AMS - CM - Ep 5 - Brian Hodges

Helen 00:03
Well, welcome. Thank you. It's so nice to have you here. It's nice to spend time with you, after we've had to breakfast was postponed due to illness. Yes. This is a way of spending time together, really looking forward to it. Me too. I'm here with Brian Hodges, in case anybody hasn't figured that out. I'll start with your leadership journey. You know, and thinking about your story, and you wear many hats. And you bridge academia, the university, obviously a leadership role, Missioner, the Wilson Center, usually people are focused on one domain or another, you've kind of covered the waterfront. How do you do that? Is that just part of who you are? Or was it deliberate? Or is just because you're a curious leader?

Brian 00:51
Attention span problem, perhaps. It's interesting you by the way, thank you for inviting me, pleasure to talk to you about leadership, which is so important. That said, I don't know that I would have thought, 25 years ago, that I was on a leadership journey. And later, we'll talk about the early role of AMS in my life, because it is and was pivotal. But at that time, I was training, I had completed medical school and, and I can mark the first time that I was leadership challenge was set in front of me, and it'll involve the ministry. So you may appreciate this. I was the Chief Resident in psychiatry. So I guess I was leaving in a sense, I did call schedules and put out fires. But Paul Garfinkel, at the time, was the CEO. And he called me into his office. And he said, I've just had a meeting with an assistant deputy minister, who says that we are doing nothing to help with the shortage of psychiatrists in the north. What can we do? And that was very interesting. I went away, and I thought about it. And it led, over the years, many things happened in between, but it led to the creation of the Ontario Psychiatric Outreach Program, which ultimately served 22 or 24 communities, which I participated in lead for a number of years.

I think it was the first time that I thought less about my qualifications, and more about my positionally that maybe I could actually do something about this problem. And I was struck that Paul, and in our hospital, and the university, as important as they were, was actually struggling to find a way to do something in the healthcare system. So I think your question was, and I joked about having an attention span problem, I would put it a little bit differently in that, on different days, I like to tackle different parts of the

problem, sometimes theoretical, sometimes practical, sometimes education, sometimes research.

Helen 02:49
How, given that's true, do you bring across the different experiences to the challenge of the day? Does that, or do you compartmentalize, write each activity? Or are there lessons that run across?

Brian 03:03
That's an interesting and difficult question for a lot of people and I think physicians, but not only physicians were often paid or structured in a half day for this or day for that. So today is my half day, and I'm running such and such. So, yes, I think to some degree, it's a little bit compartmentalized, one does need to focus a bit on what are we trying to achieve? It would not be effective, at least for me to be doing research, teaching clinical delivery, all in the same moment that those are different lenses. But at the same time, I think they inform each other. People will often come to me early in their career, and they'll say I'm being asked to take on this leadership role. And I'm thinking of saying no, because it takes away from us, but I asked them some questions about what that pathway is that they're on. And I often think I say to them, Well, what might you learn from doing that? Is that maybe an exercise for you to apply some of what you're studying or thinking about?

Helen 04:04
It’s interesting, I often give the same advice about people who want to work in a system at the systems level in health care. And I usually recommend that they do a stint in the ministry at some point. And I always say you don't have to love it. You don't have to like it. But you have to sort of develop an understanding of how government makes decisions, and develop some relationships and see a perspective that you can experience and then take away but don't forego that experience when it's offered to you on a topic that's interesting, or for a leader who you might like to work for.

Brian 04:41
True Confessions: As I grew in my leadership and became a bit more senior. I didn't understand how the industry worked. And I won't name names but I I benefited from having lunch or coffee with people. And really I

would just say explain to me how your world works. Sometimes how you're doing works but also just how are decisions made? And of course we share some colleagues that moved between healthcare and the ministry. And I agree with you, I think there's a there's an insularity people work in a silo and they understand, be very easy for me to only understand and think about how UHN works, right? I wouldn't I don't think I would be very effective. If that was the only lens that I could ever bring. Yeah. So do you recommend everyone go into the ministry for rotation? I'm not sure.

