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Spark Podcast

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

Dr. Teresa Chan (00:48):
Hello, MacPFD Spark listeners. I am delighted to bring you two of my colleagues from the Department of Family Medicine who will be speaking to us about principles in leadership. It's really hard sometimes to run really great meetings, and so Dr. Cathy Risdon talks to me a little bit about how she has brought new art and life into to her meetings, and so I definitely think that you should take a listen to what she has to say and maybe apply them to your next meeting, whether it's in Zoom or real life. The next is Dr. Jason Profetto, who is someone who's done a lot of leadership around the local area and is quite engaged as a healthcare provider, but also as an educator, so listen to his leadership journey, because I think you'll find it very interesting.

Dr. Teresa Chan (01:35):
Hello, everyone, I'm here with Cathy Risdon, and Dr. Risdon's been someone who has been definitely notable leader around these parts. She's currently a Vice Chair in the Department of Family Medicine, and she is someone who does think about leadership and interpersonal skills in a whole new level, so I wanted to invite her to chat with me a little bit about how we might be able to lead in everyday situations. So Cathy, can you introduce yourself and say hello to everyone.

Dr. Cathy Risdon (02:06):
Yeah, Teresa, that's a great little mini-introduction. You're really good at starting off podcasts among many, many million things you're good at, and I'm really glad that you invited me into this conversation today to discuss a bit about what I think about micro-micro skills of leadership, which can be set in motion by anyone who wants to be part of a team or wants to organize thoughts, direction and action or discovery with a group of people. So as you say right now, I'm a family

physician, I'm in the Department of Family Medicine, the lead for the clinical services and the Vice Chair. And a lot of the work over the last six months in dealing with COVID and in the previous two years, forming our Ontario Health team, has given me the chance to observe and practice many, many different situations of collective action thinking, and I've been involved in the design of some of the consultation structures across all of those projects. So I'd love to talk a bit today about sort of boiling down what's organizationally possible on a big scale and thinking about what that means in just day-to-day moments of people gathering, and I do have a particular interest in a form that we call a meeting, which as everyone can recognize, takes on many, many, many different shapes.

Dr. Teresa Chan (03:27):
Yes, just like there are people who can make a hamburger be a life-changing experience and those who maybe put a patty between two pieces of bread. There are scales of master cuisine art, and I think there's also a scale of how great a meeting can feel, right? I've been at meetings where they don't feel like meetings. You feel like you're just riffing on ideas with a bunch of people, and I've been at meetings where I'm not sure why I'm there.

Dr. Cathy Risdon (03:55):
Right, right, yeah.

Dr. Teresa Chan (03:56):
So if we can get our worlds as we get more advanced in technology and meetings become more of a thing, I think we need to think about the architecture of those things that we call meetings so that they don't run away with us.

Dr. Cathy Risdon (04:10):
Yeah, and we probably have a fairly impoverished meeting vocabulary too, just for everyone to have a sense of what's going on here as we gather together to communicate and what is it to plan, is it to discover? Those are two common publicly-stated purposes for meetings. I actually think meetings are often about preserving status quo and ensuring things don't change and to become aware of those meetings is also really important and potentially helpful.

Dr. Teresa Chan (04:36):
Some of those are meeting as theater. The decision's been made, but we're going to maintain the status quo by performing in front of you and just letting you know, but you're not gonna get to change the script. It's not a writer's room kind of like gathering, it's a finished production of Hamilton on Disney Plus sort of "meeting" right? So there is again, varying structures that we can create when we have the same word and just like in different cultures, if you don't have good words for them, you can't differentiate between the types, right?

Dr. Cathy Risdon (05:08):
Yeah, for sure, yeah. I love that, meeting is theater, for sure, we've all been to lots of those.

Dr. Teresa Chan (05:14):
So I think what I'm hearing from you right now is that before you go into planning one of these meetings or gatherings of people, to make it more plainly, you should think about your intention, is that what I'm hearing?

Dr. Cathy Risdon (05:26):
Absolutely, intention for sure. And we would all be part of, say, a department or a work group that has committed to a rhythm of regularly gathering. The first Wednesday of every month, we have our department education meeting, and everyone has a belief about what you save to... What you save up or offer or discuss at that meeting. The utility of deeply examining our intention every month on a Wednesday morning is probably limited, so it's not to say that every meeting must have a deep purpose, but even that regularly standing meeting can probably be improved with some tweaks and some thoughts about what actually happens when folks gather. So I think that the notion of how you plan an event is important if only to note that you've got a routine structure that everyone seems pleased with, and I'm sort of jumping to the end of some types of meetings. I think the ability to build the group's trust in actually reflecting on whether the meeting was successful or not is super important.

Dr. Cathy Risdon (06:34):
So, you know starting a meeting with an understanding of how you'll figure out if it worked or not, so this seems paradoxical, but I think it's really, really helpful. That's challenging. That's challenging because, again, we're also socialized to play our part in all of the meetings in which we participate, so theater is such a great metaphor for meetings that it can actually be vaguely distressing for people at the end of a shared experience to be invited to say, "Okay, how did that work? Did we... How did that work for you as an individual? Did you feel engaged? Did you feel your participation mattered? Do you walk away knowing something, this could be important for your work or important for our reflective mission? Or, did you feel it was a good chance to catch up on email and you wish you didn't have to be there?" To actually get people to be honest in answering that question isn't a straightforward thing.

Dr. Teresa Chan (07:26):
Yeah, and it's something you have to think about, like you said, before the meeting even starts, because if you don't have good psychological safety, if you don't create that during the meeting, no one's ever gonna say, "Well, I burned through 72 emails today," Right? That's not gonna be a key performance indicator that they put in the report if they don't feel safe, but I think that if you can create that safety then someone, especially more junior or maybe from a group that doesn't feel like they could speak up, we have patient partners sometimes at the table, and they're busy people too, so how do we make space for people to be able to speak up and improve the process? You need to think ahead of time, how am I gonna create that safety so that at the end of the day, if I can ask these really vulnerable questions, people will give me honest answers, and so... Okay, those are two things you can do before. Understand the intent. And then also think about how you're gonna create that safe space during your meeting.

