculty appointment, I also have a chair with the heart and stroke and CIHR in indigenous women's heart health, so I have a teaching release because of that, but the other full-time folks are Ashley Johnson, who's with the Department of Psychiatry, and she was in a faculty, indigenous faculty advisor position that has transitioned her to that role... And as a new clinician, is working more directly with their indigenous community partners and trying to get her to be self-established as a psychiatrist.

Dr. Bernice Downey (13:58):
Dr. Amy Montour is situated, as a faculty, full-time faculty in the Department of Family Medicine. She's well known to McMaster, she graduated from nursing and then medicine, and she's a palliative care specialist, and she's also the director out at the Grand Erie Six Nations Center, which works in partnership with Brantford General Hospital and there is another Department of Family Medicine Initiative. So Amy, through Grand Erie Six Nations mandate and our indigenous health initiative are going to collaborate. Mark and I are in the in the midst of a collaborative agreement which will focus on education of Department of Family Medicine residents and to also reduce the burden in a limited capacity environment so that we're not reinventing the wheel with every indigenous entity across campus. The implementation of the Indigenous Health Initiative is the establishment of the Learning Lodge. And so the priorities in each of those six working groups will be reflected in the implementation of the watch, will be enhancing the structure, will be recruiting an associate dean of

indigenous health that's underway right now, and also merging the indigenous students health science office into the Learning Lodge and so ISHS as it is known, has been around for 10 years plus.

Dr. Bernice Downey (15:26):
And as you may be aware, their mandate has been about supporting indigenous students, and because there was no across faculty, there was no indigenous health initiative, they've kind of been the one-stop shop that did not have the mandate to address some of the other systemic barriers, change of policy, etcetera, but are well known and have been available as a resource to various programs, and so that work will continue, but we'll all be housed within the Learning Lodge and then developing these external hubs. And so the Grand Erie Six Nations Center is the first one, but we also hope to establish mat care, which is another DFM initiative. We have plans for a global external hub because we work with partners, our Maori partners in New Zealand, for example, and an urban indigenous hub through [0:16:20.7] ____ and, the traditional practitioners who worked with us to guide the work, and we call them the knowledge helpers group, they indicated an interest, even when the strategic planning was needed to remain involved with the Learning Lodge, and so they're interested in how we integrate information about indigenous health into the curriculum, they wanna participate in various activities, a couple of them have been involved in education very, very long time, and so they're just naturally interested to stay involved and the establishment of the indigenous health curriculum into various programs is a lot of work.

Dr. Bernice Downey (17:03):
I've really discovered that that's where the rubber hits the road. Well, two areas, finances [laughter] and then curriculum. Curriculum development or enhancement is really where you start to understand that, yeah, this is a new pedagogy, this is an established, valid body of knowledge, and you're trying to convince folks who have spent many, many years within a western Eurocentric evidence-based knowledge space, that there is something else, and so then the tensions begin, and it's been interesting, but fulfilling to know, because my area of focus, even with my dissertation was about harmonizing systems. And how... And so it's gratifying to know that, yeah, you can deal with the tension and you can come out on the other side with a new understanding, given time and respecting other people's positions on things, but also a certain measure of asserting our self-determination, and so if we have established which we have that the indigenous health initiative is a truth and reconciliation response then what follows is accepting principles that were identified to implement the calls to action, they're very specific, and of course they uphold under the principle of nothing for us without us. The self determining aspect of reform work, and so I've had to use that card a couple of times, I will admit it, to remind people of that, and to just accept that the indigenous expertise that we have will get us there.

Dr. Bernice Downey (18:52):
Now, mind you, in the curriculum development and the education realm we also promote that we will be respectful and uphold the need that programs have to ensure that they're meeting the requirements of their various regulatory bodies and accreditation sources. And so it is trying to achieve that balance. But the good news there is that even since five years ago, while institutions might be working with a few indigenous leaders to make these changes, the regulatory bodies were not.