Helen 05:29
It depends what your interests are, right. And if you want to impact the rules of the delivery and health care system or in the province, then obviously I think the ministry has an important lever for change that you can't exercise anywhere else. And I think that that's important learning. You know, I spent 10 years in Cancer Care Ontario, where I learned to work with clinicians, I don't think I probably, again, I probably would not have become, you know, the Deputy Minister of Health, if I hadn't learned how to work with data, evidence, senior clinicians on change processes, whether it was in cancer or renal. So I mean, I personally see great value in sort of moving across settings.

Brian 06:19
I think this is true. Even within institutions. Healthcare is a set of tribes and people stay with their people. I'm a psychiatrist. Very insular, if I only talked to other psychiatrists or people in mental health. We were having an executive retreat this week. And we were talking about a model, which would allow folks to rotate between different kinds of opportunities inside our institution to see other perspectives when Bob Bell who was the CEO at the time, I became a vice president, invited me to the corporate offices and proposed this job. To me my first executive leadership job, I had never been in the corporate offices at UHN and I've been in a clinician in that building for 12 years. So the exchange many physicians, many nurses, many frontline folks don't know how things operate or get done even inside an institution.

Helen 07:14
Fair enough. Let's switch gears and talk about early in your career you received, we like to call it FPO right? A Fellowship from AMS healthcare, maybe you can explain exactly what that was. And then how did that impact your career?

Brian 07:30
Yeah, back in the 1800s. When I was a medical student, I want to I hope you will cut me off if this is too long. But this story is pivotal. For me. It really, really was. And on the theme of leadership development now, I think it's exceptionally important to have early mentorship opportunities and a chance to see the big picture. So to tell the whole story briefly, in 1987, there was a doctor strike in Ontario, it was catastrophically bad. And many people were ashamed. And it rotated around the idea of extra billing, which ultimately failed. But in the meantime, damage was done to the reputation of physicians. I was a medical student and I was inspired by my teachers, across all five Ontario medical schools, who felt something needed to be done. The profession was losing the focus on social responsibility. So the famous EFPOE, Educating Future Physicians of Ontario, perhaps a bad acronym, was born, AMS sponsored it and created it. I didn't at the time know much about AMS or its history.

I remember being in the Sutton Place hotel as a medical students seeing ministry, folks, politicians, medical leaders, academics, practicing clinicians all debating this issue of how to recenter medical education around social responsibility. So to your question, I became involved a little bit as a student representative. And that gave me a chance to see the inner machinations, but I don't know if I would have made the same commitment if I hadn't received a fellowship. So the very first thing I got was a very small grant. I had two supervisors attached to me. One was Jeff Turnbull. Jeff Turnbull is a, he's a hero. He's a beloved he was my first mentor. He was at the University of Western Ontario, I think, at the time, and Jeff Norman, who was a PhD researcher from McMaster, and I was at Queen's so, this was a big, big shift for me. So I did receive a very small grant to do a small project. And then I applied for the fellowship and I became an AMS Fellow and my cohort, we could go through the names of these people, but today, they're all leaders all over the all over the province in Canada and it gave me a chance or an opportunity that I don't think I would have had in my own medical school, probably for many years to come after that.

Helen 10:09
And how much time did it give you, gave you?

Brian 10:13

Well, of course, you know, Helen and I've had a role over the years. And some of the later iterations of the Fellowship Program were structured to protect people's time. And when you get to more senior levels, you need some protected time you need to be safeguarded. I was a resident, so there was no safeguarding, or anything. I was on call every other night, or I think right before the new pero-contracts, I do think it was every other day, quite honestly, even when I was incredibly busy, this was how I reenergized.

Helen 10:46
Fantastic. I'm really hoping we'll give our current crop of fellows that kind of experience, right, we now have, as you know, both of Fitzgerald and the Compassion in AI Fellows. So double the opportunity. What I like is what you described, as you know, going up through a system and having trusted colleagues that you can call on either who have been your mentors or your peers, or whether you're now in a mentorship position with them, and really connecting, it's essential. I think, in any leadership career.

