McMaster Program for Faculty Development (MacPFD)

Spark Podcast

Official Transcript

Episode Number: Second Special Episode
Title of Episode: Peer Support with Pandemic Pals (Special II) - Drs. Menezes / el Gouhary / Ayari / Moll / Carter
Producer: Nick Hoskin
Music by: Scott Holmes
Featured Guests: Dr. Natasja Menezes & Dr. Enas el Gouhary with Safa Ayari & Dr. Sandra Moll with Dr. Nancy Carter
Interviewer: Dr. Teresa Chan
Date of original release: February 24, 2021

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

Dr. Teresa Chan (00:40):
Hi everyone. As this pandemic rages on, we thought it was really important for us to have another special episode. This time, it's about the idea of how we can stay better connected in this really weird world that we're living in right now. Many of us are feeling very disconnected, discombobulated, and we don't have the same strategies we used to to be able to provide support to each other. And so, this episode focuses on how we can actually, tactically, implement maybe some systems change to ensure that we are checking in on each other and supporting each other during this difficult time. Thanks to Mark Walton for pointing out the battle buddies paper, and thanks to the chairs who inspired him to bring it to us.

Dr. Teresa Chan (01:23):
Alright, so we have a very interesting discussion that I'm... Really been looking forward to having with two very smart women who I've invited on the podcast to talk about this concept. Now, some of you might have read about it in the literature as being called something called "Battle Buddies", or sometimes I think of it as something that we might better call "Pandemic Pals". Because it really is an initiative where we can think about how we can give peer support in a way that's meaningful, fulsome, and yet welcomed in a way. Because I think that right now we all need that check-in, because our lives are... They're either hard at home, and we're trying to write peer-review grants and papers and do all this stuff while the kids are interfering with your Wi-Fi and asking mom to fix their computer or dad to fix the computer. You're either suffering through that life, or you're on the frontlines dawning PPE, and doffing PPE and trying not to get contaminated and trying to... Getting your nose tickled with COVID swabs to make sure you don't have COVID and that's the world that you're living in. Or maybe you're lucky enough to do both. Maybe it's... You go from one of these

worlds to the other, and I think that this has been an inordinately difficult time for a lot of us, and so any innovation that allows us to take care of each other better, to support each other through this hard time, I think is worth sharing.

Dr. Teresa Chan (02:48):
And so, I've brought one of my colleagues, Dr. Enas El Gouhary here today to talk. She is a budding expert in wellness and resilience, and systems of care that we can implement to not only care for our patients, but also improve care for each other. And so, she is a phenomenal speaker, and she is one to be on the look out for because I think she's, right now a program director, but she's a woman on the rise. So watch out for more great work from her. And Enas, you've brought a friend that you've known for a long term, so I'll have you introduce her.

Dr. Enas El Gouhary (03:21):
Well, thank you, Teresa, for such an amazing introduction. I'm gonna add to that that I'm also the mentorship and wellness committee chair in the pediatric department. So not only that I'm passionate about this work, but also it's really one of my core roles to bring wellness and resilience to all faculty and trainees in our department at McMaster. I'm very excited to present my friend and my pandemic pal as well, for this year, who helped me so much to stay well and resilient through this time. I'm happy to introduce Safa Ayari; she is a marketing director in one of the well-known business companies, and she will talk to us about pandemic pals in their company and how they implemented. And then we're gonna talk about how can we steal some of these good ideas and actually implement it in our healthcare system.

Safa Ayari (04:17):
Thank you Enas, thank you for having me here. Actually, the pandemic pal actually didn't start as a pandemic pal. It's kind of a buddy that you're using, and I've seen this concept being used in the last five years. We start using buddy to onboard new hires, so people coming... So they are using someone that is already an employee to help that, share tips, give context, help navigate the organization. After that, we use more to help people that are locating to a different location. But then with the pandemic, thinking about how to get people closer, how to make them connect more, and then help them through that journey; this is when the buddy that came back. The concept of buddy, or we call it "parent and child", something like this. Where you have someone in the organization, in your level, definite level, where you self-organize to meet together. To meet together to talk, to talk freely about life, about work, venting sometime, sharing experience. And it helps actually give you other means to look to your problem or real life, gives you space to be honest, to speak up your mind, to share without any limit, and to open up and be vulnerable. And that gives you, actually, at the same time, that free space and give the other person as well, because you're playing the two roles. You're listening actively, you're sharing, and you're getting feedback, which helps a lot.

Safa Ayari (05:53):
And as I shared with you, actually at the being of this pandemic, we start doing it naturally, during our hiking time where we start talking both of us to each other what's going on in our professional life, in real life. And I felt almost in every single discussion, very lucky, inspired, humbled, and grateful, to have such generous friend that is open to share with me her passion, her experience, and give me perspective. Perspective in everything I'm doing. I'm not saving lives, you do. [chuckle] So it actually puts thing in perspective, and it gives me another lens on the way how to approach what's going on.

Dr. Teresa Chan (06:33):
Yeah, I really like that. I think of the experiences I've had where I am someone's mentor or someone's confidant, or that someone approaches to hear them out, or help them sort through a mess, and I learn so much from that other person. I do not say it enough, but I always thank them at the end of... And they're like, "Why are you thanking me?" And I have to admit that I learn a lot just by... Just by listening to their challenges and their stories and think through the... It's almost like a simulation for me. It's that I don't have to encounter that problem, and yet I can work with them to learn from that experience that they've shared with me, so I don't have to maybe make the same mistake. Or maybe I get to learn this lesson before I have to fall on my face to be able to actually realize it on my own. So I really love that idea of being thankful and grateful to other people for sharing with you their trials and tribulations. And then on top of that, thanking them for being so vulnerable and willing to share those things so that you can maybe help them by providing a new perspective.

Safa Ayari (07:44):
Yeah, absolutely. I feel like it's more receiving, that generosity from the other, that helps you actually opening up and then learning. And it's learning both ways. It's not one way, and it does change some things specifically in this time. Where you're from... You're truly in the professional life, you're from a meeting to another, and you don't take the time. You don't take the time to truly connect, to have that human connection, it's missing and it makes you more... It adds to the stress of every single day.