Dr. Bernice Downey (19:27):
But we were further down that path then. And so concern for clinicians was, okay, so if I'm working with a patient who is taking some type of traditional medicine, am I gonna lose my license if I

condone that or even listen to it? Or how does it interact with the medications that they take that I'm prescribing? So now they can be reassured, the regulatory bodies that they have to answer to are also engaged in this reform. And so that makes life a little bit easier for programs to adapt, so it is interesting, and as we stick with it and move forward, eventually, things are falling into place so that we can realize the changes, the resources are a challenging area too. So as I mentioned, there is a cross-campus effort to refresh a strategy overall on indigenous education, so that's been underway for almost a year now, and I've been participating in that with my colleagues, and we've tabled an indigenous education and research plan to the new president who was the provost before, and sometimes it's all about the champions too, right? So if they have experience working with indigenous peoples or some type of reform work and they come to the table with that, that's a lot of your work done.

Dr. Bernice Downey (20:51):
If they don't, then... One of the best pieces of advice that I learned from David Newhouse, who's the long-time director at Trent University, the Indigenous Studies Program. Dr. Newhouse said that every senior administrator who moves on or who arrives into the chair of somebody who has moved one, you have to educate them. Otherwise, everything goes back. The reset button doesn't get pushed. Anyway, so this plan is rolling out, they're aware and I've been participating, but with Covid, so we already had a restricted financial situation within the Faculty of Health Science over this past year, changes provincially and so forth, and then with Covid hitting more challenges as priorities change as well, so what we need is to establish a solid financial base for the learning lodge, and a key priority is hiring indigenous faculty, attracting them and hiring them, so that's where we're at, we're beginning to implement activities where we can, working with the programs, the emphasis is on the curriculum development, and as I mentioned, the focus for me is to continue the education of our faculty in ways that are accessible to them and to help them move forward on this path and have some experiential learning opportunities and some provocative points that help them to shift their thinking a little bit, right.

Dr. Teresa Chan (22:23):
That's so important.

Dr. Bernice Downey (22:26):
Yeah, so I'm thinking that that's what interested me in thinking about a collaboration with PFD.

Dr. Teresa Chan (22:30):
Alright. Okay. I'm gonna stop and pause the recording. But I wanna say that's amazing work, and I think that you've done such a phenomenal job as a woman, as a leader, as a scholar, that you've risen to the occasion and put it all together, obviously with friends and colleagues and lots of stakeholders, but that you have a leadership in foresight, just knowing the story behind this is such a great story to share with everyone. I thank you for that.

Dr. Bernice Downey (22:58):
Well, Thank you. I always... Through my career, I always wondered how I got into certain places, but I resolved to return to graduate school after working at the national level in indigenous health policy and research. I was the Executive Director with the Indigenous Nurses Association, and then I was the Chief Executive Officer of the National Aboriginal Health Organization. And in both those situations, I could see where the gap was, and so while many of my colleagues across the country have tackled this area of reform, we had the Royal Commission on Aboriginal People, we had various

initiatives that just kind of collected dust on shelves and it was never realized, but returning to graduate school for me was an important exercise to have the ability and the credibility to try to effect change, and so I chose health literacy, I chose systems reform, and I chose medical anthropology because I could see no one in health science that could help me, it was a good choice because it allowed me to marry the health science background that I had, but also to delve into that cultural perspective around health and well-being for indigenous people, and it was a very...

Dr. Bernice Downey (24:21):
I had a lot of latitude to do that, which I wouldn't have had if I did it in health science. So it all... It worked out. I also had opportunities at McMaster to engage in the development of the McMaster Indigenous Research Institute, so yeah, it's been a long career about systems reform. But, yeah, I'm proud of it. I'm confident I could not have done it without Paul O'Brien, Susan Denver, Alan Neville, folks that have been around for a while have been trying to get this off the ground, but until you really have the commitment of the person at the top, right, it's only gonna happen incrementally, and Dean O'Brien has been in there, and he said to me more recently, Bernice, I can't tell you how much I've learned and he feels comfortable now. He's in a place where he has some awareness and knows what needs to happen next, and he's confident when he talks now in his circles. Right, so that's a big shift. I think that's been a huge part of the momentum, and I remember saying to him at the beginning, I said Paul, I want a comprehensive polished product at the end, and if I can't have that, then I'm moving on because I'm almost at the end of my career, I don't have... I'm not really concerned about losing my job. But I don't wanna waste my time, right?