Dr. Teresa Chan (08:23):
Are there any other prep things that you think that people should be aware? I can think of a couple that are more just run-of-the-mill things like make sure you pick a place in a time that's good for everyone. That's another precursor thing that sometimes people forget, and that is harder than it sounds because with the chaos ensued by the pandemic, with schooling, no schooling in the fall seasons, if you have the flu, even when, let's say if COVID becomes less of an issue, there are sick leave that could happen because we're all seeing sick patients sometimes. There could be things to do with when dinner time is for younger parents, when drop off is in terms of the morning, these are all factors that play into when a good meeting could be, right? To have them always during the day may make it hard for some of our clinician colleagues to show up. Having an evening too late, and

people might be too tired to engage, so picking a good time is actually a surprisingly difficult proposition, even when you start thinking about all the inclusivity that you need to bring to a meeting, right? So I'll raise that as an issue. What are your thoughts on that?

Dr. Cathy Risdon (09:32):
Yeah, and I think here we are going down the rabbit hole of the nomenclature of meetings and the typology of meetings, so I think what you're pointing to is there's so much in our work that where one person gets really impassioned and exciting, and is trying to attract collaborators or has a mandate to do something that requires representation, and you're trying to gather a group, de novo, all those factors are gonna come into play then about how to respectfully find the compromises for people's time and attention against all the other competing demands, and then there's the standing meeting, which everyone in a more homogeneous group has agreed to gather on a monthly basis or a weekly basis or a quarterly basis for the standing meeting. And I just wanna come back to the psychological safety because for the meetings that are routine and where you actually... Where it actually becomes harder to be honest because everyone's playing their roles within a department or a group, I think that safety gets... If anyone can change that safety, even if it's a meeting that's been going on for years, but it will take a few meetings, you can't think of it as an event. It's a process.

Dr. Cathy Risdon (10:37):
So maybe we can talk about some of the ways... I think the start of a meeting is really important for starting to create the psychological safety, and I'll note that we're not talking about some other meeting theory that you're reading a lot of self-help books or leadership books about, have the agenda and put the agenda with times and make sure everyone knows and don't have a meeting without everyone knowing what you're gonna talk about. I think those are familiar to people. There's an interesting debate about when that's good and when that perhaps isn't, I think it comes back to your original observations about theater, but let's think about actually what would make a meeting interesting, no matter who is there, or what the agenda was. And I think that does come down a lot to engagement, inclusion and participation.

Dr. Cathy Risdon (11:22):
So I have to say, I'm a really big fan of some form of check-in at every meeting, hard to pull off sometimes, especially if people are thinking that task orientation is the only reason to gather and some people start to feel a bit anxious if you're not talking about the thing, but really simple check-in, and one of the really helpful ones, especially if you're gathering a group that doesn't know each other very well, is if we hear "Introduce yourself and your name and where you work and what did you have to leave behind to be here right now?" That's a great way of acknowledging all of the polls on people's lives that are probably somewhat at play when they're sitting down to gather and just... It's a way of honoring and respecting how much juggling all of us are doing all the time, and sometimes it helps free people from that thing.

Dr. Cathy Risdon (12:12):
It's a transition that lets people then maybe perhaps give away that thing that they were stressed about just to be in the meeting now, and I think it's also helpful to offer the appreciation and thanks for being in a meeting at the start, so other kinds of check-ins, if it's a group that knows each other well, sometimes we have a faculty meeting four times a year where all our full-time faculty gather, and for a three-hour meeting, we'll spend 15 minutes on a check-in because we're trying to build a team, we're trying to help people know each other better, so sometimes I'll actually do a quick speed dating at the start of my faculty meetings. I've done that for meetings of all of the CEOs and

senior leaders of a hospital who are getting together to do some really intense planning. We do speed dating for 10 minutes.

Dr. Cathy Risdon (12:58):
So if anyone hasn't tried that, you get everyone to stand up and you have an inner circle and an outer circle of equal numbers of people, and usually I use three questions. So, where were you born and what was it like to grow up there? What's your favorite way to spend the holiday? A food from home? If you weren't doing this job, what job would you do? And so you let everyone answer that question, each for a minute, and then you rotate and share the answer and listening with another partner. You could do that with 10 people, 30 people, 50 people, it takes 10 minutes, the whole group gets very energized, and there's some connections between people that would never have occurred. Sometimes I'll have people do a quick check-in around the table in pairs. So to the person next to you, discuss this for two minutes. It doesn't have to be big, but there's something about resetting the clock to be about human connection for a few minutes before we actually get down to the work. I find that could be a really helpful technique, so there's an understanding any meeting...

Dr. Teresa Chan (13:58):
That's really cool.

Dr. Cathy Risdon (14:00):
Is about human connection and the work we have to do, they don't have to be separate.

Dr. Teresa Chan (14:03):
I really love that, it really comes down to how do you foster people to see each other, and by seeing each other, then there's more potential for them to listen to each other, 'cause listening is actually really hard to do if you're only thinking about your agenda, your perspective. Sometimes we have a tendency not to listen deeply, and I think that by creating that connection, it allows you to want to listen more because the person that also grew up in your hometown that you never knew that they did, maybe they were decades apart, maybe they were just up the street.

Dr. Cathy Risdon (14:38):
Yep.

Dr. Teresa Chan (14:38):
Maybe you'll listen to them a little harder 'cause you have that connection, and I think that that's a really powerful thing. Now, I would note that in the digital world, sometimes things have to be changed a little bit, so I'm gonna share a pearl that I have that I've recently done to do something very similar in a virtual retreat. And so what I did was, I enabled the breakout room function in Zoom, and then I set it so that there were groups of two or three, and then I jumbled everyone to breakout rooms, and then I brought them back after... It had to be a little longer, so closer to four or five minutes, and then everyone was really energized, and I said, okay, I'm gonna put you in a re-jumble, so I actually reset the rooms and rearranged them, so they had a random assortment of another two or three people, or one or two people that they had to hang out with, and I jumbled them again. So I did basically two random lotteries using Zoom to bring people together, and it was really fun. So just because you can't get everyone in a circle in a Zoom and you don't want to group people manually, you can use other structures, and it's not quite the same, but it is more or less the same spirit of that, and it was absolutely fun, and people really loved it. So it took me 10 minutes, 15

minutes total. I had to explain it a little bit at first, but then once people understood it after the first round, they were like, "Yeah, yeah, more."