Dr. Enas El Gouhary (08:16):
And one of the other aspects Safa, that I felt with the pandemic pals is that not only that you feel that gratitude, also for having someone to listen to you in a very compassionate way, but also reclaiming your agency because you are in full control over how much you wanna share. Which something that a lot of people actually had lost control over a lot of things in this vocal world that we're living in right now with the pandemic. So that's another aspect in the pandemic pal, I find, that was very, very important and interesting.

Safa Ayari (08:53):
Yeah, having that control is very important because you can go as deep as you wanna go deep and receive as well the same way, so... And actually, I would say the control of what you share, you lost it kind of with the social media and everything. In this space, you can allow it as you wish and as it goes and as you feel safe as well, which is very important, that you feel safe, while you're doing it.

Dr. Enas El Gouhary (09:20):
One of the other things that I also found was really very powerful is that part when you validate the concern, you validate the emotions that... Or the experiences that one is going through, even that maybe you're in different specialities or different practices. But then, to pause and reflect and help to develop those strategies to improve the situation or improve how a person feels, I think that was very, very powerful. 'Cause at the end of the day, it also helps to look at the issue or the concern from different perspective.

Dr. Teresa Chan (10:01):
That's great. Okay, so let's actually get into this a little bit. How does it actually work? 'Cause I heard from Enas that, you're kind of assigned to someone that you're supposed to check in on for a certain period of time and you're their mama bear or papa bear.

Dr. Enas El Gouhary (10:16):
Yeah, kind off. [laughter]

Dr. Teresa Chan (10:17):
Is that how it works? So, or a gender non-specific bear? The idea would be that you're there to be their buddy, and your job is to reach out and say, "Hey, how is it going? And really be a receptacle. You're the... You're just to be there as a... You're not supposed to burden them. You will have yourself, someone who checks up on you, and I kinda really love that model. So can you tell me about what it feels like?

Safa Ayari (10:41):
Yeah, so we created this starting from a game, where we were like sending babies... Like our photo as a baby, and then people are trying to guess who's what, and then we paired them randomly. So by pairing them, we were like, "Okay, this is the concept, parent and child." So you switch role, every single week, whoever is the parent, is the one booking the meeting with the other, to check on them, and then give the space to the child, really to help, to share, and vice versa. It's self-organized, no one is being involved to organize the meeting. And even the structure, it's not a meeting. I don't wanna call it meeting. I feel it's more a safe space that you're opening, or a window in your day full of meetings and work. And it's more like, "I'm the parent today, so I'm the one organizing it, sending the invite, and then checking on the other." And then taking the time to listen deeply to what they are saying and be there supporting, giving feedback or just listening, just spending the time listening. And it's completely free, talking about your day, your business, the child that have... I don't know your kids if they are having a problem of connection. It's a completely free space to make it what you wanna make it. And we ended up checking out on each one, and that's it.

Safa Ayari (12:00):
And next week, it's the opposite, so whoever is the parent, is stepping in, and then he's the taking care of the child. Which I find it actually... At the beginning I was a little bit concerned, "Okay, how is this working?" That was so natural. Because you put yourself in the shoes of a parent, and you're really caring about your child. So it's switching that role allows you to take the time and play that role that's just open up, being vulnerable, again, and it's... Magic happen in the middle of that, and you feel really relieved at the end if you are the child. And if you are the parent, you feel like... You're grateful. Because you received all that feedback, all that story from the other person, and it helps you in your journey.

Dr. Teresa Chan (12:44):
So Enas, how do you think this would work within one of our divisions or departments? Can you see this working? I have a couple of ideas, but what do you think?

Dr. Enas El Gouhary (12:54):
Well, I'm actually really excited about this because I think we need something like that. And the reason I say this is that when you look at all the needs assessments, all the surveys that has been done and the studies have been done regarding physicians and healthcare workers, is that we feel...

A lot of us would feel that burden of emotional distress, the trauma, the moral distress of having to make some decisions, or maybe being in a place where you're not providing what do you think would be adequate care. Yet, we are the worst in seeking help. So if you look at the Canadian Medical Association Report on physician well-being 2018, about a quarter of people had even suicidal ideation, and about almost 50% had depression and about 30% had burned out. And although that most of the physicians, 80% had known about the mental health programs that can be provided, only, surprisingly, 15% accessed those help. So we are in a pandemic crisis, a mental health crisis, yet, we know it, but we do not seek help. So what I love about this battle buddies or pandemic pals is the idea of leaving no one out, leaving no one behind. It's really either assignment or you make people choose like two to three people to be matched with, that can be done, I think to give some autonomy.

Dr. Enas El Gouhary (14:37):
I wanna point out to this paper that has been published just a few months ago by Cristina Sophia Albott about Battle Buddies, and it's called rapid deployment of the psychological resilience intervention for healthcare workers during pandemic. And it's an excellent program, well thought of program. And what they did, is that they developed that program in a way that in a unit, you assign, or match peers, where they are matched based on their seniority, generation, role. So leaders with leaders, early career with early career, and even their personal situations if they have young children or they don't have children and so forth. So they did that, and I think they adapted this from the US Army and what they do, because that's exactly what... How it's done in the army. And then that... They did that as a first stage or, well they called it, level one. They provided some tools for people to get started. And how do you start conversations? How do you do the check-in? And then they developed also a level to consultation where they... With the collaboration of the psychiatry department, then a consultant, a mental health consultant would meet with the division head and the leaders and also provide consultation on another sort of plan, anticipate, plan, and deter, which we can talk a little bit more about this.

Dr. Enas El Gouhary (16:06):
And then level three where, "Okay, what do I do if somebody is at serious risk right now? Or having serious mental issues right now... Mental health issues right now, what do I do with this?" And that's where a mental health consultant referral comes in, where really the role of the buddy would be to support and encourage their peer to seek that help. So that was interesting to be matched this way. There's a different way to match on, like sort of randomly, and there are some advantages in this and some disadvantages. But I feel to start as matching at the same level might be a great idea.