Brian 11:21
You will have mentored lots of folks that you're very proud of. I think when you're starting out, you feel I certainly felt what on earth would Jeff Norman or Jeff Turnbull wanted to spend time talking to me about I'm a medical student. And these are two highly accomplished individuals, the fellowship ever since then every iteration of it has embedded mentorship. But I think now that I'm on the other end, and I am more senior, and I help other people, I get very excited about meeting bright people that are up and coming, you can see the ones that are going to change the world. And just realizing that you can give them some tools that you can help them. So this, this connection that AMS has been doing for years, decades, between up and coming people who have an interest or a spark, and the best of the of the systems leaders, yourself included, who can encourage the right kind of thinkers for the future in healthcare.

Helen 12:21
Give them context, and help them sort of fine tune their ambition I think is part of it, then see opportunities to contribute in ways that they might not have thought before and be a sounding board.

Brian 12:33

There's a fine tuning you we might be, I don't know if this will resonate with you or not. But there is a kind of an unfettered enthusiasm you need to help people with because it's very easy to get disappointed. I remember early on I was sitting on a committee was related to AMS and I was very enthusiastic about changing everything. And a very wise long serving educator came up to me afterwards and said, Brian, your enthusiasm is fantastic. It is this conversation that we're having I've heard variations on over the last 25 years several times, and you keep fighting and you keep bringing these points, it's very welcome. I just want you to understand that it might not be so easy as just agreeing in this meeting, that we're going to change the system. This is something you'll want to develop some skills to figure out how to get a coalition and how to how to change things. That was really helpful.

Helen 13:27
It's interesting, as you say that I'm thinking about my own experience in government. And it is an art and a science on how to move a file and how to take an idea, brilliant as it might be, through a political process to actually get a decision and resources attached to it. My hope is to translate that some into the next generation so that they can move in better and faster than I was able to do.

Brian 13:50
That may be a reality is as a colleague of mine said to me, you can come up with the most brilliant idea and everyone tells you it's fantastic. And you work on it for a year. And then someone says to you, yeah, no, we're not doing that. I think that could be true whether you're in government university, hospital.

Helen 14:09
I remember working on a budget very thoughtfully, and somebody says, Oh, that looks great. Can you just double it? I was in government, by the way. And I remember kind of feeling crestfallen that, you know, all the important work that I thought I had done really didn't matter that much. Yeah, I learned a lesson. So we were at a conference together, last week. You mentioned your admiration for Ursula Franklin and I wanted to talk to you about that, in part because my stepchildren actually went to Ursula Franklin Academy. Okay, so the school named after her, and so I was my curiosity was piqued in terms of that. And, you know, my own admiration actually I ended up living on the same street as Jane Jacobs on Albany

Avenue in the Annex. And so before she died, and I just interested in what is it about Ursula Franklin that has continues to inspire you?

Brian 15:03
That's a great question. There's a couple of threads to this. First of all, I knew her. And so I'm a Fellow at Massey College, a Senior Fellow, and she was as well. And I had the chance to have dinner with her a couple of times. She was in her 90s, absolutely undiminished in her brilliance, and her humour. And her feistiness. I watched her take on the Minister of Defense, one time, she was a pacifist, as a Quaker, and she went after Canada's Minister of Defense at a debate in a very informed way. But here's who she was, as a person, we got talking about some of her work, which I was interested in, related to science and technology. And she said to me, Oh, I gave a speech recently on that. And she said, Would you be interested, it's not in my Massey lectures published. And a few days later, an envelope arrived at my office with the original version of the speech. So at least I think it was it had marginal notes and whatnot. So I only had a few chances to talk with her. But I have found her an amazing same as we were talking earlier, generative, engaged and enthusiastic. The other half is work. She is a Canadian woman, scientist, thinker, philosopher, who's a bit unsung in so much yes, there's a school named after her and University of Toronto has named a street renamed the street after her. But, she's not as well-known as she should be. Everyone should read Ursula Franklin.