Dr. Cathy Risdon (15:53):
Yeah, oh sure.

Dr. Teresa Chan (15:53):
I think we would have gotten like five rounds if I let them.

Dr. Cathy Risdon (15:57):
Absolutely.

Dr. Teresa Chan (15:58):
We're done, we gotta keep moving.

Dr. Cathy Risdon (16:01):
And doesn't Zoom basically have that mathematical function where you can say, "you know there's 16 people in this meeting, how many breakout rooms do you want?"

Dr. Teresa Chan (16:08):
Exactly, yeah.

Dr. Cathy Risdon (16:09):
And it'll just... Yeah. I've done that on some Zoom, and it's brilliant. We need to start our Zoom meetings with a bit more of attention to human connection for sure.

Dr. Teresa Chan (16:19):
Okay, so now that we're moving into that meeting phase, and you said, "Starting that connection is really important," what are some of the things that people can do during the meeting? I know there's a framework that you wanted to bring up, you wanna talk about that?

Dr. Cathy Risdon (16:31):
Yeah, so more and more, I try to do whatever I can to limit meetings that are sheer reporting, and trying to get people to do a briefing para... Like a very tiny briefing paragraph that we can read really quickly before a meeting or I think if someone shares a five-page report before a meeting no one's gonna read it. But if the person who cares about a topic or wants to inform the group about a topic can do something really small, or can even discipline themselves to... It's a bit like when we're supervising a resident, how much more effective it is when the resident can start with the end and then share a bit of their thinking behind that. In meetings, we actually often, so often do the opposite. There's people that will start the story at the very beginning, and then three minutes later you get to the punch line, and why are we talking about this?

Dr. Cathy Risdon (17:20):
So trying to speak, explicitly speak about and train people to sort of start with what they want from the group and give the shortest report possible, I think that's really important. 'Cause what I don't wanna create in meetings, whenever I can avoid it, is the structure of one person talking and eight people listening. I don't wanna do that as the chair, and I don't want the meeting to default to that form, which is so familiar to all of us, because at the end of an hour, there would have been one or

two vocal people occupying the attention and oxygen on behalf of five, 10, 20 others. And that's just not a great use of time in any meeting ever, so try to limit reporting.

Dr. Cathy Risdon (18:08):
And then I find there's a lot of meetings involve processing and then deciding. And the other thing about processing is you don't want that to be one person at a time, because it's inefficient and you're not going to surface as many ideas. So I often use, even within a one-hour meeting, a structure called 1-2-4-All. It's from a series of collaborative structures called Liberating Structures, it's online. Henri Lipmanowicz and Keith McCandless are the authors, but if you just type in Liberating Structures online, you'll see the menu. 1-2-4-All is a really simple thing, it takes about eight minutes and one would be an invitation for each person in the meeting to write the response to a question, "So what do you think is the most important feature for our retreat next December? What do you think is the most important topic? Spend 30 seconds jotting your own thoughts about that." So then after the 30 seconds are up, you cue the group and say, "Okay, I want you to pair off with the person next to you, and for the next two minutes, I want each of you to share your ideas and why you think that's important." So the two people share, and then two...

Dr. Cathy Risdon (19:19):
Two-minute reminder from me, and then the two becomes four. So it's one, two, four and the four people share their ideas. So we've spent about four minutes and everyone in the room has sort of done three turns of thinking about an idea, so when we do bring it to the big group to say, "Okay, how are we gonna make the decision about the retreat, there's so much processing that's happened and so many more ideas have surfaced, that the quality of our decision about the retreat and the discussion that happens then, is way, way better. So we're sort of layering that thinking and consultation to be simultaneous, before we bring it to the large conversation.

Dr. Teresa Chan (20:00):
It's in line with what we do sometimes in teaching, which is Think-Pair-Share, right? So we give people a moment to think, pair them up, and then they'll be more emboldened to share because now they know that they've run the idea by someone, they've shared it with someone out loud, once they've rehearsed it in a safer spot, and then now they can share it with a bigger group. So you're going to be thinking for yourself first and then you're gonna share with another person, then you're gonna share with three other people and hear their ideas as well and ref some more and then the whole group. So I think that really, really would help, I think even the most junior person, if they had a great idea, if three other people are standing next to you and say, "yeah, yeah, yeah, your idea is really amazing. Say it, right?" That's gonna be huge. And I think that that definitely would engage a lot of people to get out there, and if someone's more introverted, than I guess someone in the group usually is a little bit more extroverted and can either speak on their behalf or present their idea, if that's okay with the originator.

Dr. Cathy Risdon (20:57):
Actually, it's not a report back on ideas, either. That's the other interesting thing about it, is that... So an introvert... Introverts can't resist direct questions, right?

[chuckle]

Dr. Teresa Chan (21:07):
Yeah.

Dr. Cathy Risdon (21:08):
An introvert wants the invitation to speak, so to say, "tell me your idea about the retreat" is gonna bring out even the most shy introvert because it's a small conversation, and it may be that when you go to the all form of that progression, the introvert is not gonna speak into the big group, but their ideas have seeded the conversation. The conversation with the big group isn't about reporting back what is distilled from the smaller one, it's just knowing that everyone's thinking has moved. You could still use all of your techniques of drawing out people or asking for explicit input from folks who are quiet, but the group's maturity around any given topic that gets processed that way has moved along. So the big group discussion is... It's not so impoverished.

Dr. Teresa Chan (21:50):
Oh, very cool. Yeah, that's definitely a cool way to solicit input and engage your group, so that's great.

Dr. Cathy Risdon (22:00):
Yeah, and they learn from each other along the way.

Dr. Teresa Chan (22:01):
And then how would you bring it together? So you've got this 1-2-4-All, everyone's got this idea, you said planning retreat was the meeting agenda item.

Dr. Cathy Risdon (22:10):
Yeah.