Dr. Teresa Chan (16:47):
And I think it really depends on the size of your unit, 'cause some people might have a unit and a division, let's say, of six people. In which case you won't have much compare-rs, because they're probably pretty unique people. So I think it really depends on what unit you're looking for, so there might be some leaders of just like a training program, that just want to do it with their faculty, that's cool. And maybe you wanna do it with the division within your school of nursing or school of rehabilitation sciences, or maybe one of the departments within the school of medicine. And so each unit will probably have a different amount. I think, one of the things you might wanna check now that we're podcasting about this is that, just making sure that no one's burdened with being a pandemic pal for about seven people and only has one person checking in on them. I think it has to be reciprocal, I think these kind of programs are useful. And if you already are one, maybe you can get excluded from another matching system unless you're in it for more, and I think that that's

totally up to the person. But I think that we just have to keep that in mind when we're leaders and we're implementing a system.

Dr. Teresa Chan (17:48):
'Cause if every unit decides that they need to do this, some of us have multiple citizenship across different units, and so if Merrick starts to do it and then the Department of Medicine starts to do it, and then Division of Emergency Medicine does it as well and the CE department. All of a sudden I have five pandemic pals and I'm probably overworked, right? [laughter] So, I do think that we have to...

Dr. Enas El Gouhary (18:07):
It's increased your workload now.

Dr. Teresa Chan (18:11):
No, I think that having one or two is tolerable, but I think we also have to keep in mind how we actually execute this. And I think the idea of rotating and then that way people get to know people within a unit is also good. So it sounds like that's another aspect of it that might be useful, is having this accountability for a month, and then maybe the next month you can opt out of being in the cycle, so that's the other thing you can do too.

Safa Ayari (18:36):
So for us, for example, I feel for the pediatric department at Mac, we can implement something like that across the faculty. Of course, I need to pitch the idea to the group. But I feel it would be great if, like as a rheumatologist I can be matched with somebody from GI or PICU. I find that it actually adds some, wow effect, like you're learning something new, you're looking at things from a different perspective. Yet We're sharing similar experiences because we are still in the pediatric department.

Dr. Teresa Chan (19:07):
Yeah, and I think the innovations will come and go, and maybe there'll be other units that wanna try this at a later date. Maybe, they won't launch theirs until six months from now, and maybe you'll have some experience by then. So, I think it'll be cool to see what comes of it. But thank you both so much for taking the time to explain what this model is and then some of the literature behind it, because I think some of us really want the evidence-based to show it actually works, and that has worked somewhere else. And I think that this innovation really, truly is based on years of experience, both in the US Army and the papers that have come out about this. And I think from that point of view, it means that it's probably time for us to think about how to translate it into our work places. So thank you so much for sharing your experiences and your thoughts, and do you guys wanna say anything, final thoughts to the crowd?

Dr. Enas El Gouhary (19:55):
Thank you, Teresa, for having us as always. You're making these very interesting podcasts that are like... Me and Safa, we became addicted to, so we're probably gonna listen to them on our next hike. So thank you for having us.

Safa Ayari (20:09):
Thank you, that was great to be part of this podcast team.

Dr. Teresa Chan (20:12):
All right, well, until next time, we will have another segment that's augmented by some of our other wellness think tank members that will kinda get us through some new ideas as well, so stay tuned.

Ruth Chen (20:24):
Hello, this is Ruth Chen here from the School of Nursing. The 14th annual day in faculty development is coming up on Tuesday, May 25th, 2021. The theme this year is Academia Disrupted: Innovations And Dilemmas Prompted By The COVID-19 Pandemic. We welcome your abstract submissions for four featured tracks; to explore, to develop, to inspire, and to celebrate. Whether you have a creative innovation to share, a topic or question you'd like to discuss with peers, or a workshop you'd like to facilitate, we want to hear about it, your colleagues want to hear about it. In this year of upheaval and change, we want to hear from you, the creative ways you have survived, thrived, and innovated for the future. Submit your abstracts by February 28th. Go to MacPFD.ca and click on the link for upcoming events. Again, that's MacPFD.ca. I look forward to learning together with you.

Dr. Teresa Chan (21:21):
Hello everyone, and I am here now in this segment with two of my colleagues. The first is Dr. Sandra Moll, and she is an occupational therapist and an associate prof in the School of Rehabilitation Sciences. Her primary program of research is in the area of workplace mental health, so I thought she'd be a great expert to bring on this particular podcast since we're focusing on that right now. Obviously, it's contextualized within the pandemic, and I'm sure Sandra's got lots of irons in the fire right now for that topic, but she's more of a general expert in that area as well. So we'll try to bring her back another time for the podcast to talk about other issues. And then Nancy Carter, Dr. Nancy Carter is on faculty in the School of Nursing and she is the Assistant Dean of their nursing graduate programs, and so she's coordinating lots of education for great graduate students who are within our realms, and she is here also to speak to kind of the world in which she sees this pandemic pals and this concept of helping each other come to life. So, Sandra, I'm gonna invite you to speak first just a little bit about the whole workplace situation right now. It's so strange, right? Especially in academia, we're potted all over the place, we're working from home.

Dr. Teresa Chan (22:34):
Obviously, the clinicians in our cadre of faculty, they're in the front lines masked up with PPE on like I do. But not everybody in our Faculty of Health Sciences is a clinician primarily, and so a lot of people have been working from home, a lot of our staff, a lot of our faculty. Can you speak a little bit about what the effects of that can be, and where you see this whole pandemic pals kind of concept may be coming to use in the case of all of this?