Dr. Teresa Chan (25:43):
100%.

Dr. Bernice Downey (25:44):
And so I'm with you, I want the same thing.

Dr. Teresa Chan (25:48):
You need a person at the top, then someone who's a mover and a shaker like yourself to be empowered to go and do it, and now what you're saying is that we need more movers and shakers, more people who can be on the ground at that implementation level because just like policy, and then reality have a gap, just like science and reality have a gap. I think both are forms of knowledge translation or in my world, I just call it education, but I think that there's always a gap between those high-level documents, whether they're a policy guideline, whether they're a new piece of evidence in the scientific way, there's a gap that needs to closed because the people that are doing the work, they know the work inside out, or the people on the front lines, the people that are doing the day-to-day going about their lives worrying about whether or not their kids are online, and on time for school, and fitting into their lives, I think is a challenge, so thank you so much.

Dr. Bernice Downey (26:42):
Yeah, thank you. There's other champions like McKates in psychiatry, Sandra Carol in nursing, when you do have that lead champion, the work really does take off.

Dr. Teresa Chan (26:56):
Wow, that was a really awesome first segment of the MacPFD Spark podcast, and now onto our second segment.

Dr. Teresa Chan (27:08):
Hello everyone, my name is Teresa Chan, and you know me from this podcast by now, and I'd like to introduce you to a new friend of mine, his name is Steve Hanna, and my first memory of meeting Steve was going to him because I needed some help with the project that eventually got published and he was the contact that we reached out to for some advice, and I don't know if he even remembers this, but I came to your office one time with Matt Mercury, we asked you about multi level regression question, 'cause we were both puzzled by it, and you said, Oh yeah, everything that you did seems to make sense, and in that case, I was a research apprentice 'cause Matt was teaching me how to do stuff and... We've come full circle now, I'm gonna ask you to introduce yourself, but then really the context of this is I wanted to have a great conversation with you about that exact thing, how do you apprentice up someone else in research, so you wanna introduce yourself, you have too many titles, you see, so I need him to introduce himself.

Dr. Steve Hanna (27:56):
I'm happy to introduce myself. I am very happy to do it for you. It's no problem. So first of all, let me say, I'm glad that whatever conversation we had with you and Matt was helpful and you got something published, that's great. So that's the first clue about me, you came to me for statistical advice, because around here, I teach Biostatistics and do research in Biostatistics, my primary appointment is in what's now called HEI, Health research methods, evidence and impact. I have to always try to remember to say that 'cause I can't remember what it stands for, where I'm one of the biostatisticians and so what people come to me, just as you did. My most recent role, I ran the interim graduate program as the assistant dean for HRM for eight and a half years, so I got very intensely interested in graduate programs and research supervision through that role, and since last July of 2019, I have been the Vice Dean of Health Sciences and Associate Dean of Graduate Studies for Health Sciences. So I have an administrative role precisely about graduate studies, and that's I think what you wanna talk to me about today.

Dr. Teresa Chan (28:48):
Yeah, exactly. I think that whether it's graduate supervision or supervising any colleague or helping any colleague out with the project, it probably has some core elements of as to why people do it, so whether it's a med student that wants to do a project with you or a graduate student you're gonna have as a PhD student for a number of years, like why do people get into that kind of stuff? 'cause you could just go and do work on your own, I guess, but most people end up having some graduate supervision responsibilities at some level.

Dr. Steve Hanna (29:14):
Sure. There's lots of ways to be involved in with graduate students, only one of which is thesis research supervision, research thesis supervision, you can be involved in graduate teaching, there's other kinds of projects that you could supervise things like internships or practicum placements things with a little less commitment than taking on a thesis research thing.

Dr. Teresa Chan (29:31):
Scholarly papers I think some of the graduate...