And the real world of technology speaks to me, especially today. So she says, I'll repeat what I said if it's okay at the conference, she says, and she's an engineer, remember, she trained as a physical chemist, she had a moment of clarity. She was trying to invent stainless copper, Stainless Steel had already been invented. And she was trying to formulate stainless copper. So she put little patches of this copper on buildings in, I think it was in Quebec somewhere in northern but anyway, she went back and they were all highly corroded. And her team was all excited because this was something scientific. And she said, But what about the lungs of the people who live in the community. And she said, for her, it began a journey of recognizing that every technology has positives and negatives. Of course, she's a child of the nuclear era, as well. And she spoke about that. But she said, we can extrapolate this further, foreshadowing AMS and AI and everything else. And further to that, she said, there's two ways of thinking of technology. There's the production factory-oriented way. And the human growth and development way, and all technologies have a bit of both. But

where she got me what she said, the two areas of human endeavour that really should be about growth and development, and we tend to turn them into production, are education and healthcare. So I think Ursula Franklin's reading, I would recommend everybody read the Real World of Technology or listen to her Massey lectures. And I just think she was a brilliant, she's an icon.

Helen 18:14
Fantastic. We are struggling with that aren't we are, you know, AI is kind of the visible part. But you know, certainly having spent my career in the admin side of healthcare not being a clinician, it's a lot about numbers and budgets and tech.

Brian 18:34
I think it's balance. She's a physical chemist, so she wouldn't tell you that you should never manufacture anything or have a factory, right? But somehow it's this balance. I think this is what AMS is, isn't has for a while been striving to define for people. What is technology? We need it. I can't function as a physician without technology, actually, quite a lot of it. But how do we decide between the technologies that are going to advance what we're trying to do, including compassion and care, and the technologies that get in the way? Right. And I'm not maybe I'm not so negative about data and efficiencies and cost savings, we're if we have an unfundable, bankrupt system, we won't be able to provide anything. So I think we do need those metrics. We've just said and in in some of the earlier work in the Phoenix Project, we asked this question, Are people safeguarding compassion sitting at the table next to those worried about the finance, the budget, the quality, the safety and the other outcomes? Right? I don't know. I don't know. It's interesting.

Helen 19:44
I sometimes find working with politicians who aren't experts. Sometimes it's surprising. They are the ones because they hear the stories. And they often bring those very human stories sometimes what's a very technical discussion. And it doesn't matter what stripes they are they extrapolate into a different they take the conversation to a different place. Sometimes, and I think that can be helpful. Definitely surprising. I was surprising for public servants to say that, but I think they can be helpful in bridging the two.

Brian 20:24

I don’t think I take a liberty here. I don't think you can survive as a public servant. And you've done it for a long time and very successfully without entertaining and valuing the stories, the politicians? Absolutely. Am I right there. But I'm a fan of stories, actually, as a doctor, what do we do we listen to people's stories. And we try to align our expertise with some features of the story. But then there are epidemiologists and social scientists that try to find repeated stories. So at the at the at the first of it, I would say that, when someone says to me, whether it's I guess your equivalent in government would have been a politician coming and saying a family member or a constituent has had this experience good or bad, right? Exactly. In my world, it would be more likely a family member, or might be a philanthropist or something. But we need to listen to those. Because usually, if someone in a position of power is bringing one story forward, lots of other people are having this experience.

Helen 21:30
And it's a bit of a feedback loop too. Because I don't know how many times Well, that's not quite, that wasn't the intention. That's not how it's supposed to work. Yeah. And you're not. It's not to negate the story. It's just sometimes it's a bit of a head scratcher in terms of how did these intentions turn into that story and what is going on in the system? That is not making the intention true on the ground? And what do I need? Where do I need to now intervene in order to fix that? And is it a training program? Is it communications error is a system design program design problem? What's the source, but often there's particularly new programs or new services, you end up with a bit of a disconnect. It's always humbling to hear those and say, That's not what we were trying to do.