Dr. Sandra Moll (23:01):
Thank you for the invitation to be here. It's something that I've been thinking quite a bit about since our world of work is quite different right now. I'm gonna go back a little bit and talk about my program of research, which is called Beyond Silence, and it started about a decade ago, trying to understand the culture of silence and inaction around mental health in the workplace. And really at that time, I talked about this web of silence in healthcare, and I think it absolutely is relevant for faculty as well. And what are all the reasons why we don't reach out when we're struggling? And so some of it is around stigma, some of it's around not really knowing if I'm struggling or not, you may see it in other people before yourself. Some of it's around, I don't have the time, I'm just trying to get my job done, I don't have time to really think about this. Some of it's around what I call the discourse of professional competence. So this idea that we... Our identity is someone who's

competent, we're good at our job, so to admit that we're not as good is really difficult and really challenging in lots of ways. And we don't reach out to each other because we're just trying to deal with our own crap, let alone anybody else's; I don't wanna take anybody else's things on. So there's lots and lots of reasons why we don't talk or reach out when we're struggling with mental health issues.

Dr. Sandra Moll (24:15):
Some of it also is, I'm not convinced that someone else can help me. Do they really understand my culture? Do they really understand the things I'm struggling with? So I think all of that is magnified in the world of COVID. And because we're so isolated and by ourselves and maybe not connecting with other people, I think that that culture of silence is maybe magnified in some ways. So I think one of the things about this article, The Battle Buddies, is about trying to change the culture. So what does it mean to reach out to someone? And they talked in the article about people didn't reach out, but if someone happens to be there I would talk to them. So, can we intentionally create a structure where we would talk to someone else? And would that start to create different patterns about talking to someone else when we're struggling? So those are some of my initial thoughts.

Dr. Teresa Chan (25:06):
That's a lot to take in, but I think it all resonates with me. That perception that you have to handle yourself because everyone is already all burdened. I don't think it's just a clinician in me, I think that's me in high school. I think that all of us are high achievers and for us to admit that we need help, that's hard. So to then, add on all these layers of professional identity that we have, whether that's teacher, researcher, scholar, scientist, clinician, each of those has been in the pursuit of either competence in some domains or excellence, whatever nomenclature you have. And to say that you need help is one of the biggest challenges in the faculty development and continuing professional level and space. Because we're supposed to be, what, the grown-ups? Everybody kinda talks about that. I'm all grown up now. At age 21, I was already kind of embodying some of these values, even though I wasn't even in medical school yet. So I can see that. Because you've been a straight-A student.

Dr. Teresa Chan (26:06):
You get into Nancy's grad school classes, and all of a sudden you're like, I'm supposed to be the one to help other people. I'm supposed to mentor the BHSC nursing students, and be a role model to them and help them out. And you become faculty and it gets worse. 'Cause now you're... Maybe as junior faculty, maybe you get assigned a mentor, but we all know that sometimes that doesn't work out great with assigned mentorship programs. And there's a secret sauce to being able to reach out. And so, in this episode, we've had Dr. Natasja Menezes, who talked a little bit about the language that we can use to reach out to others, and then we've got a very practical pandemic pals idea that was presented by Enas and Sofia. And so, Nancy, can you tell me a little bit about what you think would be really important when you're thinking about how you actually implement a program like this?

Dr. Nancy Carter (26:56):
I just found it so fascinating what Sandra just said, and I've just been reflecting on what you said, and one thing too, and I think you've said this whole idea of professional competence. And that there is... We all have this inherent fear that we're not doing our job or we're not doing the best we can. And it is a performance-based system that we're rewarded on as... In academia. Whether rewarded yearly with performance credits or whether rewarded with getting tenure or rewarded in other ways for

different promotions. So I can see that. And it made me think, I do have what I guess I would call a buddy in... For the past year. But my buddy is a staff person, it's not another faculty member, and I just suddenly thought I wonder if that's safer for me because it's not someone I'm competing with and who... It's not someone... And I don't mean to sound like that, but I think you understand what I'm saying.

Dr. Nancy Carter (27:54):
It's someone, I feel less vulnerable with this person. So we've taken advantage of... We work together, so we... Naturally we're buddied together. And because our faculty and nursing, most of us are... Have been working from home, and I think it's now 10 months, and don't have clinical practice, so we're not out working from home. And so I think I naturally paired with the person that I do a lot of work with, and we've been using Microsoft Teams chat function. And we chat back and forth, and we post puppy pictures or sunshine pictures or whatever kind of goofy pictures we wanna do. And we ask each other... A lot of times we chat about... First thing in the morning we chat. "How is your father doing?" Or, "How are the kids doing at home?" Etcetera. So it is a lot of personal chatting and supportive chatting as well as that work support. And it really does replace that first thing in the morning, walking down to see if they're there, and how is your day. Or replacing that, let's go for a walk because it's a nice outside. Or that Friday treat, let's go walk to the Tim Hortons and get a donut today.

Dr. Nancy Carter (29:04):
And so it kind of happened naturally, but we're using... Being able to use that constant back and forth on Microsoft Teams has happened. I think we need to be more purposeful, and I think a system like the pandemic buddies or pandemic pals would be helpful for us in nursing, because it would give us the opportunity to be purposeful in setting up groups that may not naturally happen.

Dr. Sandra Moll (29:28):
It's interesting, we have a thing called good news. You can submit good news that... Think grants and articles, and what I wanna hear is the not so good news. We're worried about burdening other people, but sometimes you get so insular you're thinking about your own stuff and the things you're trying to do with all the things happening. And I actually think when you reach out to someone else and have that conversation, it's actually liberating in some ways, it gets you outside of yourself. That you can start to have this... I'm not alone, we're kind of in this together, it sounds really cliche, but this idea that, we're all struggling in different ways. Right? It isn't always good news, sometimes it's bad news, or sometimes it's really hard and really... And we struggle sometimes. And to have the safety to start to speak about that with people, I think is really important. And it doesn't mean that you're not competent, it doesn't mean that you're not... That it's just... It's okay to be not, okay. And we need to talk about it right?

Dr. Teresa Chan (30:22):
100%. And although that sounds a little cliche, I had that experience, yesterday. I was supposed to have a research meeting, it turned into kind of a conversation about what pains us right now in our jobs, in our lives. And one of my colleagues confessed that she's having trouble balancing the kids and the meals, and now research, and now she's also a clinician and she's got administrative duties and all of this stuff just bubbled up to the top. Because as someone who's also a leader, I was like, "I totally get it. What can I do for you? Can I order Uber Eats to your house? [chuckle] Seriously, what can I do to help?" And it made me feel... Maybe it's just that misery love company. But it made me feel like I wasn't the only one that was cracking a little bit at the seams, and I thank her for that.