Dr. Steve Hanna (29:31):
Scholarly paper is a great role, so there's lots of ways to be involved, and so there's lots of reasons. I would say, I guess what I would just do is take your question and sort of say, most of us have jobs with educational responsibilities, so usually the question isn't why graduate students, it's why

graduate students instead of something else or in addition to something else, and I think there's a number of reasons for most of the faculty, it's a chance to work with, obviously the chance to work with enthusiastic young people on something you care about is always energizing, particularly for me, I've been around here a long time, and sometimes my research interest can get a little stale sometimes and I need a little jump start and working with an enthusiastic young collaborator on something is hugely invigorating for me.

Dr. Steve Hanna (30:15):
And you're working at a higher level, that's one of the reasons... That's appealing for people. You're working at a higher level, certainly, it's great to be working with undergrad students, undergrad thesis, BHAC students, many people in the faculty are doing clinical training where they're working on those things, but you're working with a student at this point who's a Master's or PhD student is at a higher level, you're able to work at a higher level, and so you're making it a difference in something that sort of goes beyond the fundamentals, and that's very appealing for a lot of people. Now, specifically about research supervision, the number one reason that you wanna be involved in supervising a thesis student, which is more of a commitment, is that you're a researcher with an active research program yourself, usually in a research-oriented position, but certainly have an active research program, and you wanna contribute to education in ways that also advance your research program that's why people wanna do this work.

Dr. Teresa Chan (31:01):
Kinda like multiple wins, right? The idea that you're aligning them...

Dr. Steve Hanna (31:05):
Multiple wins, Exactly right. And that's what these students would... They do good work. If you help them do good work, they will publish that work, they're advancing your program, they're helping you move own thing forward, and you have the side bones that you're developing professionals, and this is maybe a little bit vain, but you're developing professionals in your research tradition, who are learning some of your priorities for the discipline, and you send them out in the world with that when they're done, so you're kind of changing the discipline a little bit in your own image now that doesn't always last. Sometimes that's an illusion, they get ideas of their own, but there is a lot of appeal for people with their own research programs in terms of advancing their point of view.

Dr. Teresa Chan (31:42):
It's like... I make a lot of analogies with comic books, but it's like when Iron-Man takes Spider-man under his wing in the Avengers movies he gets to teach him how to be a superhero for a little bit, and yes, he looked at his own way and Tony Stark is not always there for him, but along the way, you can make a difference and be a part of someone's formative part of their journey, which is... Which is...

Dr. Steve Hanna (32:02):
I did not...

Dr. Teresa Chan (32:02):
I mean, it's a great weight of responsibility, you know like, Uncle Ben says, "With great... " [chuckle].. "With great... ", what does he say? "With great power comes great responsibility", right? So I think that that kind of blurs us moving on to the next part rightly. Like, who do you usually recruit to do

research supervision? I mean, there's obviously people are looking to build this legacy a little bit here and there.

Dr. Steve Hanna (32:25):
Right so... I'll preface this by saying that at McMaster, as in every research intensive school in Canada, probably. If you wanna be involved as a supervisor of a thesis student... Thesis supervisor that you need to apply for permission to do that. And so it's the Dean of Graduate Studies who delegates those permissions, usually to me as an associate dean. So what, the kinds of things we look for in judging whether or not somebody is suitable and kinds of the things that a faculty member should think about is, first and foremost, "Do I have a full-time appointment at McMaster of some kind?", so normally you'll have to have a full-time appointment at Mac. In a research-intensive position or at least some dedicated time for research. So that can be a bit of a challenge. So for example, it's not normally the case that faculty in the teaching track will be involved in thesis supervision, sometimes they're approved for other kinds of roles, but not usually as a student's primary supervisor.

Dr. Steve Hanna (33:16):
So you have a research program, a funded research program, a bunch of things that people can work on, and a full-time appointment, so you're gonna be around, and usually not a contractual limited appointment, and the reason this is important is that, you wanna have somebody, I mean, anything could happen, somebody could... I could always leave the university, but whenever possible, we wanna have folks who are gonna be around long enough to see the student through the program. So for Master's students, we hope they're done in two years, but it might be three, it might be longer, well exactly, keep your fingers crossed. PhD program normally is four years, it might be five. If it takes a long time, unfortunately, it might be six. We need you to be around for the whole period, so normally that's full-time faculty with a research program of their own.