Brian 22:30
That's the listening part. And leaders have to listen, you have to be seen to listen, not seen to listen, you have to listen. But there's another thing and I really became aware of this in the pandemic, we have to be able to tell stories. And here's why: So the pandemic was a very difficult time. And we've not talked about that I imagine, every leader you I know that you will have suffered to some degree during that time I did, we all did, we were all doing our best, it was extremely difficult. But one of the things that was the hardest for many of us in health care. One week, everyone was banging pots, and everyone was a hero. But only a few months later, different, a different tone crept in. And it was a bit traumatic for some of my colleagues

I know. And one of the things they started to do in response was just, as I said, yell louder about the science.
So, and this is a problem, because when somebody has lost faith in the system, the pointy end is obviously those that didn't believe in vaccines. But that was not the only thing. There were many controversial issues every night on the news coming from senior American figures about treatments and all kinds of other things. And our tendency in health care was to just yell louder about the science. Here's the data, here's the evidence. But back to stories. When we were in places that were a little less used to the scientific line of reasoning, like long term care homes and vaccine clinics, and marginalized communities, we all learned to tell stories. A really good example for me was going to one of the long-term care homes that we were trying to support during those days and vaccinating, and we were aware that many of the personal support workers were not availing themselves of the vaccine. And I remember being in the middle of a clinic and I was trying to just do empathy to be listening. And I talked to a woman and she said, I'm very scared of this. And my priest told me that this virus of this vaccine comes from Satan. And I said, that's not an area of expertise for me, but there are people who could talk to you about that. Would that be interesting? And the very, very amazing, executive director of this home, invited a panel in and had a scientist, a priest, and a health care worker who decided to be vaccinated? Talk to them? Long story short, they had 100% compliance among their staff. And I realized that you have to go to where people are. Yeah. You know, and I guess that's true if it's the Premier or the Prime Minister or whoever it is, that's telling you the story.

Helen 25:19
Yeah, I think, well, there's a few things to unpack there. There's, you can't lead if you don't have followers. And so how do you make sure that you're bringing people with you, and that you're exactly meeting them where they are in having, you know, a reasonable discussion and giving them a chance to kind of catch up to perhaps where you're going. And I think that applies to any aspect of leadership, whether it's in a pandemic, or, or something else. I think that we learned a lot during the pandemic. And you know, and I wasn't on Team vaccine, but I was cheering you on, if you recall,(I do.) What's now acts on Twitter and other social media and watching the progress that was being made. And then having some hard times when it wasn't equitable. Yeah. Right. And when I saw some of the data that showed that some of the areas that had the highest COVID rates,

had the lowest vaccine and realizing that we needed to pivot here, we needed to, we need different techniques to reach those populations, and that were much more engaging, like he described. And that was like a, you know, everybody stopped, let's recalibrate and think about the people more than just the numbers, right? And the experiences that they have, and the way that they live and who influenced them. And what they're very legitimate concerns would have been, that was quite a bit was one of the most profound experiences in probably in my COVID experience, but also in my career to see something that was we were so proud of, and yet, what do you mean? Yeah, you're not lining up to get this? And in the humility to try and listen to the data, listen to the stories and do something different, which ended up doing quite well.

Brian 27:18
If I recall what it sounds like you shared some of the I found it hard to lead during the pandemic. Yeah, I became the chief medical officer just before the pandemic hit. People often asked me, Would you have taken the job with that? I probably yes. But it was, I was I was unprepared for it. I think we were all unprepared for the pandemic. That said, terms of silver linings. Wow, what a chance to learn about leading and leading without much structure. Right, all the walls came down. And there weren't any rules. Collaboration actually took off. There was fantastic collaboration. In fact, speaking about here, so I knew you were in the background. We knew you were in the background. And the fact that we're even on Twitter now called X, watching what we were doing in vaccine in the end, it's you know, we gave, I think that collective gave 400,000 vaccines,162 long term. But, but knowing that the people were watching and cared actually did mean a lot. However, you also, if I could say from the Ministry lowered the barriers for access and the collaboration, ministry - hospital, hospital - university, something happened in the system. It was clunky at times, but we pulled together. And there's some real lessons, I think, to come out of the pandemic about collaboration.