Because that moment of vulnerability is hard, and it was just three of us on the call, but I think the other person was able to step up and also normalize some things, and all of us were then commiserating, and I think that that's actually an important part of feeling connected. Is that you can't just always connect when there is joy, although pandemic puppies is definitely a phenomenon and we should all send pictures around for those. But at the same time, I think that sharing the not so great stuff to someone who's safe, not on Twitter, for instance, maybe. [chuckle]

Dr. Teresa Chan (31:42):
Although some people do share it there too to help with all of this. And being able to share the not so happy stuff is cathartic for yourself sometimes, but then also I think if you can see it as a kindness and a gesture to others so that you can normalize some of the troubles that we've been having, that also I think helps the other person. And so having someone who's only job in this kind of pandemic pals or battle buddies model, who just listens, I think there's something really powerful about that. And I think there's something really almost symbolic about if we're gonna be leaders and educators and people in healthcare, right? We're gonna need to role model those things. And I think that that's kind of what I've been hearing from everyone.

Dr. Nancy Carter (32:30):
I think it has to be... And I've said... I've already said this before, purposeful, in that when you said it's... I'm not the only one who's maybe struggling with that. Part of this issue of isolation is that we just don't... We're all... We're clinicians, and we can use our assessment skills, and when you go into a staff meeting or you see someone in the hall. Sometimes it's easy to see they don't look like themselves or they look like they're struggling. I could tell by how that... How she was sitting at that meeting, there's a lot going on. But because we don't... Part of it is, we're not seeing and talking to people as much, I think. And so we need to make sure we're reaching out, because one of our tools to do that is gone.

Dr. Sandra Moll (33:13):
And I think you know that idea of recognizing and... So what do you say? I think just say, "Are you okay?" And that can start that conversation, and we don't have to fix it, but maybe we can be with them and just listen, I think as you said, Teresa it's... That can be powerful in itself.

Dr. Teresa Chan (33:29):
And I think that at the end of the day, what we can try to do is just be of service to each other, just one person. I don't think you should try to take on the world. So for all of those who are, [chuckle] over-achievers listening to this podcast, hear me now, don't try to be everyone's confessor. Unless you're planning to go, like get advanced training and become a psychologist, psychiatrist, a member of the clergy or a social worker. Unless you're actually gonna pivot and change your profession or you are one of those folks, but then make sure you're taking care of yourself and have your supports there. We're not asking you to do that, and we're asking to be everyone's burden buddy. We're asking you to pick someone that you can check in on and just be able to afford and listen because I do know some of our listeners, they're top notch people, and they're going to try to take on the burdens of the world. So I'm just gonna put it out there, no one is expecting you to do that. However, you could set up a system, and I think that this is where it's really important to think about it, is that how you build a system that's not dependent on you, but can be resilient and can go beyond the personal level resilience that we talk about, into a systems level resilience? And Sandra, I think you had some thoughts really kind of driving that point home.

Dr. Sandra Moll (34:49):
Just a couple of things to go back about this peer support. So some of the work I do is with first responders, and they have a huge peer support culture. I don't think we have it as much here, and they talk about this idea of boundaries. So you're right. I think with the pandemic pals, it's a scheduled date and time, and then I'm gonna be focused on that. So it doesn't... It's not something that's happening all the time, but I will set aside time for doing that. And the other thing they said in the article is they talked about this idea as being a personal resilience strategy. Whereas I actually think it's about an organizational resilience strategy. So this is about creating supportive work places. If we get practiced at saying, "Hey, are you okay?" and reaching out and spending, and valuing the time to do that, I think it will make an organization with more collective efficacy, collective resilience and collective hope, not just individual.

Dr. Teresa Chan (35:38):
So I'm really excited about this idea. I think we have to take a step back and maybe confer amongst a bunch of leaders to think about the best deployment strategy within your unit. Whether you're the head of a research program that's digitally connected, like Nancy's is, and can actually maybe poll everyone to figure out who's able to kind of take this on and then assign this kind of a matchmaking, [chuckle] to someone purposefully. The other way I can think it working, actually, there's a lot of digital hacks that I was thinking we could use, 'cause every Christmas my family, we use a secret Santa program to assign people, so I thought, actually, that's exactly what you need. And so you probably just need to use some kind of a random number generator and/or a secret Santa program and just make sure that there is no one that's just paired with one other person, 'cause that's a little awkward. The whole model works on you being... Paying it forward to someone else and then someone else pays it forward to you. So I think some of those logistics, you might be able to do that.

Dr. Teresa Chan (36:40):
And think that it's really important to be inclusive in this, because the people that actually need it the most might not say, "Hey, I wanna be in this." And so I think, Sandra, you had said earlier in our prep, "Let's leave no one behind on this." That's... That resonates with me with the article being about battle buddies, like no person left behind, I guess. I'm modifying the key phrase that I've heard before, but I think that your program of research probably speaks a lot of that. Is that the people who need this the most may actually be reluctant. So I don't know if you have any thoughts on how to engage that group.

Dr. Sandra Moll (37:19):
I think, make it structured. Everyone needs to do this. Some people are gonna feel really awkward. Some people will be perfectly fine. But I think if we can get better at it, it's scheduled. We think this is important, we think this is really critical, that we need to talk to each other, we need to reach out. It creates a culture and a community, and maybe it feels awkward at first. It probably will feel awkward at first, and maybe it feels like an extra burden, but I think if you stick with it, we'll get better at it, and we'll get better at saying, "Hey, we wanna value that time that we spend with each other." And I think that's worth it, even if we feel awkward at first.

Dr. Teresa Chan (37:53):
All right, any final thoughts there, Nancy, from your perspective?