Dr. Teresa Chan (22:11):
And then what do you do with that after? Because I think for a lot of us who haven't led this way before, you might not know how to plan for this unless you have a mental construct of what you would take with all these ideas. If there's so many diverse ideas, how do you pull it all together? How do you reduce it down? 'Cause you can only do the one retreat. I guess you could do multiple retreats in future years, but next year, you might wanna do an engagement strategy like this again, right? So...

Dr. Cathy Risdon (22:34):
I think that's the power of the simultaneous processing because when you start with that one, then you theoretically have 16 different ideas. In fact, you probably really only have three, but they're expressed slightly differently in different variations. I actually don't think any group is ever that diverse to have... I mean, you can ask 16 people what they wanted for lunch, you're still not gonna get 16 different things, inevitably, will it be... You know, this clustering happens, I think, in groups that we're a part of.

Dr. Cathy Risdon (23:02):
Back to the retreat idea, so 16 people write a response and then they start comparing as they move through and everyone's ideas change in that comparison. So no one's holding on to their original because it's like, "Oh yeah, I didn't think of that. Oh, that's great." Oh yeah, actually, we have overlapping ideas here, and we would express our overlap by this single thing, so I actually find the movement is towards a bit of convergence, and in the big group discussion, when you say, "Who wants to start with what they think is important?" You'll hear something, and then I think I would

pull for, "does anyone have something? I'd love to hear a very, very different opinion to that." So you sort of try to pull for the most divergence you can, the gap between what you first hear and the most divergent response, tells you a bit about what's going on in the room. And I actually find at that point, it's not that big a gap. So then the facilitator's job is to ensure you've sampled the broadest diversity you can, and generally, once the whole group knows what that field is, you can either make a suggestion to say, "Well, it sounds to me like what makes the most sense from what we've heard is this," or if you can ask a person that seems to be that kind of thinker, a bit more of a convergent thinker, "Does anyone wanna propose the best way forward for all that we've heard."

Dr. Cathy Risdon (24:22):
So I actually find it... The solution is fairly organic. It doesn't require a ton of further method, and if it is still incredibly divergent, that's a really, really important thing to understand, 'cause you're probably gonna need... There's some more information to be had, or there's some more digging or there's some more data, or there's some things that the group doesn't understand yet, if you're at the end of that and have incredible divergence. I actually find that's really unusual.

Dr. Teresa Chan (24:50):
Yeah, and I think that if there is divergence, it could just be because for, instance, it's something like our retreat, you might be able to come from multiple topics...

Dr. Cathy Risdon (24:58):
Exactly.

Dr. Teresa Chan (25:03):
Or multiple approaches, so you can usually converge by saying, "Okay, well, we have three hours, we have a whole day. How might we portion this out? Because it sounds like you have all sorts of different things."

Dr. Cathy Risdon (25:09):
That's another great point. You can now have group consensus on a structure that's gonna accommodate differences that the whole group knows is desired, because everyone's had a chance to hear from each other about what they want, so that, then the next thing makes sense, the group's decided on it together by listening to each other. Back to your point about listening.

Dr. Teresa Chan (25:30):
Yeah, and so this definitely has a lot of commonalities with what people might have read about in terms of design thinking, the idea of trying to push for maximal variation and divergence in your ideas, because it allows you to get past your first couple of ideas. I think it was Einstein, I might be misquoting but I'm pretty sure... Oh wait, no I think it was Benjamin Franklin, that... Yeah, that... "If you have one idea it might be okay, but if you have a thousand ideas, one of them is gonna be amazing," right?

Dr. Cathy Risdon (25:57):
Yeah. Yeah.

Dr. Teresa Chan (25:58):
So the idea is that by pushing your group to think more divergently and really just push towards more and more in terms of just brainstorming, it can break you out of your usual bounds and even

the most, let's say, convergent thinkers, if pushed, just for a couple of minutes, I think, fantastically can give you some really cool ideas that may not end up being what you do, but end up getting you to listen to some of their other ideas more, and now you can put together the best way forward because I think that the problem is as leaders sometimes, if you're in charge of the agenda, the temptation is just to go and do the thing that you think is best.

Dr. Cathy Risdon (26:40):
Yes, for sure.

Dr. Teresa Chan (26:40):
But that might actually not be the best idea, it's the reason why, in the business literature, increasingly they say the more diverse your board is, the more diverse your selection committee is, the better decision you'll have. But the reason why is because the more divergent your thinking is, the more choices and opportunities you'll spot, and it's the diverse brains that are there that help you see all those things. It's very constructivist, obviously, but if you can do that, you have to create the structures like you've just...

Dr. Cathy Risdon (27:10):
You need a method to harness the diversity, exactly, 'cause otherwise...

Dr. Teresa Chan (27:13):
There's no point in having a meeting with all these diverse people and then one person speaks in the end, right?

Dr. Cathy Risdon (27:20):
Exactly. Well, then you get the... You know that old song about don't ever bring something up at the meeting unless you know what the decision's gonna be, I think that is more up the theater end of meeting and that's meetings to preserve status quo. If there's a problem requiring diversity and as a leader, you impoverish the conversation, then you're creating the dreaded resistance because diversity will have its way, it just may not be in a way that everyone's agreeing on, it may be in a lot of more backroom dissent or sort of undermining or... Then the endless theories about change management come in and how do you make people... Change managements often, how do you make people do what you think they're supposed to, which isn't ever gonna be a great way of changing anything? So harnessing the diversity in a sense or making space for people to be heard and for the possibilities of diversity to surface definitely saves a lot of energy in the end as well.

Dr. Teresa Chan (28:15):
Yeah, I think that increasingly bringing in some of those techniques I've learned from theater, from the design thinking in the early stages, less so theater for when you've memorized all the Shakespeare and they're not performing, that kind of theater, I don't actually feel like there's a lot to learn about meetings that's traditionally counter-constructive. But I do think that the more inclusive techniques of getting people to be playful, to work with the ideas, to share more, to seek diversity, to go with the zaniest idea. There's an activity called the TRIZ activity, where you basically take the idea of, okay, how do you do this completely wrong? If I...

Dr. Cathy Risdon (28:54):
Plan to fail.