Helen 28:40
I will just follow up on that briefly. Because, for me, it was probably cast against tight my desire for the role at the ministry was really to be more of a transformational agent, right. I worked on health links and Telehealth teams, and I had this idea. Still to this day that there's a collaborative

cooperative strategy that brings people together that motivates them around the population of a community. And I didn't think it would be a pandemic that actually showed that right. But you're absolutely right, that it was a chance to see collaboration in a different way. And it was remarkable. It was energetic. And for me as a leader, I found I had to be in some ways I was exhausted, but also quite reflective and build people around me who had different skill sets that compensated for some of the ones of mine that are less well developed. And that worked really well.

Brian 29:40
That exactly resonates with me that you put it in a nice way to compensate for skills that are less well developed. It's leadership might not be a real word. It's leadership as a team. Yeah, I'm looking at my background. I'm an educator and a psychiatrist. And I think of myself as empathic. We've been talking about compassion. I tried to bring all that to leadership. Suddenly we're in, essentially, a military operation. And I did become very, as you said, just now very aware of needing to have a team of folks with different skills. One of my best collaborators is my colleague, now our vice president of medical affairs, Anil Chopra. He's an emergency physician. He can be decisive in five minutes. I'm a psychiatrist. I need 46. No, I mean, it's sort of stereotypes, but not. Each of us has a skill set. And this was if I don't know that I ever had a notion of this solo strong leader, maybe anyway, ever. But boy that was gone after Yeah, the pandemic.

Helen 30:39
It takes. It takes a team for me it was Alison. She was she's focused on the detail. Yeah. And, you know, all the meetings ran. And you know, and we did have general Hillier, so we were running as part of this, like, I was building operational. And, you know, we had the armed forces at various points in time. So we had this interaction with very militaristic, precision implementation focus teams, I needed to have other people around.

Brian 31:10
I wonder if we're talking a little bit about the need for a leader to be reflective about their style, and their strengths, their zones of comfort? Yeah. I'm like you maybe I'm presuming, but you said you didn't like detail. I also I hate to tell. I really need to have a good financial person and a good, you know, counting kind of brain with me detail, not my thing. But I do think this is increasingly important, as a leader, to have the chance to step back

and reflect, it becomes a little harder as you get more senior, it gets a little more lonely, or there's a smaller, the mentors that I described early on, move on. Yep. And then it becomes a challenge of figuring out, who do you sit with and think about the challenges that you're facing? Did you find that too?

Helen 31:56
Yeah, I found, I found it. Probably a little inappropriate to process like, I'm not feeling very sure about this. You don't want to undermine the confidence of the team. So the good thing about the government context is, there's 25 deputy ministers. And we meet regularly and of course, there's a secretary of the cabinet. But within that 25, there are some that are you know, you're closer to that you can call up say, Well, that meeting didn't go very well. What do you think's going on? You know, what did what could I do better to get that moving, or your minister didn't seem very happy? Can I understand that a little better, so that we can have, we're going to have to have another run at this. So even those kinds of conversations, little fact checking, but also, you know, I'm really tired today and so often twinned with another deputy minister, whether it was Solicitor General working on the vaccine rollout. So having a buddy sort of structured in particularly for the duration of the pandemic, which was months and months and months, was very helpful. And I, I hope that I was the good calling back to them, because they were definitely helpful to me.

Brian 33:11
I'm sure you were, I think that this is something that I coach emerging leaders on. They do. Sometimes it may be partly the fault of medical education and nursing education, which are still fairly hierarchical. But many people have this idea that strength is everything. And it's a bit command and control need to be in charge need to make all the decisions don't look weak. Someone told me, a young-ish leader said to me the other day, I need to appear invincible. And I said, Good Lord, if you're trying to be invincible, you're going to either die from stress or something. I mean, that's impossible. So I think, seeking feedback and seeking support, we've talked a lot about the pandemic. But right now, we're in a very difficult time to lead as well for other reasons entirely. A loss of respect and civility in society, a lot of lot of tension, a lot of demonstrations, a lot of suffering, a lot of well-being and burnout. And I think it replaced the pandemic almost as a new set of challenges to try to lead through.

