

AMS - CM - EP2 - Nicole Woods

Helen 00:00

So I'm here with Nikki Woods. What a pleasure. I've been looking forward to spending time with you all week. Most people listening know you as the director of TIER - the Institute for Education Research at the University Health Network. So you might want to talk a bit about that. But also, you've got a whole bunch of other roles. Really interested in how you piece together your fantastic career, both at UHN as well as at the University of Toronto.

Nikki 00:22

Over the years, I have cobbled together quite a number of different leadership roles as well as my science role. So my most recent appointment was as director of the Institute for Education Research, it's a brand new institute at UHN and joining the UHN research family, really to support all the education scientists and social scientists, behavioural scientists across UHN and Tasman. So that's been a lot of fun, because it's an opportunity to do the things I love the most, which is support science, and have amazing conversations with colleagues like you and people across UHN. So it's been fantastic. And it also has been an opportunity for me to kind of bring together a bunch of other roles that I was already engaged in. So I'm director of research at the Michener Institute, which is our School of Applied Health Sciences at UHN, I'm also an education scientist at the Wilson Center, and just recently moved on from an associate director role there, and I'm an education scientist in the Department of Family and Community Medicine at the University of Toronto. So this has been really an opportunity to bring all of those things together, because my work at TIRR really touches at all of my research roles, and all of my leadership roles and kind of brings them all in one spot. So that's actually been very helpful for me to have this new opportunity to bring all my communities together in kind of one space and one role.

Helen 01:37

So you find the work convergent, it really is manageable.

Nikki 01:43

Yeah, well, manageable, is another word. I mean, some things I manage well, some days, not so much. But really, I do see my role as Chair Director as a bridging role. And it is a connector role. That's one of the amazing things about having a research institute, it's a place where everyone can come together. And so for me, that really does mean all the people I work with at UofT, at UHN, at the commissioner, they have an opportunity to come and work with me at TIER as well. So it really has been a great opportunity to pull all of my many hats into kind of one spot. And that's a difficult thing to do as a scientist, right? You're always pulled in lots of different directions. So this has been the type of leadership that works well, for me.

Helen 02:23

As somebody who met you went just about a year ago. Yeah, right. And think of all the connections that we've had over the past year, you're pretty good at it.

Nikki 02:31

Thank you. I appreciate that. It doesn't feel like that some days. But I really do appreciate it looks like that.

Helen 02:37

When we talked before the podcast, I think maybe over dinner one night, and you told me a bit about your family, and that some of them work as PSWs, I found that kind of fascinating in terms of how that informs your leadership style, but also your career and your interest. So maybe you just want to talk a little bit about that. It's kind of amazing.

Nikki 02:57

It's something I only noticed a couple of years ago, like how many people in my family are all part of this one profession. So my mother is or was a PSW. She's now retired, and my sister worked as a PSW. For many years, I have several cousins and nieces who are PSWs. So really, that's been a profession that did a lot for my family, I really do see it as an opportunity. Many PSWs, especially in the Greater Toronto Area come from racialized communities, mostly women in this type of role for my family. And for many others, this was a role. And this is a job that really provided high quality work, meaning that they were able to do work that's meaningful for them. My mom really loved her work as a PSW. She loved being able to support her clients, she loved many of them and developed really close relationships with them. So the work itself was incredibly meaningful. But it also allowed her to support her family. Like it's a role that you can get fairly quick training for, like the programs are not too long. They can be expensive if you think about the income of most people going into this career. But once you have that certification, it opens up so many opportunities. And so for us, this was the opportunity for my family to really grow. That was a salary that enabled my mom to support me going through school. And so it's done a lot for amazing. And so I really think about that about the fact that this can be an entry point for our family to do so many things in this country. I'm very grateful that she was able to start that career and support me, and in my work. Now I have an opportunity to do research that supports PSWs. So a good chunk of my work in the last couple of years has been focused on creating high quality education for PSWs, advocating for PSWs. And thinking about how there are so many other people working in other unregulated care provider roles and thinking about how I can create high quality education that supports them in their professional development in their career.

