McMaster Program for Faculty Development (MacPFD)

Spark Podcast

Official Transcript

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Dr. Teresa Chan (00:02):

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

Speaker 1 (00:44):

Hello and welcome to the 26th episode of MacPFD Spark. Today, we will be listening to two talks focused on empathy. First, we will have the opportunity to listen to registered midwife, Susana Ku reflect on her experiences as a patient who also works to provide care. Next, we will hear about creativity and design thinking, and education, from Dr. Sean Park. Please enjoy the episode.

Dr. Teresa Chan (01:15):

Hello everyone. My name is Teresa Chan, and I'm here with Susana Ku. Susana, can you say hi?

Susana Ku (01:22):

Hi. Hello.

Dr. Teresa Chan (01:23):

Susana is part of the PAC program in Global Health, and is a registered midwife. And she's here to share her story as a provider, but also as a patient. And I thought that I would ask Susana to give us a little bit of insights, because we are doing a deep dive into what happens when we're on the other side of the curtain. So, Susana, can you introduce yourself a little bit?

Susana Ku (01:45):

Yeah. Hello everyone. My name is Susan Ku. I'm a registered midwife who was internationally trained in South America, in Peru. In 2013, I joined the midwifery force in Canada after successfully

completing the International Midwifery Program at Ryerson University. I've been working in Ontario, Canada as a full-time registered midwife for the past six years now. Before coming into Canada, I was working as a midwife Peru, in Lima specifically. I finished a master's degree in Peru, in sexual and reproductive health. And then now I embark in a new journey as a PhD student in the Global Health Program.

Dr. Teresa Chan (02:24):

Very interesting. What are you doing your PhD dissertation in?

Susana Ku (02:28):

So I'm brainstorming ideas, but my main focus of my dissertation will be on the impact of the COVID-19 pandemic, on midwifery services in Lima, Peru, and I'm planning to compare it to the impact in Ontario, Canada.

Dr. Teresa Chan (02:45):

Very interesting. I mean, COVID is on everyone's brain, so you might as well-

Susana Ku (02:45):

Yeah, yeah.

Dr. Teresa Chan (02:45):

Capitalize it.

Susana Ku (02:50):

Yeah. I know a lot of people might think that there's a lot of research going around about COVID-19, but it's actually in terms of crisis when you actually recognize where are the weaknesses of the health system.

Dr. Teresa Chan (03:01):

Yeah.

Susana Ku (03:01):

I mean, [inaudible 00:03:02] is long overdue to be recognized as a primary service, that actually needs to be in [inaudible 00:03:08] around the world.

Dr. Teresa Chan (03:09):

Yeah. And so we recently actually interviewed Dr. Liz Darling about midwifery in Ontario, and that was really, really cool. So I'm really excited to have you speak and talk to us a little bit more about what it meant to be a person who crossed over from provider to patient. Because I think that's one of the ways that we can stay really human, is to understand what the differences are between one side and the other side of the care path.

Susana Ku (03:34):

So I guess my journey on the other side of the picture was the first time in 2018. I was here Canada already, I was expecting my first baby. So I all of a sudden became a client in the midwifery practice

where I worked. I guess one of the biggest challenges was to disconnect my brain from clinical thinking, so I understood the process of child bearingness. Any other circumstances in life is a very uncontrollable aspect of your life, and sometimes having so much information can either play on your favor or against you. So I guess my personal position was to disconnect my knowledge as a physician, and to just let life take its course. But I also noticed that it is difficult for your colleagues to disconnect that idea, I guess recently, we discussed in our brief introduction that one of the biggest barriers that I've noticed, or I don't know if barriers or challenges, but especially for these students, we had at that time a new registering midwife, two actually, who were joining our practices, because there were other midwives also going on [inaudible 00:04:42].

So they were in the process of supervision as new registered midwives, or primary care providers. So one of them actually was one of my midwives. She actually disclosed that she was a little bit nervous just to provide the care, because she felt that I was not in a position of a client, but as a supervisor. So we made sure that the process was not stressful, in this case for her, because she was constantly feeling probably that I was assessing her skills or so on. The other part of it was also to recognize that, especially [inaudible 00:05:18], when your choices are usually a big part of your care, because it's women's center care, or pregnant people's center care.