Dr. Nancy Carter (37:57):
No, I think that something like this can really replace what our typical sharing community-type things are. The faculty meeting, the let's walk and get some lunch, some of those things that we probably miss, walking down the halls, the research rounds where you go early and there's some sandwiches and you chat for a while and look in on people. And I think this is a really good way that we could perhaps replace that, but with again, that specific idea that everyone's included, that we are looking out for everybody. Yeah.

Dr. Teresa Chan (38:38):
And I think that it's really important for us to think about our staff members who are more on the administrative side. I think it's important for us to think about trainees. And it might be that in some communities, you can intermix the staff and the faculty, because that culture exists already. There may be some micro-cultures in our system, I'm gonna have to acknowledge that that would not be comfortable. And so now your own micro-culture, maybe even just do some loose polling of people, using some kind of quick poll or survey just to get a sense of what people are comfortable with. Some people might feel more comfortable, some people might feel less comfortable, and so understanding that dynamic is important. And then find your best people, your Emmas and your matchmaking Yentas, and your people who are good at understanding your micro-culture and the people in it to help with that venture. Because there are... In every micro-culture, there's that one person that seems to really get everyone, and that connector, that super connector is someone you can probably leverage in helping to build a program like this.

Dr. Teresa Chan (39:39):
And I think that sometimes as a leader, that is you, but often it's not. They talk about the org charts and the secret structures, and there's usually that one person that everyone texts when they're in trouble. That person might be a staff, or they might be a junior faculty, it might be... It might actually be like a more seasoned, maybe senior faculty who's no longer a leader. That person is probably your pillar of this program, and then they can help you sort it out, so. All right, well, thank you so much you two for having this chat with me. I think hopefully this special episode that we'll be releasing will be helpful to everyone and stay tuned for another episode.

Dr. Sandra Moll (40:17):
Thanks Teresa for this. It's great.

Dr. Teresa Chan (40:21):
While some podcasts have commercials, in our podcast, we have some product placements about our own events. And so, this is a cognitive break to raise awareness of a really cool opportunity. So we've just announced that our 14th day in faculty development will be on May 25th, 2021. So, mark your calendars for that. Registration isn't open yet, but definitely consider submitting something to our abstract competition. The abstracts are due on February 28th, 2021 and you can submit in four different categories this year. Thanks to co-chair Dr. Ruth Chen for highlighting how we can engage each other within this community of practice that we're developing. So number one, if you'd like to explore new ideas with us, there's The Great Ideas Track where you can present your great idea for something in faculty development and get feedback from the crowd. And so, this is called The Great Ideas Track, and it's for 50-minute presentations for really early works in progress. Like, where you've just had a cool idea and you wanna see if it's gonna stick.

Dr. Teresa Chan (41:26):
The second category is to develop. And so, this is where you may have something you want to help develop in others. These are for workshop proposals and they're for 45-minute slots. And where you need to actually just articulate what problem, and approach you have for solving that problem or going beyond, and helping people develop themselves. The third kind, is to inspire, and these would be reporting of new concepts and ideas. These would be for cool programs that you've been able to develop in this new pandemic world that we're living in and reporting new evidence of success, or new initiatives that you've been able to kickstart during this awesome time. And the last category is going to be to celebrate. And so, if you have a great success story or a cool innovation that you think that other people could actually learn from, go ahead and submit that. Those are eight-minute abstracts, and it's just a quick run-through of a cool, cool idea. So, definitely come and share your ideas with us. I think it'll be a really exciting time.

Dr. Teresa Chan (42:30):
Alright. Hello everyone. This is Teresa Chan, and I'm here with Dr. Natasja Menezes. She is the chair of the Student Affairs Office within our university's undergraduate medical education, so our medical school. She is a psychiatrist by training, and she is a associate professor within the Department of Psychiatry and Behavioral Neurosciences. So, thank you very much for the taking the time to speak with me today, Natasja.

Dr. Natasja Menezes (42:55):
Hi, Teresa. Thank you for inviting me in.

Dr. Teresa Chan (42:58):
So, Natasja, thank you so much for coming on this podcast. Because I do think that right now, during the time of the COVID pandemic, we've all been feeling a little bit more stressed and we've all been needing a little bit more support, but maybe not being able to say it. And I thought that... I've heard through the grapevine you're a bit of a guru with regards to having some strategies for engaging in peer support, so I thought I'd bring you in to chat about that. So, can you tell me a little bit about your perspective on how we can be better friends, colleagues, other people in the lives of our fellow physicians, nurses, health care practitioners and staff members within the university?

Dr. Natasja Menezes (43:38):
Sure, Teresa. You're absolutely right. These have been incredibly difficult times, and we see it all over social media, and the newspaper, that the system is stretched. And of course, healthcare professionals whether it be nurses, allied staff, physicians, we are in the healthcare system. So, it is perfectly understandable that in a time when everybody is facing uncertainty and strain, that we would as well. I think in my perspective, some of the key points that are really important is understanding that there is a collective sense of strain and approaching it with openness and honesty and compassion. And if we take those tenets, they help us to be better colleagues to each other. And being better colleagues can look like a lot of different things. But one of the first things is being aware of ourselves and our own limits, and then by extension appreciating that our colleagues also have those limits. And when we notice that those limits are being hit, maybe feeling that we all have a collective role and responsibility to support each other.

Dr. Natasja Menezes (44:43):
So, that can look like lots of different things. In the medical school, as well as with some of our faculty, we've been trying to help people to develop a lexicon for how to express concern. To have

an awareness of what warning signs are for when people are strained and distressed, and not doing well, and to support people in being able to feel comfortable to just ask some of those questions and expressing concern. So some of those statements, for example, that we might coach our students, or our faculty on offering to a colleague that they think might be stressed, might be things like approaching a colleague and saying, "Hey, these are really stressful times, you're not alone. Is there something that we can talk about? I noticed that you've been coming in late to work lately." Or, "I noticed that you had a really difficult clinical encounter the other day, and that I've had that type of experience also, and I remember what a toll it took on me and how helpful it was for me to chat about it with someone. So, I'm here if you wanna talk about it."