Dr. Steve Hanna (34:01):
And one of the things that really helps is, if you have some experience with the culture of research supervision at Mac, and that can be a challenge if you are a new faculty member, but also if you're a clinician and maybe you have some research that you wanna do, and you have time to do it, one of the things we look for is, do you have a sense? Do you have some experience with the culture of supervision? And what the expectations are, right? So that's a thing that if you're... If folks are looking to get into graduate supervision, that's a thing to start thinking about is, "How am I gonna get that kind of experience?", "Do I know a program well enough?", "Do I know... Do I have a feel for what the expectations are?" And we could talk a little bit about how to get that experience.

Dr. Steve Hanna (34:36):
There's another piece that's probably important to, I guess, to think about, which is most full-time students will require some kind of financial support because, we want them to be able to focus on school and not on having to work on the side. So, depending on the program, you may have to be able to contribute some amount to the student stipend, and you need to think about whether you can do that, and whether you're willing. Most of the time that money comes from a research grant you have, which is why we usually do this with research intensive faculty. Of course, those research intensive faculty then have the funds to be able to support the student. So the student doesn't have to work. And also research intensive faculty, of course, have the kind of clinical skills and the methodological expertise that they can bring to the supervisory problem. And so, the primary supervisor is normally expected to contribute some amount of money toward that stipend, not the

whole thing, but some amount. And so that's... The questions are, Are you able or at a position to do that? Is one of the things to ask yourself, and where would you get that money. So there's sort of some considerations...

Dr. Teresa Chan (35:33):
Yeah, fair enough.

Dr. Steve Hanna (35:34):
If that helps.

Dr. Teresa Chan (35:35):
Yeah, definitely. I mean, it sounds like what you're saying is that, you kinda have to know how to do the job before you're there, and you have to have the resources. And then, I mean, maybe I'm kind of cutting to the chase here, but I think the hardest part is actually learning how to do the job, right?

Dr. Steve Hanna (35:51):
So, I think you've touched on... I mean, I didn't mean to quite say that, but I think it's probably true to some degree. I mean, I think this is the always the sort of contradiction in this. How do I... "Am I ready?" and "How do I get the experience without doing it?". So, I don't think that's quite the case, I think... So we can talk about different roles, you might have, so a primary supervisor is the student's main supervisor, and that's a role you would come on, be prepared to take the commitment, contribute to the stipend, and maybe have a little experience before you do that. But you could also sit on a supervisory committee, so every student who has... Is doing a thesis have to have a supervisory committee, which is for both Master's and PhD, at least three people, supervisor plus two committee members.

Dr. Steve Hanna (36:33):
Those two committee members are often chosen because they have some clinical expertise that will be relevant, but also they have some methodological expertise, and sitting as a member of the committee is a bit less of a commitment, rather than being the student's primary supervisor. So I often recommend that if you can be approved along those lines, we can get you working on committees for a couple of students to get a feel for it, get a sense of what the culture is like, all... All those things that we just talked about, it's a great way to get going and you still benefit from working with graduate students and being involved in their work and advancing your research interest. And then at some point, fairly... Hopefully fairly soon, you'll be ready to take on a student for yourself.

Dr. Teresa Chan (37:09):
Yeah, it's like apprenticing into being a research supervisor, there's a pathway, so that's pretty cool.

Dr. Steve Hanna (37:14):
I think there is.

Dr. Teresa Chan (37:15):
I remember my graduate supervisor, not at the school, at University of Illinois Chicago, Matt Liotine. I was his first where he was this true supervisor, 'cause he had just sat on a bunch of committees and so... But he fell right into, I think, being a great supervisor 'cause A, he's a great guy, but also B, I think that because he had done the apprenticeship, he sat in other committees, he watched like a hawk and looked at what it would work, and you don't have to do exactly the way that other people

do it, but you can, again, apprentice in a little bit and learn how someone else does it and then improve on it when you're the person that's in the hot seat, I guess...