It is different when you have to advocate for somebody else, and when you advocate for yourself. I feel that it takes more strength, and probably more effort to advocate for oneself when you come into the hospital, for example, and then you decide to go against that community standards, or the protocols. Judgment might come from other colleagues, or other professions saying, "You know what this is. You know the numbers, you know the clinical picture, why are you going against that if you should be the one making decisions based on evidence?" Or those kind of scenarios. I felt though, personally, that my care was more than I expected, in terms that, I was very fortunate that I didn't have many complications, so I was able to choose staying at home, and then my wishes were respected. But I could feel through the pregnancy that a lot of questions came out as like, "Oh, because you're a midwife, I'm sure you're going to ask for a home birth."

And at that moment, my statement was, "I'm just going to go wherever I feel more comfortable, and if everything goes pretty straightforward, I'm not going to stick to a one plan, because I know how child bearing plays, it can go one way or the other in just seconds." But that assumption from others like, "Oh, because you're a midwife, you're going to go this path, because that's what you do you guys." So that was one of the other aspects that I have noticed. And I cannot imagine how other people without, probably the information that we have, go through.

Especially with clients that go into midwifery care, and then they have a lot of questions from family members or friends saying, "Why are you going to a midwife? Don't tell me you're asking for a home birth." And then having that pressure without being a healthcare provider, I imagine that it could be more in impactful for them, because they second guess their decisions, or they feel alone on their... Because I'm a midwife and a clinician, and I have the information, my family was supportive of my decisions, whether in my culture it's not a norm to have a home birth, because usually in our country is, well, you have a home birth because you can't afford going into the hospital. But even in that circumstance, just because of my profession and being a clinician, I was in a position to actually discuss that with my family, with my friends, my partner was very supportive, and I knew what I was embarking on.

Dr. Teresa Chan (07:52):

That's very powerful. I mean, I think that you're telling me that you asserted your power with the people around you, because of your expertise, and that's amazing. I think that when you're a provider that [inaudible 00:08:05] resonated with you when I take care of providers. On the other

side, as a physician myself, I usually pick up on cues, even though they sometimes don't say anything. You can tell by the way they react to something, or ask a certain question, and you're like, "Are you by any chance in healthcare?" And then they're like, "Yeah, I'm a..." And everybody seems a little bit sheepish to admit it, because I think they're worried about what you said. They're worried about making me feel nervous. They're worried about making me feel like I have to perform differently, or do more things.

And it's interesting, because that dynamic can be awkward, but it can also just decreased tension. Because sometimes I have to put on this act, and over explain things, and if I know you understand all that stuff because you have expertise, sometimes it's just someone who has a PhD, or someone whose mom was a nurse, or someone whose sister is a doctor. All of these things, they help me better answer the questions in the way that you'll need it answered. So for instance, I've had colleagues who don't say whether or not they're a doctor, I, myself, have also not said something at times, but it is something that, I think, when push comes to shove, and you do need to pull the card, I guess, of explaining that you're a provider, that you need a little more information, that you disagree with this perspective on how they want to treat you.

I think that that would be something that you have to have that conversation, and hopefully it can evolve, and be organic, just like you would with any informed patient. I don't think it's any different than someone who's done a lot of deep research, or has a lot of lived experience as a patient. Some of our patients who have chronic disorders sometimes know their bodies and their conditions so much more, especially with some of the rare diseases. It's just a different art when you're providing care to someone who is more expert sometimes than you yourself. As a generalist, I don't know everything about some of the more rare diseases, some of the rare pediatric diseases, the parents are going to be so on top of things, they will teach you more in a moment than you could ever learn in a textbook.

Similarly, people who have chronic conditions, even diabetes, which is so common now, or dementia, patients' families, and clients' families, who care for someone with dementia will know, if you play the music they're going to relax. These are all these nuances that we take for granted, I think, when we have these fleeting encounters in healthcare.

Susana Ku (07:52):

Yeah.

Dr. Teresa Chan (10:28):

And I think that we have to cash in, and value that expertise of our patients, their families, and really kind of lean into that a little bit, and figure out how to fold it in. I mean, I trained in the era of lots and lots of patient-centered kind of learning at the beginning, and now patient-centered care. It really is something that I feel is very core to what I do, and yet it's so different when you have a patient who is just so smart and just gets it, and has read the studies that you haven't read. And I can see how that would put some people in almost an imposter syndrome mode. So I think you've just confessed that you've seen some of that before, people get a little bit nervous.