Dr. Teresa Chan (28:55):
Yeah. The idea is like it's actually just flips your brain, gets you in different things, and then you realize, oh, the process that we've been talking about, we do 90% of the things that if we were to redesign this to be horrible, we would do it, right? Like a classic example of that is gonna be EHRs, right? If I was gonna make an electronic health record that no one could use, I would make sure that you had to click a billion things and make you sign in every five seconds. Those are the kind of things that people will start... They can really tear things apart a little bit sometimes, but then that's where you can start and think about, "Okay, well, if we were gonna make it better at EHR, what would that look like? Because now you've thought of all the mistakes that you could make and you can start from a different place, so it gets kind of that... The Debbie Downers and Donnie Downers calibrated. They've had a place to put all of their thoughts in a constructive way towards building something new, so... I think that that's a different technique that you can use too.

Dr. Cathy Risdon (29:46):
TRIZ is actually one of the liberating structures so that the menu for running a TRIZ exercise is on the same website.

Dr. Teresa Chan (29:54):
So the website is www.liberatingstructures.com, and then you can find a bunch of different things there if you're looking for different activities.

Dr. Cathy Risdon (30:03):
So I can feel the energy both of us are having about these meetings where you want diversity and creativity and discovery, and the tantalizing attraction of the new and the possible and the change. And I think all of us in medical education or in academic health science are a bit addicted to change where... It's the proverbial candy store. What new project? What can we do next? What can we discover? And I wanna put a plug in for the, again, the mundane and the status quo preserving and the continuity because the paradox of all those changes that it's only possible against some backgrounds of continuity and maintaining things, and some things we don't wanna change and we have to rely on some enduring structures and habits as well, some of those get maintained in meetings as well, so it's a paradox. How do you keep engagement and excitement and support introverts and have a sense of learning and growing when the task is continuity and maintenance, not discovery and change?

Dr. Cathy Risdon (31:10):
I think that's part of meetings as well, and to me, those kinds of meetings, probably even more so, have to pay attention to the human experience of organizational life and sometimes the change in diversity you're pulling for is confusion or misunderstanding or frustration or some of those negative emotions that are also part of organizational life, some of which can't be fixed or some of which are baked into dilemmas, but making sure people know it's okay to surface those and sort of respond with empathy and understanding and sometimes just having a meeting where everyone knows you're sharing the same dilemma and you equally sympathize with each other is a really important thing too. So I think another opportunity for meeting sometimes is intentionally surfacing frustration or misunderstanding as a given part of organizational life and helping the group figure out what can be changed within that. We're all in structures that are incredibly interdependent and are told to do things that seem ridiculous at times. So we have, in our department, we call it "Feeding the Beast." There are things we have to do that are ridiculous that make no sense, but are non-negotiable, so

how can we use a meeting to name that as quickly as possible and figure out the easiest way to do something that's mundane and just part of the job?

Dr. Cathy Risdon (32:33):
So I think really normalizing and surfacing those kinds of emotions that come with organization life is a... Also really important part of meetings sometimes, and it shouldn't be ghettoized as a negativity that's a bad thing.

Dr. Teresa Chan (32:47):
Agreed.

Dr. Cathy Risdon (32:47):
Sometimes working in universities is really, really hard and frustrating, and you're not a bad person to think that. In fact, it can be really freeing to normalize and surface that as part of meetings as well.

Dr. Teresa Chan (33:01):
Yeah, and I think as a leader, that's another thing that you can take out of the design thinking playbook. In design thinking, you're often listening to end users to try to figure out what their pain points are.

Dr. Cathy Risdon (33:10):
Yeah, yeah.

Dr. Teresa Chan (33:11):
So having that kind of orientation to be like, "Okay, so can we just refine some pain points that we have in this domain," can be a really great way for people to kind of bring those things forward, and I think that even though change, writ large, like big new projects, all that kind of big scoping stuff that you talked about, is something that really gets us excited, the little changes that you can do to your team's operations, like you said. "Okay, how can I run this meeting next time better, how could we involve more people, how do we get more people at the table?" Those kind of questions, if asked properly, can really be the change platform to be able to bring more agency to the table, and then it's about those little QI projects, right? So everybody doesn't like to enter their CV a certain way. Is there a way that we could think about a different allocation of resources to support people doing that? Is there a way that we could harness digital technologies to augment... Yada, yada, yada, right? I think those little changes at the table every single time can make the whole experience better, and hearing people's pain points is a way to reframe that in our minds as leaders, I think.

Dr. Cathy Risdon (34:15):
Yeah, so the last thing I wanna emphasize is a really... Another fun thing to try at a meeting is how you end it. I think most people would be familiar with the power of ensuring there's some mechanism for the action items to be agreed upon and shared, some meetings where minutes must be taken. I've seen the technique of having the minute taker just take them on the screen so that everyone can see what's being said, and then they don't have to do it after, and the action items are all there. There's lots of things you can do to sort of ensure the data that must be preserved is collected and shared either during the meeting or just before the end of the meeting. I'm also a big fan of a check out, a meeting check out, and again, you can use different techniques for check out, sometimes it is a CQI of the meeting. You do a quick whip around, name one point in the meeting

where you're really engaged. You could do a whip around of about what was the point in the meeting that you felt really distanced, so you can choose questions that have the group reflecting on the success of the meeting. A really powerful check out that I think leaders should think about doing at regular intervals is an appreciative check out.

Dr. Cathy Risdon (35:21):
So it might be, depending on the size of the group, it may be name a time in the meeting where someone said something that really struck you, that was really powerful or effective for you, that helped you see something in a new way so folks are sort of appreciating one another. Another one is just like, turn to the person beside you and give them feedback about something they're contributing to the team that you really value, or again, an idea they had. You can sort of decide on the question based on how the meeting went, but it's almost like you're closing the circle of the team with everyone offering some appreciation and everyone walks out with their dopamine levels high, and there's another point of human connection, so I think a check out is a really powerful way too. And then a couple meetings like that, the psychological safety you described, suddenly it's there, right? Because people know they've entered, they're listened to, and they're appreciated, right? Things all of us need to maintain the engagement in organizational life.