Dr. Steve Hanna (37:48):
I think you're right, I think primarily as academics, I'm not a clinician, right? There's a clinician phrase I think, "See one, do one, teach one", isn't that a thing?

[laughter]

Dr. Teresa Chan (37:57):
Yeah we're trying to get rid of that, bad and... [laughter]

Dr. Steve Hanna (38:00):
You're trying to get rid of that...

Dr. Teresa Chan (38:00):
Yeah.

Dr. Steve Hanna (38:00):
So I think there's something analogous here that happens to us, in the sense that we get thrown into these things sometimes, and some of us swim and some of us need a little more instruction and mentorship, and it's always possible to find more experienced folks who can mentor you and... Sort of you can sit down and talk about, you know, so it comes more naturally in some people than others, and it's... Ultimately it may work out really, really well. Your experience was that this was a new person you... Who swum and he took to it like a duck to water and did a great job. A lot of people need a little more guidance and we can help you arrange that.

Dr. Teresa Chan (38:31):
Yeah, yeah, for sure. I think that's I called it in a blog post a long time ago, when I started mentoring med students actually with a mentor on board. I think that's how I cut my teeth with before I learned how to supervise graduate students like lower stakes, smaller projects with the lower med students because they have some side gig time. And I was mentoring for the middle. So I had a mentor John Charbonneau and he would mentor me as I was mentoring them and that's how I learned. It's cool to do that, I think because I think as a senior resident if your condition is like you're not quite the attending yet and it's nice to have someone you can look over the shoulder and be like, Hey, how would they handle that? What should I do here? And it's nice, right? That's like the how we build a community of practice around something is that you start off just as an apprentice, and then you apprentice into being a more senior apprentice and then, at the end of it, you're at the core of it, and you're one of the... One of the people.

Dr. Steve Hanna (39:22):
Well, the other part of the analogy you made to being a resident is important residents are in the hospital system, they're getting a feel for the culture, they're getting a feel for the operations, without necessarily being completely responsible for everything or at least maybe that's the goal. I think there's something analogous here. So one of the things I would say is most people are not... They're gonna want to choose one or two programs, we have, like, I don't know, I think I count 18 programs in the faculty health sciences that one could choose to be involved in. I think it's really helpful if you are involved in the program in a number of other ways, in addition to supervision.

Dr. Steve Hanna (39:57):
So you do a little course teaching, or you, as you say, read scholarly papers, or sit on the admissions committees, that you have a little knowledge of the culture of the program, and you've had some exposure to the students at the same time. So I always say also, we can't... If people aren't willing to do some of the other work, like teaching and sitting on admissions committees, then they can't supervise because there's no one to supervise, we have to get students in. So it really is, those two kinds of things work well together. So the best approach, I think, is to get really interested in one or two programs that you want to become involved with, and get involved in in a number of different ways and that will help you get a sense of the culture, and it makes it much easier when you supervise the students.

Dr. Teresa Chan (40:33):
For sure. I think that each scientific discipline, or sub-discipline, sometimes within has their own culture as well, right? So lab-based medicine will be different than if you're a clinical researcher, different from a health systems researcher, different from an education researcher and we have all those programs here. So there's a huge diversity, and we'll be talking to different people along the way to get their jive on how they do their job from time to time as part of our scholarly secrets program. So alright, so the... We've talked about the why, we've talked about the who, and can you give me the nuts and bolts of the how, so if someone was truly interested in and they think they have the qualifications, they've had the apprenticeship, or maybe they're coming in from another shop, and or they wanted to expand into a different grad studies program, 'cause they've got their sea legs under them, what can they do? How do they go about it?