And I think that as providers ourselves, what we can do then is ease that discomfort if we can, to say, "Let's have a conversation. Tell me how you're thinking about this?" Coach them back up to have a successful dyad, because they can't just do what we want, because again, we can't see the forest for the trees when we're the one that's in pain, when we're the one in distress, when we're not seeing all the angles, it's kind of like when you zoning in on a procedure or something, you just can't see the whole picture. So I think that being able to value what the provider can bring in their

outside perspective, and again, they may have knowledge they haven't shared because they're nervous, how can we then, on the other side of things, value that as well? So Susana, can you give everyone one take home point that, from your perspective, as a provider who's been a patient, what is one thing that you wish every provider thinks about when they're taking care of any patient?

Susana Ku (12:02):

I will take one of the messages that you just said, trusting in the wisdom of our clients. I have learned this after being a client myself. Before, when I didn't have [inaudible 00:12:14], also, I will have this conversation with our clients about, "Oh, you teach me when you have this and this kind of contractions." More textbook. I was conscious that the message I was sending was probably not textbook, because every person is completely different. I've seen just by my expertise, just by looking at my mother when to was in labor, I knew that every person is different. But then when you come back from being a patient, and then you are now positioning to a physician's perspective, you gain more respect from the other side, you understand, and you're more sympathetic with the other side, not that you weren't before, but it's a different kind of sympathy.

For example, in my case, it's not necessarily just a [inaudible 00:13:01] of care because I was pregnant and I had my baby, it was a whole transition into a new life. Now I was more packed with more knowledge beyond midwifery, like sleep deprivation, or how your mental health changes after having a baby, how to approach your family based on the decisions you have made in terms of parenthood, or parenting styles also. So I guess as physicians we have to be aware that what we learn from school is one aspect of the care that we're going to provide. And of course we have to learn it, of course we have to apply best evidence, we have to be scientific, but we need to gain the skill to link that science with the human nature of every person.

It takes a long time because we're also human beings. We might be living in a totally chaotic world right now, we are stressed, we also have kids at our houses, and we're trying to balance our clinical work, having kids that can go to school, or we spend long hours in front of the computer. We are also afraid of what is going to happen when we leave our houses, if we're going to bring the virus into our environment, we have [inaudible 00:14:25]. And it's okay to acknowledge our vulnerabilities in front of our patients, because it's totally okay, it's actually very needed for us to show to the other side, that we are as humans as they are.

And I feel that in that way, people, in this case our patients and clients, are actually going to work more collaboratively with us, or more in team with us, knowing that, "Okay, I understand where you're coming from. I know that you're a human being too, and I have this pain, and I'm going to try my best for you to understand how I'm feeling." So I guess that's what I have learned from being on the other side, and then coming back into this side, and I interchangeably change positions, because when I'm in the park playing with my daughter, I'm a midwife, but I'm also a mother, and then I can't disconnect those two realities of myself. And it has actually helped me a lot to shape the kind of care that I want to provide to my clients.

Dr. Teresa Chan (15:25):

That's great. I think it really comes down to how do you connect with people that's in the business that we're in. Sometimes it's easy for us to zone out and get obsessed with the science, the same way that you as a patient or a client on the other side get zoned in on something that you really value or that you really need in the moment, and being able to connect with the other person on the other side of the curtain, on the other side of the stethoscope, on the other side of the Doppler ultrasound-

Susana Ku (15:51):

Yes.

Dr. Teresa Chan (15:51):

Or whatever it is. I think that we just need to be able to have that conversation as two people-

Susana Ku (15:51):

Yeah.

Dr. Teresa Chan (15:57):

And remember that humanity within each of us.

Susana Ku (15:57):

Yeah.

Dr. Teresa Chan (16:00):

So thank you so much-

Susana Ku (16:00):

Yeah.

Dr. Teresa Chan (16:01):

For taking the time to chat with me.

Susana Ku (16:03):

My pleasure.