Dr. Teresa Chan (36:21):
Okay, wow. That's really powerful. So bottom line is, how can we foster connection, listening, engagement, and then appreciation, like if we can do those four things? I'd love to go at a meeting that you... One, that has all those properties, and I think that as a leader, isn't that what we all aspire to, is having meetings people look forward to? Well, I mean not the only thing we aspire to, but...

Dr. Cathy Risdon (36:45):
It's a great outcome.

Dr. Teresa Chan (36:46):
It's a small goal. It's not like the big goal, but it is something that... The process is important for people to enjoy too, even if you are conquering, I don't know, all of COVID or creating a new structure in the university, either way... Or winning that big grant, right? Along the way, I think we should try to make our experiences actually worthwhile so that people don't dread doing the things that we want them to do, so... Definitely, I think that that's a great point. And thank you so much, Cathy, for bringing all of these ideas to the forefront. That's about all the time we have in the podcast today, but I look forward to having another conversation with you another time about some of these other ideas.

Dr. Cathy Risdon (37:25):
Well, thank you, Teresa, I love how much you've been thinking about organizational life and your references to design thinking and teaching and theater. The strength of your experience and reflection that you've brought to the conversation have been great for me too, so... Thank you so much.

Dr. Teresa Chan (37:40):
Alright, well, that was a great check out. Thank you for demonstrating how to do it. Alright, okay, until next time. Thanks listeners for joining us today. Wow, that was a really awesome first segment of the MacPFD Spark Podcast. And now on to our second segment.

Dr. Teresa Chan (38:01):
Hello, everyone. My name is Teresa Chan as you all know, and I'm your host for this podcast. I'm here with a colleague of mine that I'll introduce as a family and academic physician. He's an assistant clinical professor here at McMaster University, and he wears a lot of hats. I don't know how he keeps all those hats on his head, but Dr. Jason Profetto is someone that is always around. I feel like he's got so many things that he's got on the go. I'm always running into him at this meeting, that meeting, this gathering, that community, and I thought I'd bring him in for this podcast, 'cause I think he's a pretty inspirational guy for a lot of people. So, Jason, hey, say hi to everyone.

Dr. Jason Profetto (38:38):
Hi, everybody. And thank you, Teresa. That's very kind of you for that introduction.

Dr. Teresa Chan (38:42):
No worries, I try to be kind. 'Cause when you're mean to guests, they don't come back.

[laughter]

Dr. Teresa Chan (38:47):
Alright, so I thought today we'd talk a little bit about your journey to... Right now, I guess you kind of hold a bit of a leadership role within the medical school, and I know that this podcast is for everyone at FHS, but I think the journey of someone going on the leadership journey of their own and getting involved with education is something that generalizes to any person, whether you're a rehab specialist or a nurse or a physician in the community, or someone that identifies as primarily a family physician, and also teaches, right? So I think it's pretty cool to have someone like you who does actually work quite a bit clinically, but still devotes a lot of time and energy into your academic work, especially in education. So can you tell me a little bit about the... You're right now the, is it the clerkship admissions director?

Dr. Jason Profetto (39:31):
Yes.

Dr. Teresa Chan (39:31):
Is that what it is?

Dr. Jason Profetto (39:32):
So at the UGME, I actually hold two current roles in leadership.

Dr. Teresa Chan (39:36):
Okay.

Dr. Jason Profetto (39:36):
The first is the Chair of Clinical Skills, and then the second is the Chair of MD admissions.

Dr. Teresa Chan (39:41):
Okay.

Dr. Jason Profetto (39:41):
And clinical skills, I've been a part of for the better part of 10 years with a special extension of my term, and then with admissions, it's been for a couple of years more recently.

Dr. Teresa Chan (39:52):
Alright, so that's pretty cool. So maybe can you tell... Rewind, rewind to a decade ago, I think, I met you when I was still a senior resident and you were starting up the clinical skills program. I remember, you pulling me and having some chats about that stuff earlier on. Rewind to that moment. How did you get involved? Had you been teaching clinical skills for a while? Was it a posting that you saw? How did that all come about?

Dr. Jason Profetto (40:15):
Actually, Teresa, I remember you and I meeting, and it is probably around 10 years ago. We met it at a conference table and you kept throwing all these Post-its of different colors on the table with all different ideas, and that's what guided our creative thinking. That was a really fun experience. Clinical Skills for me, it's a bit of a funny story because when I started medical school at McMaster, I went to McMaster for my medical school. My first year, my first clinical skill session, I loved it, I really loved it, and I had this, however accurate it was at the point, I remember thinking very deeply, "I really think like I'm gonna be involved in clinical skills going forward." And I was always very interested in clinical skills, I really enjoyed it. There was something about the art and science of clinical skills that was very attractive to me.

Dr. Jason Profetto (41:03):
And then when I went into residency, I was with a group of residents who were great individuals, great residents, but I was the only one of that cohort that was very, very keen to teach clinical skills, and then as a result, I ended up teaching, from day one of residency, clinical skills year-round. And then from there, I ended up getting into a lot of curricular development and "This is what's working, and this is what looks good, and this is what students like." And then it naturally flowed into a little bit of a career opportunity and that a position opened. And at that time, I was at the Niagara Regional Campus, and I started as the clerkship lead over there when the Niagara Regional Campus was really starting out. And then over time, the leadership in Hamilton had retired, and I was suddenly the most senior person in all of McMaster with regards to clinical skills, even though I was generally still relatively new to the medical school staffing and faculty positions, and then it bloomed from there.

Dr. Teresa Chan (42:03):
Well, I think that kudos to the people that selected you for picking someone on the way up because you've done some pretty cool stuff with it. I think you've really engaged a lot of the trainees in helping teach the senior trainees, like residents and stuff. And I think that... I guess when we were residents at the same time, it was not out of the norm for the residents to actually do some of that teaching, but now it's like a fairly rigorous competitive process, and you've actually had to... You've actually really blossomed that program, so kudos to you for doing that. And I think it really just paves the way for that precedent that you can be involved in teaching, and I think that probably sparks a lot of interest in our trainees at least in the emergency medicine program that I help supervise in. You see people that really, really fall in love with teaching because of that pathway and that ability. So, yeah, thanks for doing that, because I think that really gives people a chance to really whet their appetite for more opportunities. And so, how did the MD Admissions thing come about?