Dr. Teresa Chan (45:47):
So, yes, those are really interesting first points. In the age of pandemic, you almost have to go out of your way to have these conversations still. So, are there any specific thoughts that you have for how we can actually engage in them? Do you just email someone and say, "Hey, can we Zoom?" Or do you call them up with a phone? What are your thoughts on how we engage in those conversations?

Dr. Natasja Menezes (46:10):
I think being in the moment is incredibly helpful. And then, having almost a versatile and diverse way of approaching things is helpful. So I would say, if something really challenging happens, recognizing that that's an opportunity to open a conversation with someone. If you can do it at the end of a shift, do it at the end of the shift. If everybody's busy and they go their separate ways, follow up with an email. And that email just has to give availability. "Hey, that was a really tough day, this afternoon. I struggled with it. Wondering if you did? I'm here if you ever wanna chat." And leave it at that. It might by Zoom, obviously people can't do coffee anymore. For example, it might be a phone call. I think leaving that openness is really important. But the first step is validating that what we're going through these days is stressful, and then creating an open line of communication. Whether that be Zoom or email, or a telephone call, or hopefully a chance encounter in the hallway. I would say though, that taking opportunity in the moment is key, because when moments pass, they're lost opportunities. So doing it as proximal to when you notice that somebody might be distressed, or when there is a challenging interaction, I think those are pretty important facts to do.

Dr. Teresa Chan (47:20):
That's really important insight. I think being closer to the time in which a critical incident might have occurred or something, just life-changing, it's always good to have someone check in on you and just poke at you and say, "Hey, are you okay? Can we help?" I can remember several times in my career where some of my colleagues just happened to be in the department, 'cause they're on trauma call or something like that, and they hear through the grapevine or they see the tail end of a resuscitation and within minutes they just come up to me and check on me, and say, "Hey, is there anything I can do? Do you wanna talk about it?" And they walk in the room, and so they're someone that you might be able to unload to a little bit, and I have found that very helpful.

Dr. Natasja Menezes (48:04):
Can I just add to that also? I think nowadays, it doesn't even have to be something big or life-changing.

Dr. Teresa Chan (48:10):
Sure.

Dr. Natasja Menezes (48:10):
I think we're all under so much stress that recognizing that there's a cumulative effect to what we are living right now is important. So, if you just even see those signs of a little bit of irritability, or a little bit of strain or people looking frazzled. To me, even that can be an opening to a conversation, and it could just even be admitting that you yourself are feeling like that. So the opening sentence can be something like, "I've really been struggling with... " Whatever it might be, "X, Y and Z. And I noticed that your shift was really busy today, if you ever wanna chat about it, let me know." Just sort of laying the ground. I think it's that aspect of normalization, in the culture of medicine that we have sometimes we... Not all, not everybody, and not all the time. But our general culture of medicine is such that we tend to sort of be the saviours, the people who are the leaders, and trying to run things and be in control, and we don't allow that that takes a toll for every human being, doctor or not. So normalizing it and opening that conversation, that allows people to see that they're... If they're... Even if they have a tiny struggle, they're not alone in it. Almost everybody's having a tiny struggle. And cumulatively those tiny struggles generally risk amounting to a fairly substantial struggle.

Dr. Teresa Chan (49:24):
And so do you think that it'd be okay? 'Cause sometimes there aren't these big events, like you pointed out, and it might just be that you just wanna check in on someone. Do you think that it's okay for me to just text someone and say, "Hey, just linking up with you. Hope everything's been going okay, but if it's not like give me a shout and we can always chat about it."

Dr. Natasja Menezes (49:44):
It's interesting, I don't think I've ever texted as much as I have during Covid. And what I've found myself naturally doing is periodically thinking, "Oh, I haven't heard from so and so in a really long time, and that's weird." Or, "They haven't shown up to the last three meetings that we were supposed to be at." And I have found texting an amazing tool. Because it's just quick, it's on people's schedule, it's apart from email, and so in a way, it seems more personalized and a little bit more on the sidelines. And so, yeah, I've sometimes just sent a text to someone and said, "Hey, thought of you, haven't seen you in a while. Where are things at with you?" And leaving it at that. I've also found there's lots of wonderful memes and video clips, or songs, and I have found that people have responded really well. So for example, the other day, somebody sent me a wonderful song from the movie, The Greatest Show On Earth, I think that that's what it's called. The Greatest Showman On Earth? Or whatever it was.

Dr. Teresa Chan (50:38):
Yeah.

Dr. Natasja Menezes (50:39):
And it was just a three-minute video clip, Teresa, but it just filled me with joy. And the person sent it to me and he said, "This made me think of you." That was all they wrote. And I felt this amazing sense of connection with them. And so, I forward sort of a similar type of text to three or four people that I hadn't heard from in a long time.

Dr. Teresa Chan (50:57):
[chuckle] That's really cute.

Dr. Natasja Menezes (50:58):
Just that sort of reaching out and connecting that is really helpful. So I have a little armamentarium, and sometimes I send it off to the students, the class of students also in an email.

Dr. Teresa Chan (51:06):
Yeah, for sure. I do think that having almost a checklist of people who you might be accountable to, that they might also poke at you when they haven't heard and you haven't shown signs of life in a little while. Just to say, "Hey, what are you watching on Netflix? I need recommendations." Or... Something that's a small ask to create that opening. And then if it seems like that person has been having trouble, then I think going from there.

Dr. Natasja Menezes (51:31):
Yeah. The other thing that I've found when I... I have had a couple of colleagues over the last year that I have been concerned about, and I... What I've done sometimes to reach out to them if they don't respond with my initial friendly reach out. Is if I found an article that was about physician distress, or about... One particular article was just about how physicians react to adverse outcomes, and I've sent it to them and said, "This made me think of you. I've been a little bit worried about how things were going since event A happened." Because sometimes, we hope that sometimes our leadership is doing these things, but actually it can be very impactful to have a peer colleague do that. There's something very equalizing about the experience when you write to a colleague and say, "Yes. I had a college complaint filed against me last year." Or, "I was assaulted." Or, "I had an adversity to outcome."