Dr. Teresa Chan (16:04):

It's been really exciting to hear your perspective, and good luck on your PhD.

Susana Ku (16:08):

Oh, thank you so much.

Dr. Teresa Chan (16:09):

Wow. That was a really awesome first segment of the MacPFD Spark Podcast. And now, onto our second segment.

Hello everyone. I am here again with Dr. Sean Park. He is an assistant professor here at MacMaster University, and his areas of interest are diverse, but I would probably call him a creativity and innovation guru. And invite him to kind of say hi to everyone.

Dr. Sean Park (16:44):

Hello, hello.

Dr. Teresa Chan (16:46):

All right, well, Sean, you have done some really cool things in education. And I have to say that I've been inspired by how creative you are in that space. But I know that a lot of that probably comes from this deep empathy that you've built up for the students that you are trying to reach and engage with. And I think that I wanted to bring you in to chat a little bit today about the idea of that empathy, and maybe using tools like design thinking to really reshape educational experiences for our trainees and students. So design, where does it belong in education?

Dr. Sean Park (17:24):

So, you could even reverse the question as where in design does education fit? Just because, I mean, I think all of education is a question of design. To the extent that we're thinking about, not just learning objectives, we're thinking about the human beings, the learners, and the educators, and their relationship, and also how they change, and what they do. And that involves the complexity of human experience and human interaction. It includes the texts and the artifacts that people use. It includes the spaces that we're in, and the bigger picture of what are we educating for? What kind of world do we want to be in? So I think of it as a real dynamic that education does fit in design, and design does fit into education.

And so I think about a few things, and I think I've just mentioned a few there. One sort of is about culture, and I mean, I really think of this as, what do we want to help people become? What kind of environment do we want to cultivate? And so a lot of this is very intangible, but we feel it when we're in a space where we feel like our perspective matters, or when we feel like we're going to be challenged, but it's going to be exciting. We also feel the fear when we walk into some places, and spaces where we fear that we're going to be punished for making a mistake. We sense all of that.

And that culture piece, I mean, is, for me, a design question in terms of, how does everything that we do, from the way that we speak, from the way that the space is set up, what kind of message does that generate? And then what I do, I mean, in some of my classrooms is, if what we're interested in doing is helping people learn how to put their ideas out there into the world, and not have them validated, but more to learn, to sort of say, "Hey, what sticks and what doesn't?" And, "Well, I'm going to go again, and I'm going to sort of take that feedback." That's the kind of environment that requires a couple of pieces that I think are really essential.

A lot of this is connected to the work on self-efficacy from Albert Bandura, that's sort of translated into creative self-efficacy. And one of those things is, well, you're going to have supportive peers, you're going to have the supportive peer environment, people are going to be sort of encouraging of you to do stuff, to try stuff out, give you different ideas and inputs. The other is, is that you're going to also have stuff modeled for you, that you can sort of say, "Hey, what is it like to do this thing in a good way?" Not like you're just kind of figuring it out just for yourself. No, like you have something as a rough guide to kind of show you what the train looks like, so you feel like you've got some sense of what's happening.

One of my favorite pieces about all this is actually your state of arousal. If you're too calm, then you're not going to learn. But if you're also too over stimulated in overdrive, I mean, you're also not going to learn as well. Here's an example, what I've done with some of my students, I've taken a whole class of students, I think, 70, 80 students outside. They come in the classroom, and I say to them, "Today, we're going to be coming up with a lot of different ideas for your projects, but I don't think this classroom is really the most creative zone it could be yet. We have to do something to change the space."

So I take everybody out of the classroom. And so we're outside and I say, "Okay, folks, so right now we have to come up with some kind of ritual that we can collectively do before we go into this classroom, to this doorway, because there's a threshold between the outside and the inside. And we want to make the inside special, where special stuff out happens. In this classroom, we are going to come up with some big ideas, but we have to do something that indicates that, that makes that distinction." So, I mean, we come up with some handshakes, a song, some moves that we do before we go into the classroom. And we come with it on the spot, everybody, they're slapping the top of the doorway as they come in. And so now there's mood, there's this kind of waking up of the senses-

Dr. Teresa Chan (21:34):

Yeah.

Dr. Sean Park (21:35):

That then primes them for then, "Okay. All right, folks, we're going to do some creative work." And they're ready to go.