Helen 34:29
Probably it was never easy. But yeah, I would agree with you. I think the context is particularly challenging and maybe as you get older, generational differences, and you're leading, in the case, the ministry 3100 People who are differently motivated than you right and grew up in a different time and how to connect with them. And I don't think Zoom did us any favours? No. I found that the fun part of the job was often the points of connection. Yeah. And often those were those little tiny spaces of time between the one meeting ending and the next meeting started and people would be kind of filtering into the office and you would have, how are you doing? Zoom? You can, it's very hard to do that on. And I found I, as a leader missed that sort of intimacy, maybe it's not the right word. But those points of connection with the people whose we were enjoined in a mission of delivering the work plan of the Ministry of Health.

Brian 35:32
We could absolutely have a whole podcast on virtual and actually, I realize, although it's an old technology, we were doing tele-psychiatry, 20 years ago, it didn't become ubiquitous until the pandemic. So on one hand, thank goodness for it, because it allowed us to function we did UHF and we went, we have a million outpatient visits a year, 80% went virtual in three weeks. We had no skills to do that. It brought some good for sure. But I agree with you, it brought some challenges. And we're seeing those now. And the main one that I see emerging in the research, there's a number of them, but the main one is this is a fancy word for it. It's called the liminal space, it's the space. It's that on exactly. It's the time when, when you're walking down the hall and you say to the colleague, how are you or before you go in the room to the big boss, and you're just like, are you ready for this? Are you it's the moments and it involves other people, administrative assistants, or folks that are in the environment that we just don't have. I spent a year sabbatical in France. And my colleague always used to make me an espresso cup of coffee. And one point I said to him, Well, I guess we're not that nice. In Canada, we don't really make everyone a cup of coffee. And he said, Oh, no, no, it's, Oh, it's 101 diplomacy. And I said, What's that? He said, while you're making the coffee, you're looking at the person that's sitting in the chair in your office and figuring out what kind of mental space are they in? Are they agitated, and they calm, it's just a few minutes to figure out your context, before you have your conversation. If you go into my office, I always make coffee, or tea.

Helen 37:10
But it's the same thing I found also, as a leader, getting out there and talking to the people in the system. You know, there's a great sort of central centripetal force when you're in the leadership role in government that basically ties you to Queen's Park. And it's very compelling, and it has its own rhythms and everything, but really, to be effective in the job, you have to connect with the people who are delivering health care. And I also missed that during COVID was the chance to get out and because it was the questions people asked in conferences, they go, oh, you know, that's what's bothering. That's, you know, that that hasn't landed Well, or they're really excited about that. And you missed all those cues about what's going on.

Brian 37:56
It's learning but it's also well-being I think, to buy early on in the NASS talk. hours ago, I said, I quoted a colleague of mine who said, who was describing sitting in her office all day looking at a screen. And she said, I feel like a dying houseplant in a room with no light and no air, no contact, and nothing. It's terrible. So, there's also that engagement, I think it's a basic human need.

Helen 38:23
I went set a job. And I thought, This is great. My office is right by the lunchroom. But it was actually under construction. So then they put the wall in, and I was I was at a dead end when nobody came by. And I thought, well, this isn't going to make me very happy.

Brian 38:41
Go sit in the lecture.

Helen 38:43
So let's think about what's happening in the next five to ten years in healthcare. We've got some challenges now. I can't give up being optimistic. And I'm optimistic when I see the emerging leaders and how smart they are. But what do you think we need to do to prepare for what we're starting to see in what's coming in healthcare, whether it's the demographics or what's happening on the health delivery side? Just some wise thoughts to close here?