Dr. Teresa Chan (52:19):
Yeah. I think that our leaders have a lot to deal with right now as well. And so, I think of them as sometimes my peers as well, now that both of us are in leadership positions, we're still human. And I do think how might we reach out to them? To give them support, to give them a sounding board sometimes, to help troubleshoot and think through things. And I've tried to make myself more available to some of my leaders in my group, because as someone who has a leadership position in some other domain, I think that hopefully that's been more helpful. Because I think they're sometimes just wrestling with the idea of, "How to engage people? How to get... I've created spaces, but no one comes." And having other people to chat with about that as peers, I think has been helpful as well.

Dr. Teresa Chan (53:00):
So I don't know. I'll put it out there, that some of your leaders, they need compassion and support just as much. And sometimes that means literally just showing up to a meeting. Because the worst is to be a leader when you create space and no one comes and, no one's engaging with you. And I know what it's been like to have that fall flat on the other end, and being someone who's trying to make things happen and no one wants it to happen. So I do think that we can also be supporting each other in trying to be able to engage where we can within the limits. If you're feeling up for it. And if you're not, then I think that's when it's also important as a person to... To acknowledge that, be self-compassionate, but then maybe do reach out to someone and say, "Hey, can we chat? I'm feeling a little bit stressed right now, I'd love to have someone to chat with." And, not waiting for someone to be kind and to send you a meme, or make an opener to check up on you, but I think it's okay.

Dr. Teresa Chan (53:55):
I wanna put it out there that, it's okay to actually ask those things of people that, I don't think that a single one of us would ever say no, if a friend texted, or emailed or called, and said,"Can we chat?" Unless you're in the middle of resuscitating someone, like I might be sometimes awkwardly, like, "Can I call you back in like 15 minutes?" [laughter] Other than that, I think that you probably can make that time. And I don't think any of us would ever say no to that person. And, yet I think we always assume that everyone else would say no to us. And, I'll point that out as an irony, and probably not an accurate representation. I think, you probably have way better friends and cooler friends than you think, and that it's worthwhile reaching out to those friends and colleagues to find the support if you're in need of it.

Dr. Natasja Menezes (54:42):
Yeah, I totally agree. I actually also, do think that that's part of that culture that we're in, which is sort of admitting the humanity of all of us and not seeing it as a vulnerability. So it's not unusual that with students when they're really struggling, eventually they'll say to me like, "Oh, but I thought I was the only one." So, I would suggest that, yes, us reaching out to someone when we need help is also... Or when we just need to chat it out, it's part of our own sort of responsibility to ourselves, to be able to feel we have those resources. But I think also when we receive those messages sometimes they're not that explicit. So, just having a little bit of a sensitivity to, "Oh, that was a bit of a random text." Like is there some need that this person has, but they might not be expressing? I also really like your point that you made about leadership. There's that saying, "It's lonely at the top." So, I completely agree with you, our leaders need that support. And part of being on a team is being able to also be that support foundation for the leader so. I will say I do send my funny videos and inspiring [chuckle] songs to our leadership too, sometimes. And, I know it feels random to them, especially if it's in the middle of the day, but I'm hoping it brings a smile, and it sort of reminds them that I'm thinking of them, and so if they need to discuss something, then I'm also available at the other end, of that text or email, or whatever it might be.

Dr. Teresa Chan (56:03):
Yeah, and I think that we all have our imposter syndrome when we're interacting with those who are maybe a little bit more advanced in their career. Like, "They don't need me, I'm just some junior faculty. I'm some mid-career faculty." We always say those things about ourselves, and yet I think that we're all awesome, and we should just reach out with our awesomeness to share that with the world. And, sometimes that means someone who seemingly is more senior, but may need that connection as much, and maybe, it might be harder for them to actually reach out and ask of you, because they don't wanna burden, they don't wanna assume that they could. That there's a power dynamic. So, I think that that's definitely something to consider too. I think most leaders would love a great Dilbert comic about a meeting gone badly to spice up their day.

Dr. Natasja Menezes (56:50):
Yes. [laughter]

Dr. Teresa Chan (56:51):
I think that we all have a joke about something that has happened, some short videos about corporate life, clips from, I don't know, office space, or The Office. There's lots of moments like that, where we've... We literally are living moments from a sitcom that might bring someone... A smile to someone's face and make them feel like they're not the only one that has this problem. I think, those are all great strategies to think about.

Dr. Natasja Menezes (57:15):
Absolutely.

Dr. Teresa Chan (57:16):
Any final thoughts on things that you think would be good for people to take away with, as they're heading back into either the trenches, the frontlines, or just being someone who's staying at home and feeling a little bit isolated? What are some things that think we could all start doing tomorrow? Let's say.

Dr. Natasja Menezes (57:34):
Being aware of the impact of ongoing stress, I would say is number one. And then also feeling that you're part of a collective responsibility, and collective solution for looking out for each other, and ourselves. And making sure that our own well-being is sustained the best possible, because the health care system is not going to function very well if we are all unravelling at the seams. And, then taking those little steps, not ever feeling like you need to do something big. You don't need to do a big intervention for yourself, or for your colleagues. It's really those little things that we do, that amount to things that can make a difference for people. But also recognizing that if there are signs that something big of concern is happening in a colleague or in yourself, knowing that seeking resources and interventions sooner, rather than later, is absolutely key. And, it's always been ironic that we are great at telling this to our patients, and research shows over and over that we are far less great at doing that for ourselves, or supporting our colleagues in doing that. So, early intervention, prevention, those standard epidemiologic concepts, they are very applicable to us, and, we need to practice them in our lives. It's our responsibility to ourselves, and to our colleagues, and to the patients that we treat.

Dr. Teresa Chan (58:57):
Okay, great. Well, thank you so much for your time, and, thank you so much for taking the time to speak with us.

Dr. Natasja Menezes (59:03):
Thank you for inviting me Teresa.

[music]

Dr. Teresa Chan (59:06):
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.