Dr. Teresa Chan (21:40):

I really like that. And the other thing I've seen you do with an icebreaker that I have seen done in other places and have seen adopted in other places, is the giant rock, paper, scissors tournament, where you actually have everyone in a giant room full of hundreds of people... I've actually done this as part of a plenary, for a conference actually-

Dr. Sean Park (21:40):

Oh, yeah.

Dr. Teresa Chan (21:57):

And it was amazing.

Dr. Sean Park (21:58):

Yeah, yeah.

Dr. Teresa Chan (21:58):

And basically, it takes not very long, because... When I describe it, you'll understand. Basically, what you do is, you play rock, paper, scissors, with a person next to you, but then you challenge everyone to get up, and whoever wins you're to become part of their entourage and cheer them on. And so what ends up happening is that basically, it's an exponentially kind of reducing scale, and within maybe 10 minutes, you're playing off half of the room against the other half of the room, and everybody is just super jived and excited, and there is just this energy in the room that you don't get any other way. And that has been one of the really cool things that I've seen you do, but that I've also experienced myself in other venues, and it's definitely kind of a, probably not a COVID-friendly technique, but it is something that when-

Dr. Sean Park (22:43):

Yeah.

Dr. Teresa Chan (22:44):

We're able to meet again in-person, and really kind of have that as be a safety thing, I mean, you don't have to touch people, so that's good. And you actually can do it completely silent.

Dr. Sean Park (22:53):

That's right.

Dr. Teresa Chan (22:53):

So if you're modifying your classroom for some of these other kind of activities, then I do think that it's possible. I think you could do it with Zoom, with breakout rooms, but it's really hard to really navigate the tech of that. But yeah, no, I think it's just really cool to think about those other things, or even just doing a simple stretch during the middle of a class when it gets boring, just wakes people up and experience something new.

Dr. Sean Park (23:16):

There's something about being willing to be, even just a little bit ridiculous, that is required to kind of wake us up. Because it can be really easy to fall into this sort of simple routine and, "Hey, well, we're just going to go through this, and not do anything that's necessarily going to cause us some challenge." Because there's the thing about the suspense, the surprise, and the wonder, of doing those kinds of things, and I mean, they don't have to be done the same every time. I mean, you can do them the same every time, and actually, they lose their sparkle for you. So even myself, I need to continuously find ways to make this interesting for me, so at least that I'm in it, and it's nourishing for me. So that's kind of the environment piece, the culture piece around it.

The other is, I would say, it feels most like the necessity of oscillation, going from, really 10,000 feet up to really zeroed in, and back again, to really diverging into ambiguity, and then really converging on something small and specific. Stretching people's minds like that is helpful, so they don't get stuck in either creativity or analysis. You'll go absolutely nuts if you try to do both at the same time. You have to kind of move between one and the other, and recognize that they're actually calling forth different parts of you, when you're doing that creative work, and when you're doing that analytic work.

So it's not just about all these wild ideas. No, it's also about being really discerning about, out of those 100 things you came up with, what's the one that's worth doing something with? So you've got to get at those editorial knives and cut, you've got to cut. And people find that very difficult, because we sometimes fear that we're losing a bunch of stuff, that it means we don't get to kind of work on all of these other issues. The problem is though, you don't get anything done. Nothing moves forward, because we're always trying to sort of do a whole lot. So design, when I think about design, it's also about the parts of our mind that we're using, and how we generate knowledge, how we evaluate knowledge.

Dr. Teresa Chan (25:23):

I think that's really interesting, because when I think about design, I think about being creative, having lots of ideas on the page. And what you're saying, that needs to be met with equal parts of making decisions, and whittling things down, and being willing to be editorial, or brutal to your own creativity, and restrict what it is you end up putting out. Because if you have a huge differential diagnosis, let's say for a patient's condition, you don't actually end up making any decisions on management, unless you can whittle it down to that diagnosis. And similarly-

Dr. Sean Park (25:59):

Yeah.

Dr. Teresa Chan (25:59):

I think with creativity is that you could spitball a whole ton of ideas, and they might be very diverse, and really exciting, but at some point, you have to whittle that down to the design choices that you feel are the most important for that particular situation.