Dr. Jason Profetto (43:00):
MD Admissions is something that I've been very, very interested in for a very long time. There are similarities between clinical skills and MD admissions, but MD admissions has a very unique flavor to it, in that concepts rooted in equity, diversity and inclusion, are... Well, they're prominent and important through all aspects of medicine and health sciences education for that matter. But with regards to admissions, it becomes the forefront of the conversation, and especially now in the last five years, this is the... One of the most important parts of admissions. That ethics, that diversity component, I found extremely interesting. I am very motivated to use power to leverage, to make changes for equity-seeking groups, and we've done a tremendous amount of work in that regard. And admissions, especially as being the entry way into medicine, actually has a far greater reach than I think most people realize, especially at the community and the grassroot level. So, admissions is something that I've wanted to be involved in for a long time, I was very fortunate to be able to obtain that position, and we've done a tremendous amount of work and exploration, even in just a couple of years that I've been in the position.

Dr. Teresa Chan (44:16):
Alright, so that's very interesting because I think a lot of people that think about admissions wouldn't necessarily think about EDI as being such a dominant framework that you have to bring to this, right? So, for EDI, for the listeners that aren't great with short forms, equity, diversity, and inclusion. And I think that that's something that we do think about in the health professions, that as any of the professions, when we bring people in, because we're so hellbent on making sure that people are successful once they're in, that admissions, historically, has been seen as this filter to find the best people. And then within the system, we are very nurturing, but there are so many barriers that can come up for people to even get in, and we know that income level, socio-economic status of the postal code that you grew up in your parentage, and whether or not one of your parents has been a professional and been a health professional, all of these things can play into the ultimate ability for people to get into the professional school of their choice or even graduate studies. So I think that that's something that really is important for us to talk about.

Dr. Teresa Chan (45:17):
So let's start with that, a little deeper into that. Tell me a little bit more about... Historically, we've always been seen as a center for innovation and medical education, specifically within admissions. We have brought in some of those admissions across other schools, obviously, but I think the original kinda big admission probably would be the multiple mini interview and obviously it's probably changed since the time it was first piloted, but is that still kind of a part of what we do here?

Dr. Jason Profetto (45:43):
Yeah, so our admissions, there's basically two formulas, Formula One and Formula Two, and this is all available publicly, so we have to screen and filter applicants to see who is invited to an interview, and then once we get the interviewee list, we have to interview everyone and then we apply the second formula, but the first formula is based equally one-third, one-third, one-third on GPA, MCAT CARS, which is like the Critical Analysis and Reasoning, which is the old verbal reasoning section, and CASPer, which is SJT or situational judgment test. And then from there, we have an interviewee list, which is about 10% of all applicants that apply, and we use the MMI, which ends up being as part of Formula Two, 70% of the composite mark that determines who receives an offer of admission.

Dr. Jason Profetto (46:34):
The MMI is something that was created and developed at McMaster and CASPer, the Situational Judgement Test, which... The MMI is very interesting because where we used to use panel interviews, we knew that there was a lot of issues with the psychometrics, so the ability to say that that test was reliable, it was valid for what we were trying to do, the MMI has really improved, in that it's much more reliable as there's more scores applied than just one. And then... CASPer, which was really unique is that it's highly scalable, so CASPer is a situational judgement test that is taken online, you can do it from anywhere in the world, and the evidence and the outcomes from CASPer, while they test similar things that an MMI does, it is different, both in the way that it's delivered, but also in terms of what it ultimately captures. So the MMI and CASPer were both McMaster-specific innovations.

Dr. Teresa Chan (47:33):
Very cool. And so I've been involved with the CASPer at least, I think I'm involved in our residency MMI, maybe not the undergrad one, but it makes sense to me that you could add some level of decision-making into your filter before people arrive, and so CASPer is little vignettes where there's maybe an ethical or kind of like a situational crisis or a situation that the candidates then type a response to, and I think it's Dr. Kelly Dore was involved in developing that, and she works for, I think, a company now in Altus that kind of administers and continues to do science in that. So that's pretty awesome. She's obviously still one of our adjunct faculty, so that's awesome, but it sounds like you also are doing some continued kinda work in making sure that when we screen for applicants, they aren't just talking about their stuff, but actually can watch them, right? So the MMI is meant to be kind of like an admissions OSCE where people are given scenarios and then they have to respond in different ways, and so it's not just about reliability, you're probably sampling across different domains as well. So it's not just about how smart you sound in one-time interview, but rather we're watching you across a number of different stations and understanding how you respond to different things.

Dr. Jason Profetto (48:46):
Correct. It's really interesting just to... If I can comment on a couple of things, the first one is when you look at situational judgment testing and sort of bounce back to CASPer for a moment, but the vignette can be something that's quite common place. For example, you are a student at a university and your best friend and peer has asked you, because they are very late on an assignment, for you to lend them the essay that you wrote so that they can sort of use something similar. What do you do? So it can be that simple. The interesting part about EDI is how culturally relevant are those types of questions, that's just an example question, to different cultures, ethnicities and backgrounds, and what's culturally relevant to someone that's indigenous from a northern community, for example, can be very different than someone that comes from a very Italian community, near Toronto, as a different example.

Dr. Jason Profetto (49:42):
And to bounce to the MMI for a second, the cool part about when you think about an MMI is that a single station performance is actually not truly reflective of your ability to perform in the MMI, but once you start increasing the amount of assessments that you get on multiple stations, hence the multiple mini interviews, the ability to get a good sense of what... Who you are and how you're performing in the actual MMI gets stronger and stronger and stronger. And the good sports example that we always like to use is that if you watch a baseball player hit one ball, you can't necessarily make any strong conclusions as to whether or not they're good at that, but if you watch them hit

several balls, hit several pitches, they play in the outfield, you see them before the game, you see them after the game, you see them communicating with people, you get this multiple sampling, you get a much, much stronger sense of who the individual is and how they're capable.