Helen 04:53

And I think part of a team maybe just talk a little bit about sort of the inter-professional nature of the teams that support people in the community of which PSW is, obviously are kind of the linchpin because they're the ones who see the clients every day. Right?

Nikki 05:06

They are. It's fascinating to me, because PSW is really when you look at the spaces that they work in, whether it's in home care, or long term care, or community settings, they really are the ones who have incredibly close relationships with the patients, they know

them best. And so they are one of the most important members of the team, no one can provide high quality care for elderly patients in long term care without PSWs. But often, when we're talking about interprofessional education, we forget about them completely. And when we think about who are the care team, often we don't think of them. And so it's interesting to me that we've been able over the last couple of years to create these education programs that really center on the PSW. But they're still interprofessional. So we're creating programs that work for everyone in homecare settings and long term care settings, but they still star the PSW.

Helen 05:59

It's fantastic talking to a daughter who has a mother who has PSW care every day. And they're the people that we see in the in the home. And certainly we've all gotten to know them and are hugely appreciative, and it's fantastic to hear about the opportunities that you're creating for them.

Nikki 06:14

It's been a wonderful opportunity for me, I've enjoyed it.

Helen 06:17

That's great. So you are first and foremost a researcher. But your background is actually in psychology, which I found really interesting. So how does that influence the questions in your research that you try to answer and your approach to leadership?

Nikki 06:33

My PhD is in cognitive psychology. And if I look at the peers that I went to graduate school with, and the folks that I spent a lot of my time with back in those days, it's odd that I'm here in healthcare, right? It's a it's a bit of a leap. There aren't that many experimental cognitive psychologists working in education science, which is what I spend all my time doing now. But I think that I still draw very, very heavily on the theories. And I learned in that time, most of my work, it still very much applied cognitive psychology, it doesn't look like it. Sometimes it looks very much like it's a health professions education work, which it is. But really, the root of everything in my research program, at its core comes from human memory, human categorization, and attention. Those are the things that have always fascinated me. And that becomes the focus of all of my work, even if it's kind of disguised a little bit, because we're looking at the application for health professions education, I think, also, as part of my leadership, kind of approach my leadership style, for lack of a better word. I am fascinated by how humans think, and how we make the decisions we make. And when I am trying to work with my colleagues, and when I'm trying to make decisions as a collective, I try to think of okay, well, why are we thinking about this this way? Why are we processing this problem this way? And can we think about it another way, can we tweak, can we play? Do we always have to process this problem in the exact way we've done it yesterday. And so these are things that I often think about when we're making decisions on a day-to-day basis. It's kind of odd. I do though, bring up my research. In just everyday conversations, I study a concept called the *semantic network*, and it kind of talks about how we all bring together information in our mind and how it's stored the mental

representation of knowledge. I bring that up all the time. Like if we're having an argument or a discussion, if an argument or discussion with other people, I'll be like your semantic network just makes no sense. I don't understand how you're pulling these things together, right? My husband's semantic network never makes sense. It's always missing connections that I think should be there. But these are the things that I think about when I work with people. And when I speak with people, and when I make decisions, I try to think about how are things really connected? And can we unpack them a bit more?

Helen 08:54

That's kind of amazing. I've looked at your CV, you have an incredibly impressive track records of honours and awards. So somehow, that way of thinking translates itself into being a highly effective leader, you have an endowed chair, you are named one of the top 100 Most Powerful Women in Canada. That's a recognition, I think, of the thoughtfulness that you apply in your leadership to problems into managing people. How have those awards and honours helped you advance your work? I think it's great to have recognition, but is it important?