Dr. Steve Hanna (41:23):
So the first thing to do is the chair of your department is always going to be somebody you're supposed to talk to about sort of academic counseling about what your plans are, and certainly, anybody who wants to understand what programs are available, if you're brand new, you can always contact me also to get oriented a little bit. The first thing to do if you know you want to be involved in supervision in any particular program is to contact the director of that program. So all these programs have either assistant deans or program directors, and that's the person who will be able to tell you about the program, what the opportunities are, a little bit about, for e.g., how much money might be required for you to contribute because it varies from program to program. So the details really matter.

Dr. Steve Hanna (42:04):
So contact the head of that program and we have a list of those folks on the Health Sciences Graduate Studies website, or you can contact our office, and we can point you in the right direction. Talk to those folks and find a little bit about what the opportunities are and whether your interests really are right for that program. I will say that oftentimes, your particular research interest might fit well in more than one program, you can do the same kind of thesis in the Medical Sciences graduates program as you can, in the Biochemistry graduate program, and sometimes in the Biomedical Engineering graduate program, or the Chemical Biology graduate program, you might do very similar kind of work, but the students are a little bit different, the curriculum is different and you can get a sense of that by talking to a program head.

Dr. Steve Hanna (42:40):
And then there is if you want to be involved in supervision, the program heads will help you submit a form to my office that outlines what permission you're seeking, for Master's or PhD and for what programs, and then the program director has to sign that recommendation, the chair of the department has to sign it and then it comes to my office. You can send it... They can send it to the Health Sciences Graduate Studies Office, and it will make its way to me and so I'm delegated to make those permissions on behalf of the Dean of Graduate Studies. And if you fit along the lines that we're we've already talked about, it is normally no problem but it does have to be approved by your chair. So the chair of the department knows where your energy is going and can talk to you about it if they need to.

Dr. Teresa Chan (43:22):
All right. That's great. That's I think you just explained something that was a mystery to me for many years in less than a minute. Amazing. All I did need to do is talk to you apparently.

Dr. Steve Hanna (43:35):
So that is true, all you do need to do is talk to me.

Dr. Teresa Chan (43:38):
Yeah.

Dr. Steve Hanna (43:38):
And oftentimes, if you're not certain, I'm happy to talk to people about it. One of the things I do in this role a lot is actually I have to be involved a lot in selection committees and interviews when people get hired and it means that I have these talks with folks a lot about where they want to contribute, and whether or not it would be possible for them to supervise. And so I do it already and I'm happy to do it for anybody who contacts us.

Dr. Teresa Chan (43:58):
Great. That's really part of the culture of Mac. So just for those who are new to the culture, or haven't yet applied to be faculty here, you're listening from another shop and you think where you want to go next. One of the best things is that you can literally email a Vice Dean and get him on a podcast, you can show up at his office and be like, "Hey, I don't understand this regression analysis," he'll take your time, we have such a welcoming culture here. And I'm not just tooting our horn, it really is this way, everyone keeps telling me, that was the case when I was doing faculty. It's not until I got to this role that I realized that it's actually the case and that it wasn't just all smoke and mirrors that people were saying that it was approachable, people are truly, truly approachable, I can tell you on the other side of it, and as someone who has taken advantage of that, I would say that others should consider it too because sometimes it really is just a Zoom link away that you could have... Something that literally... I honestly, Steve struggled for years to understand the whole mechanism and you literally explained it in two minutes.

Dr. Steve Hanna (44:54):
Well, that's great news. I'm glad that's true.

Dr. Teresa Chan (44:55):
So we've put on a podcast so that now you can explain it to everyone in one go. You can just send them the link to this podcast eventually.

Dr. Steve Hanna (45:04):
Yeah, I will say I've worked a lot in grad studies over at Mac and it's been a fantastic experience, and I'm really proud, and happy to be in this role. I feel like my involvement with graduate students is kind of the most rewarding thing I do professionally, and I would encourage folks who are listening to find out if it's right for them, because it really is a huge way to make a difference for the things you care about, and it's been great. I've been... I love it here.

Dr. Teresa Chan (45:27):
Awesome. Well, thanks so much for taking the time to speak with me. It's been amazing and awesome to chat with you.

Dr. Steve Hanna (45:32):
You're very welcome. Thanks, Teresa.

Dr. Teresa Chan (45:36):

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.