Dr. Sean Park (26:16):

And one of the moves, or the shifts that's so critical to this that I'm finding is... When you asked that question, "Where does design fit in education?" Here's one of the areas where I think it is tremendously helpful, and that is the relationship between the abstract and the concrete. And so when you ask people, "Can you make your idea tangible? Here are some materials, go to it." It could be very difficult. When you ask people to take your idea for, for example, let's say you have an idea for a new service that you want to offer people, maybe you're thinking about Uber, how would you tell that story to somebody? Can you use images to do that? Can you describe this sort of, even sketch out in rough, the kind of objects people might be using in that service?

And in other words, if you have an idea about something that you're creating for people, and that idea could, I mean, depending on your... It could be clinical, it could be you come up with a new kind of intervention, is to have people tell the story of that idea using things like a role-play, where it's like, "Okay, so what's this interaction like? As this intervention-"

Dr. Teresa Chan (26:16):

Yeah.

Dr. Sean Park (27:28):

"Is now being used?" Set the scene.

Dr. Teresa Chan (27:31):

Yep.

Dr. Sean Park (27:31):

Who's here? And what that does is, moving into the concrete then forces some constraints about things have got to obey the laws of physics [crosstalk 00:27:42] in some ways. And then it also now inspires more thinking.

Dr. Teresa Chan (27:47):

And I think that what you're talking about is a form of simulation. There are great people doing a lot of cool simulation work with mannequins, and standardized patients, but this in itself is a form of simulation that you can use in your own practice as an educator, when you're actually design choices, like, "Okay, if I were coming at it as a student, how would I experience this? How would I think about this? And how might I actually encounter this activity, or this sheet?" For myself, I like to put away my lesson plans, and my rubrics until I forget about them for maybe a week or so after I've designed them, so I come at it with fresh eyes, similar to the way I do my manuscripts. I can't be great at editing it if I don't see it, and I start reading into it, what I thought I had, or I just get a

friendly fire kind of advice to have someone else look at it with fresh eyes, and tell me what's wrong with it.

Dr. Sean Park (28:41):

Yeah, so the generation of an idea, and it's evolution begins with getting it down, and keeping it moving. That's also something, when I think about this, I also think about you, Teresa, as a creative output. You understand the discipline of sitting down and doing it, and coming back again and again to that. Because even the great artists, the great composers, I mean, they had thousands of compositions, but there was one or two that they knocked it out of the park, and things like really made ripples.

And so it really sort of challenges this thing that we sort of think, "Oh, well, there's creative geniuses out there, and they're just born with this stuff." And sure, I mean, there's some people who have some genetic edge on stuff, but to be honest, when you actually talk to these folks, they're just putting in the time, again and again. And more than that, like you said, they welcome the friendly fire. So that maybe is the other piece to this is, how do we move towards a creative kind of culture in education that does not privilege having the right answer, but privilege is being able to go through as many iterations of your idea as possible, because we know that that's what leads to the good stuff.

Dr. Teresa Chan (30:00):

Yeah, I think Thomas Edison is attributed to the quote, the idea of having thousands of ideas and having one really good one in there, or was it Einstein? I can't remember. Someone will have to write us an email to tell me if I was right or wrong. But I do think the idea of proliferation, and being creative, and leaning into giving more options allows you then more freedom, because if you start thinking about solutions, and you just take the first one, as we all know, like when you do most of life, the first one might not be the best one. And I think that being able to sit with that discomfort of not having the right answer yet before committing, gives you a chance.

You don't shop around, go on mls.ca and pick the first house that's in your price bracket, that would not probably go well. But what you do is, you look through a wide variety of houses, getting a sense of, "What I'm looking for, is that backyard big enough? Is this gate big enough?" We do that in other parts of our lives, when you're making an important decision. And so I think bringing in those kind of practices that you would have, if you're a clinician, it means that you get the right number of differential. If you actually think about all the possibilities for a patient before you commit to something. So I do think that that's something that we can bring into our educational practice as well. Don't just take the first idea that jumps out at you, challenge yourself to push yourself to find out new things.