Nikki 09:30

You know, it's funny, the recognition is lovely, obviously, I am not going to turn down the word if someone wants to give me like I've enjoyed it, but they've also been opportunities for me again, to connect with people. When I was named one of the top 100, one of the best things was meeting the other women who were also named as top 100 that year, and they were phenomenal, phenomenal people. I met folks I would have never met had I not been invited just to accept that one award. I met folks from other industries, people who were working in talent, people who work in sports; I met this brilliant engineer, who I don't think I ever would have had a chance to encounter otherwise. And so, what I liked about these types of opportunities is yes, it's great to add on to my CV, but I liked the opportunity to connect. Again, it's the connections and those kinds of things that I've enjoyed the most. And so often, the recognition just opens the door and gives me a chance to meet someone new. And I really love it.

Helen 10:25

Yeah, I would second that, I think I rarely turn down an opportunity to meet people, particularly who are a little bit outside of my regular course of business, right. And it's always enriching,

Nikki 10:35

Every single time. And often you wouldn't have the opportunity otherwise, like you kind of, especially in science, you have your head down, you're kind of focused in your own little world, and you meet the other people who study the things that you do and who work in your space. And so these are great chances just to step outside that little world and meet some new folks.

Helen 10:53

That's great. You've also won awards for being a mentor. Be interested in your thoughts about what makes a successful mentor-mentee relationship? And is it innate as a psychologist? Is it innate skill? Or is it something that you can learn to be better at? I'm asking for the audience. But I'm also a mentor to students at the Munk School, and I'll take some tips from you.

Nikki 11:18

Happy to give some. You know, the mentorship awards have meant a lot to me. But they've probably mean more than the top 100. To be honest, I really take the task quite seriously. It's important to me to mentor my peers and the next generation of scientists and researchers in healthcare. I think it's such an important responsibility, and they take it as a responsibility. And so for that reason, I don't really think it's innate, I actually think it's really hard work. I think being a good mentor takes a lot of time and dedicated effort. It is trying to put yourself in the position of your mentee, every now and then and thinking about how they see the world, how you see the world and how you can kind of meet somewhere in the middle to make something better. And I think most of the students who work with me and my peers have won peer mentorship awards, as well as student mentorship awards. I think that the reason they nominate me is because they can feel that I understand their perspective. And I try to help them achieve their best, but in a way that works for them, right. So they don't have to do it in a way that works for me to do it in a way that works for them. And that is effortful for me. My natural inclination is just do what they do when they say, okay, do what they say, or at least do what I do. That's the quickest.

Helen 12:36

Well, I'm older than you. So the way I did it is no longer relevant, right? Because, you know, my early career experience would have been, yeah, a few decades ago. Right, yeah. So you have to do what you just described.

Nikki 12:50

Yeah, you have to say, Okay, what worked for me might not work for someone else. And for any number of reasons, they think it's really key to be able to do that kind of perspective taking, and it takes a lot of listening, even listening to things you don't want to hear. Sometimes, I think those are the other pieces that have made those relationships really, really work and has allowed so many of the students I've worked with, and the peers I've worked with, really to excel.

Helen 13:18

Great. I'm going to pivot a bit, you've done some, I think, important work on anti-racism in the province; you're a long standing member of the OHA Anti-Racism Task Force. You've been a member of the UHN Equity Diversity and Inclusion advisory group at this particular point in time in history, and whether you want to call it a poly crisis, or whatever. But you know, it's a challenging time around the globe, having conversations about equity and diversity and inclusion, I think are particularly difficult. And just

wondering whether you have some thoughts on what a path forward should be at this point in time.