Brian 39:11

Listen, I'm optimistic too. I am. And I think leaders need to have a certain dose of optimism. But I do get to travel the world. I'm fortunate. And when I come home, I am very appreciative many of the things that we have, we don't always optimally use all the tools we have. And there's lots of work to do, but I'm optimistic. I agree that there's a fantastic group of emerging leaders. And I think that's part of the goal of your series and the work of AMS is to help those leaders thrive. There's a few obvious ones, AMS has always been good at reading the tea leaves and thinking ahead, what are the challenges that are next? The focus on technology has already been very effective. We're still in a state where many frontline professionals and leaders are spinning technologies are raining down from the sky. Virtual we talked about at length, but artificial intelligence, major preoccupation. And now especially generative artificial intelligence is really upending everything.

I think there's a lot of good that can come from this, for sure. But as AMS has been hosting, we need a lot more conversations about how do we draw out the best of these technologies. And my argument would be the ones that improve care, including compassion, yeah, wouldn't be my simple definition. If that technology improves the quality of care, and improves compassion, yes. And the ones that impede it, those you talked about the negative side of virtual Well, AI is going to have a negative side to and every other technology. So figuring out how to balance those, that's going to be a big job, a couple of thoughts that might happen. The sub specialties we draw on in healthcare - biology, chemistry, et cetera, cetera, are important. But increasingly, we need engineering, computer science, and really a big dose of the social sciences. These are bacteria Silla Franklin, these are big questions about how we're choosing to organize the system. So I predict that I think, in some of my activity at the national level with the Royal College, I think we're all going to be challenged to think about, do we train health professions, health professionals to have more awareness of issues like computer science and some of the risks? Probably and or do we bring in those experts into our institutions to advise government to advise hospitals? I think, you know, we've appointed an AI chief, AI officer on our executive, there's no one in our senior leadership that has enough understanding of AI to do it alone. The other thing, the other two things quickly, I guess, one is integration. It's very easy to say the word integration, but it's long past due, that we, we have much deeper collaborations across the system.

We talked about how the pandemic forced us to get out of, in our case, out of the hospital out of the big H and go to the various communities, Kensington, Chinatown, Jane-Finch, Don Valley, and different places and learn about and participate in those communities. The Obama Administration called them accountable care organizations, we don't use that language here. But the equivalent is that every institution needs to start partnering up community agencies. A good question to ask is, What is it that a patient or family coming into our environment can't access right now? And how do we help them? You know, where we dropped the ball in healthcare? Because these transitions? Yeah, so I think that'll be critical. And the last one would be just, it's harder. And maybe I'll get in trouble for saying this. But I think that our education and training systems are overly rigid, it takes too long, and you can't move between tracks. The whole area of new and emerging health professions, unregulated health professions, we have some scopes practice issues that have become more about bargaining and entrenchment than they are about flexibility and openness and AI. There's not enough of us in the system, to do everything in our silos, Helen, so I think we're gonna have to be really creative. Yeah, to invent some new ways of working in healthcare.

Helen 43:30
I think if you abstract, obviously, there's always gonna be a role for the individual, but abstract to the team and one of the skills that the team have, yeah, might help us get out of that. Well.

Brian 43:41
Well to be blunt, primary care is a national crisis. It is a huge national crisis. We're not going to train or recruit our way out of that crisis. We're only going to solve it by rethinking primary care in a multidisciplinary team, in an integrated fashion, care for whole groups, whole communities, with a lot of people doing it together. And that's hard for folks. But I think, I personally think that's true. You could extrapolate that to surgery to mental health, to every area of healthcare and, and it's a transition. It's a paradigm shift. But I do think we have to go there.

Helen 44:15
And the social ware required to work in that way different.

Brian 44:18

Yes, it is Family Physician Services and the end back to leadership skills. Being a leader in a team is very different than being a leader in your own office.

Helen 44:28
Right. Or with all people like you, in the modern world. Exactly. Yes. Well, thank you. Thank you. It's been a pleasure.