Dr. Sean Park (31:19):

And so what I do with my students is, I try to push, again, the ridiculous, so when we're brainstorming, and they've got to come up with some ideas, I'll say, "Okay, I'd like you to come up with 100 ideas. And I'd like you to do it in half an hour, and go." It's sort of the constraints, and the ridiculous are kind of like, "Okay, all right, let's put our inner editor outside the door for a few minutes, let's not edit what comes out. Let's go for the jugular, let's go for the good stuff."

And we know that it takes a couple of minutes to burn through the first thoughts that are a bit rusty, and then we know there's this research on flow, where things are challenging, but we're feeling like we have some control. And I think it's those kinds of challenges that seem sort of almost impossible

to meet, but actually, it doesn't take that long to do. If we give ourselves the opportunity to do it, it's amazing what you can create.

Dr. Teresa Chan (32:21):

Yeah. So, I think, Sean, that's a really interesting kind of take on things, and I think as an educator, it's sometimes the fact that you just don't plan for creating that space to be creative, how many of us have spent a weekend designing a whole course to get the course shell up, and design all the activities, and sometimes never come back to it. How many of us have just rinsed and repeated last year's lesson plan because life is just getting too busy, and you just need to do that? And I think that what your kind of challenging us all to think is a couple of things, create that space so that you can have some creativity, because you've come to this a little earlier, so that you can have more time to iterate, and be playful, and experiment with things.

But then also, I think you're encouraging us to be a little bit more daring in the midst of a course, to say, "How could we tweak things?" Maybe your assessments are dead set, and you can't change that now, that you've published your syllabi, but even within a single lecture, you could jazz things up by having some kind of small touch of creativity. And I think that that's really cool. So try to figure out how you can design the course around the people that you have, and being responsive to them, I think is part of that arc of being a learner-centered teacher. And I know that's jargony, and we say that a lot, that we should be student-centered, learner-centered, but I truly believe that it's important to just acknowledge that the other person is, at the core of it, an important part of what we do.

And in fact, they are the reason why we do everything that we do, so why wouldn't we want to center upon their needs? I think that what happens is that we're all on the lowest part of Maslow's hierarchy sometimes, when we're stressed out, and time trenches on as CIHR deadlines come in, and all of a sudden everything falls to the wayside, and you're just doing this last minute. But what does it mean to have the courage to set aside some time for your own creativity? And on the flip side reserving some time to be able to center on the needs of the people that you're designing for.

Dr. Sean Park (34:24):

And so there is my, maybe, closing challenge to everyone here, and it's this, maybe it's not the next session you go to, but I'm going to dare you folks to show up to a session you're going to be teaching without any agenda. Show up completely empty. Of course you've got all your ideas about what you could do, but just once, just to know for yourself what it feels like, and to see what's actually possible, is to show up to a session with your students without an agenda at all, completely open and empty, and willing to work with whatever's going to show up in that room. And follow your nose, follow the breadcrumbs, see what's alive, and allow that to guide what teaching might be. And that it might move us beyond teacher-centered, beyond learner-centered, to learning-centered. That it's the relationship, the dynamic relationship we need to center, because without that, then we're never in a process of knowing in an ongoing way, both ourselves and our students, what we need.

Dr. Teresa Chan (35:39):

Amazing. That's a super awesome challenge for all of us to take up, and I'm looking forward to think about how I can do that. I do actually annually challenge myself to have one lecture a year where I have absolutely no slides. And that's a personal challenge I set for myself, and I pick-

Dr. Sean Park (35:57):

That's awesome.

Dr. Teresa Chan (35:58):

A random one, just to see if I could do the same thing. I mean, I use sticky notes, I use other written mediums, I do other kinds of things. Sometimes I play a board game with people, things like that. But I 100% know that what we can do is challenge ourselves to do that kind of work, and bring a new flavor of creativity to the work that we do. Because I think it's easy for it to get stale. And I think that you've really inspired me to think about how I could challenge myself, so thank you so much, and thank you for challenging our faculty. Game on, [crosstalk 00:36:30] and looking forward to seeing you tweet at us some of the creativity things that you do when you hear this episode. So definitely follow us at MacPFD, and give us a tweet at the very least if you don't want to follow us, that's cool too. So thank you so much, Sean, for a good conversation.

Dr. Sean Park (36:43):

That was wonderful, thank you, Teresa.

Dr. Teresa Chan (36:48):

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.