Nikki 13:58

This has been again, really meaningful work for me, but it's hard work. Yeah. And it's hard because of exactly what you just said, having these conversations is difficult. I think during the pandemic, we started some of the anti-racism work just before the pandemic. And then we had that horrible time during the murder of George Floyd and things just kind of expanded it. And I think in some ways, it was almost easier to have those conversations in that small window, when everybody felt the momentum, right. Everybody felt we had this revolution happening, and everybody wanted to do something. And so there was this tiny window of maybe about a year where the conversations were easier because people were listening. And then things kind of shifted and attention drifts. And we come up with other things. But there's always other unfortunately, other crises that come along. And so what I think is difficult now is continuing those conversations, because we all have so many other things that are happening and so many things that are kind of drawing our attention. So I think at the beginning there was a lot of kind of policy statements. And a lot of organizations were putting out all these. And my email was flooded with all sorts of statements from organizations. And I think the trick now is moving past the statements and getting folks to really integrate EDI into the rest of their work so that it's not a separate thing. And it has to be integrated into our everyday practices. And that's kind of where my attention is now.

So it's no longer, I think it's not, I shouldn't say it's no longer, in addition to thinking about some of the bigger system level changes that we have to make. So things like who's getting kind of the Research Chairs in this country, making sure that we're thinking with an equity lens and making sure that those things are addressed? How are we addressing some of our massive healthcare disparities that are really rooted in racism in things like this? So I think that's important. But there's also how we're going to change again, from the cognitive psychology lens, how are we all working to change everybody's everyday thinking? And the way they just see the world? And that's harder to do. But I think that's where we have to spend some time and energy right now.

Helen 16:04

It's really a process of relearning. Maybe it was their psychology background, rewiring and relearning some of the, I guess, orthodoxies that we might have grown up with and that are no longer relevant or need to be challenged.

Nikki 16:19

I think that's exactly it - it's relearning. It's setting up new connections, new mental representations that work for today's understanding, I think we have to take that time to really reevaluate some of our established ways of thinking and established ways of doing things and recognize that they're wrong, recognize that they are rooted in racist practices, and stop doing them. And that is relearning, that is taking time, because you have to learn that it was fundamentally wrong thing to do. And now you have to create

something brand new, also difficult for people. You know, when we're having leadership conversations, and we talk about mentorship, people are usually happy to think about how they can mentor until that moment, when you realize you might be mentoring your replacement. Like if we're going with what that what would that mean, right? What would it mean to mentor a new generation of diverse scientists, people coming from diverse communities? They might want to be the chair of the department, so now what are you going to do? Like, those are the types of things I think are going to be tricky down the line.

Helen 17:24

But kind of exciting, incredibly excited, right? Incredibly, everything about, you know, somebody later in their career, you want to see the next generation tackle some of the problems that we haven't been able to fix, yeah. 100. And so you need diverse views and imagination, and people pushing boundaries and bringing different ideas to the table and different life experiences that will actually reshape some of the solutions, right? Absolutely.

Nikki 17:52

And I think that in our current climate and environment in health care, and education, the timing is ripe for it, like we have to right now, we have to be creative, we have to think about bringing in new communities and new perspectives. I think we're learning the hard way that our traditional models of care and education just aren't suited to the world that we're living in. And so we have no choice. This moment, we have to change and we have to evolve. It's just about, from my perspective, it's how quickly we can we can do that. And how we can usher in some changes to our everyday.

Helen 18:26

And you're kind of on the forefront of that, aren't you?

Nikki 18:27

Some days I feel like it - it's scary. And it's I'm excited to see where we're going. But I actually don't know sometimes. So, you know, we can we try new things every day. And some of it works. Some of it doesn't. But it's an exciting time to be doing this work.

Helen 18:44

Fantastic. I would be remiss if I didn't ask you about how do we ensure, in all of this change, particularly the work that you do, that we maintain this focus on compassionate care for patients, right, technology is advancing quickly. Do you see them in your work as opposing forces, you know, compassion on one side and tech on the other? Or can we bring them together? And is it convergent? And do they actually reinforce each other to get to a better place in terms of care for patients?