Dr. Teresa Chan (50:40):
That's a really great analogy. Thank you so much. I love analogies, so people already know that I'm a big fan of them, and so thanks for bringing your own without me having to make a really bad choice metaphor. Alright, so that sounds really cool. And so I think as to the year that the pandemic now hit, right? 'Cause the MMI is an OSCE, just... It's a multiple stations, lots of people. It's a big to do, and I know that you guys had to, in the wake of the COVID-19 pandemic, innovate that, and we actually do have a webinar where you've already discussed this in a little bit more detail, but what ended up happening... Can you say that into the podcast so that people might be interested to go tune into your deeper dive there.

Dr. Jason Profetto (51:21):
I think... I actually think this scenario, I mean, not to raise this as the most interesting of admission scenarios, but I actually really think this scenario is probably one of the most interesting things in admissions that has happened in the last 10 years or more. And basically what happened with us is we had to conduct 550 multiple mini interviews, so that's 550 interviewees, plus hundreds of assessors, dozens of staff, it's very resource-intensive. And we were the only school in Canada where, when the pandemic hit in March, where it became like declared an actual global pandemic, we were the only school in Canada that had over 500 multiple mini in-person live interviews to do.

Dr. Jason Profetto (52:07):
So we had this unique situation where we clearly could not do them, we did not have enough notice to convert to an actual virtual system that was gonna be robust and reliable in the way that we expected, and after a lot of deliberation, we ended up coming up with a very unique plan, and in fact so unique that we were literally the only school in North America to actually deploy this. And ultimately what we did is we had a multi-faceted approach to a lottery system. So we have all of these scores already obtained from formula one, so these are the people that were invited to an interview, so it's not an open lottery, it's not that anyone could just apply and be considered and buy a ticket. That's not what happened.

Dr. Jason Profetto (52:54):
So over 5000 people apply, and we had already screened by way of using GPA, CASPer, and MCAT, as to who was gonna get an interview, so now we have an interview list. You can argue that almost all of these people are probably deserving and capable of actually starting medical school and being admitted. Nonetheless, you have to go from 550 to 200 and change. And what we ended up doing was we looked at our... All of the principles and priorities of our institution, we ensured that that was in place when we were coming up with a structure of the multifaceted lottery approach, we used local evidence, so what we knew, the interviewee list, the top 100 people have a very, very strong chance, statistically, of getting into medical school after the interview. The pre-interview rank and the post-interview rank for the top 100 people don't necessarily move too much. We still wanted to allow a bit of movement and mobility for the individuals that were started, that were ranked after spot 100, and so what we ended up doing, we looked at our equity stream first, which is our indigenous equity stream, and we made offers to those students or those applicants first.

Dr. Jason Profetto (54:15):
After that, we made an offer to the top 100-ranked based on the pre-interview score, the top 100-ranked students, applicants, and then the rest of the students, including those who would end up on the wait list, went into a randomized lottery, and then they received offers based on where they landed on the rank order list at that point. There was a lot of discussion about what this did to things like implicit bias, privilege and advantage in interviews, what happens when you don't have a physical presentation as part of the admissions process? It gained a lot of national and some international attention, and in the end, the equity folk actually really felt that it was very fair, and there was a lot of discussion about it.

Dr. Teresa Chan (55:06):
Yeah, it's such a different paradigm, it's not completely new though, like we've chatted about it in the past, there are other countries where this is maybe more than norm, and I know that at least one of our other faculty members, Will Harper, who's in the Department of Medicine, who loves the idea of random chance and what it can do once you've got, all things being equal, if you know that all things being equal and there's a bunch of people, they could probably all thrive, then a lottery is a very interesting proposition. He's always talking about the... He calls it bavney.

Dr. Teresa Chan (55:39):
And it's very interesting to know that some of these interventions can continue to happen, because once we had some of the data from the MMI, everyone was super excited about that, and obviously some people might have been while that's a logistical nightmare, there's so many people you have to involve, it's so onerous, it's so expensive, and so you can imagine how some people haven't shifted to that model, even though it has better psychometric properties and maybe it's more rough or robust in many ways, there are still barriers to implementation. So lottery, however, is almost the other way, it's almost so random that it can't possibly be any good, but it's also so efficient in terms of budgets that it has its own merits as well, and so... I'm sure it could go either way. I'm sure you're gonna have a whole debate as to whether or not all admissions should be this way, but it's definitely... Who does to you for innovating in time of dire need, because in order to be fair, this is something I'm sure that you guys thought long and hard about.

Dr. Jason Profetto (56:44):
It's interesting to note too, so we used a lot of the experience in evidence that came out of the Netherlands because the Netherlands, believe it or not, they've actually been using lottery-based systems for admissions in medical school for the better part of three decades, and they've gone in multiple directions where they've had completely open lotteries and then they've had optional lotteries, opt-in lotteries and sort of blended lotteries too, so there's a lot of very interesting evidence that's coming out of the Netherlands, and I think it's an uncomfortable conversation for many people, because using a lottery system threatens that meritocracy sense, or even that sense of agency, "I am in control of how I perform, I deserve what I get, therefore why would you put my chances of success to mere randomization." But the truth is there is actually quite a bit of randomization and luck that happens in the interview process as it is, and there's a lot of different types of implicit and non-implicit bias that can affect interviewers and students and so on. So there's a lot of interesting thought behind the lottery and how it plays out.

Dr. Teresa Chan (57:51):
Yeah, it's super interesting. So we'll have to see, I guess. I'm sure everyone's kinda watching, you have a whole cohort of trainees who will come through this system, and then I guess we'll see what

the outcomes are like. If they're comfortable, then it probably makes a good perspective on whether or not all of these things necessarily need to be done the way they are. Alright, well, thank you very much for the deep dive in to some really cool topics that are really relevant to, tending more to health professions, whether you're someone who's on the side of someone who could volunteer for CASPer rating and MMI rating, for instance, or maybe you're on the side of someone who aspires to be like Jason someday and bring EDI into everything that he does. I think that this is definitely a cool set of topics to have talked about, so thank you so much for joining me in this conversation.

Dr. Jason Profetto (58:37):
No, my pleasure, thank you, Teresa.

Dr. Teresa Chan (58:41):

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.