Nikki 19:14

I think that unfortunately, we often think of them separately - very, very divided. So we have a lot of conversations right now about artificial intelligence and the exciting new ways we're going to be using these tools. And I'm excited about some of the ways we

can use these new tools. Same thing in education, you know, we have chat up to no one can stop talking. And its impact in education. But I think in healthcare, the imperative is on us to make sure that the conversations don't stay separate. And that's one of those changes we need to make as leaders is making sure that we're not having a technology conversation over here, and a compassion conversation over here. And that is very difficult, because often when we're talking about compassion didn't care. We're talking about completely different people completely different skills. We're talking about things that I think from a science perspective draw on things from, like the humanities, and the social sciences, the behavioural sciences, that's what informs our understanding of compassion and understanding of technology is often not inform by any of those.

We have conversations around the data and the other forms of science, and never do we bring them together. But I don't think that has to happen. I think that's just the way we normally do things. So what I've been excited about in the last little bit are the conversations we're having to integrate those communities and those conversations. So it's about having like the ethics of artificial intelligence, it's thinking about how a new technology changes our capacity to deliver high quality care that someone really wants in their home. Right. So what does it mean to bring these kinds of technologies closer to PSW? How's it changed the work of a nurse like those are the things that I really think we need to be spending time thinking about? Otherwise, we risk losing one or the other. And my concern is that we'd risk losing the compassion.

Helen 21:08

Well you have an ally at AMS Healthcare.

Nikki 21:12

It's much appreciated.

Helen 21:15

So when you think about, you've talked about AI and thinking about the future, why don't we start with a few challenges, maybe three that are on us? And how do leaders prepare for that? Any thoughts on that, and just some advice for people who might be listening,

Nikki 21:29

The challenge that we're talking about a lot right now, and it's just basically unavoidable is the shortage of workers in healthcare. And it's really due to the just the sheer burnout. People can only work so hard for so long. And so I think as leaders, we have to really think about what are we asking people to do every day when they come to work? How can we not ask everyone to be stretched to their limits? And I think what's happening right now, we probably always ask people to do far too much. And we probably always expected people to function at a level that's not sustainable with minimal support. The only difference is people are getting louder now. They're simply saying, No, thank you. I'm not going to do this. I am out. And this we're seeing this in the PSW workforce. We're seeing this in the nursing workforce right now. We have severe shortages in



these care providers. And that's a huge risk to us. And so I think what we have to think about is how are we supporting people in their work so that they can work differently? Right. So I think part of the challenge right now is we're thinking of the wellness piece separately, we're trying to address burnout, by saying, do yoga, we'll give you supports here, I'll put coffee in the office and give you doughnuts, and that'll be better. But what I think we actually have to do is change how people work, right? What can we do to make the work different? Things are not going to get easier, we're probably not going to get a whole new onslaught of health care workers joining the professions, to be honest, but how can we change the way people work every day? And what are some of the things that we can do to help people manage that work, maybe we help them adapt what they're doing, leverage their own creativity, and their own ability to innovate in their day to day trust, some of their ability to create and innovate in their day to day, and let them put some of the power in the hands of the healthcare worker so that they can change their work, because they know it best they know their patients best. And often what happens is our system puts so many constraints on the way people work, that that's what creates the berth. So if we let people be more adaptive, and kind of innovate on their own, I think will alleviate at least some of that. And so I'd like to spend more time thinking about how to equip people. And this is what some of my work looks at as well, how we can equip people to face uncertainty, to face challenges, and to innovate on their own to address those things.

Helen 23:57

You kind of need that at all levels, right at the frontline. And in management, everybody.

Nikki 24:01

Yes, it's absolutely everyone. This is one of the things I think sometimes leaders are not thinking creatively and innovating in their day to day work. They're trying to fit the solutions they've used in the past into the present day. So they're trying to solve the burnout issue and solve the healthcare worker shortages, with the solutions that worked for before, right. And that's not going to cut it right? We need new ones. So I think that's a big piece that we all have to collectively think about and work towards. Kind of do some heavy lifting on.

Helen 24:33

Behalf of the wards, a great call to action. Yeah, good. Thank you.

Nikki 24:37

Let's do it. Let's do it.