Interview with Christy Boyce: Transcript

Introductions, Role and Leadership Focus

Time: 4:08

Michelle (M) (Note not in audio): Can you first introduce yourself and your role and talk a little bit about what your leadership focus for the past few years?

Christy: So my name's Christie Boyce. I work for Fraser Health Authority and I'm currently in the role of a virtual health learning consultant, which is the first of its kind for our health authority and evolved out of an identified need. After COVID-19, my background is clinical, so I was a critical care respiratory therapists for 17 years at Fraser Health, which is a completely different role. Hope it gave me a really good length. Four, the user perspective or the clinician side of things when I'm trying to manage change across the organization. So my role is essentially of one in a, an organization of 30 thousand plus employees is to as best I can support all education and training initiatives that help our care providers throughout Fraser Health, so that could be physicians, could be nurses, could be allied health like social workers, occupational therapists, physiotherapists, you name it. Help them to learn how to care for their patients virtually, and also teach their patients virtually online. Those are two very big buckets of work that we sort of discovered were necessary through their learnings and COVID and what people were reaching out for support with. Primarily we have video visit, so assessment, consultation, treatment, using Zoom or Microsoft Teams are still moving off of Skype for Business when COVID first hit. And then we've got these group classes. So patient classes where they are with their peers and learning how to manage chronic illness like diabetes or renal. Maybe you're coming to a class to talk to other people about what modality of kidney care, maybe dialysis you'd like to choose. So we've got clinicians that are in that position where they're teaching patients now virtually online without any training or scale. And then we've got another bucket of clinicians teaching other clinicians. So these are really experienced educators who were teaching in person and they've moved everything online. They have really high expectations because they understand learning and teaching practices and pedagogy. And they're trying to build that into the virtual space. So lots of help needed. My leadership focus for this past, I would say 20 months since COVID, has hit is, I relate because of my clinical background, I really wanted to lessen intensely to discover what was needed to support adoption and utilization. And I've done one of the big projects that I'm really proud of is we created a very large 80 plus strong clinical super-user group called the Virtual Health Alliance. So we put together a nice marketing video and we put it out through Fraser health and said, Okay, now we're looking for champions that are going to support on their own teams like able to, able support for folks on your team like maybe you come any or little extra training on how to do a video visit with patients and you can help troubleshoot audio or things on the patient end and or things on the partitioner end. We meet once a month. And they are, they are just my, my user experience group so I can ask them all sorts of questions about what are your barriers cell, what are your challenges? Where do we need to go? You are my boss's boss. What would you say would be our strategy for 2022? Do things like that. My leadership focus has been really understanding what was necessary for

adoption, utilization of virtual technologies and in Fraser health. And my master's thesis surrounded the creation of psychologically safe learning spaces. So I'm also trying to create, in those discussions really safe environments for admitting that we don't know what we're doing. Because that's often very challenging in health care to put up your hand and go I have no idea we're talking about I'm a total novice. That's a real challenge for a lot of practitioners. So those have been probably my two key focuses.

Leadership and Managing Change

Time: 7.28

Michelle: So talking specifically about leadership, what role do you think leadership plays in managing change in your field?

Christy: Hmm, yeah, this is really weighing heavily on our minds, particularly lately. As we recently found out, we're going to have to ask clinicians to transition off of zoom onto Microsoft Teams slowly and steadily over probably the next 12 months. And so I think the role of managing change in this field and in the virtual health team and the Health Informatics team is number one, you've got to recognize that you need resources that are trained and strong methodology for change management. It just needs to be embedded in our, in our practice. So luckily, the entire virtual health team was put through. We have an internal trainer for PROSCI change management, so we went through it and I'll got our certifications for being change management practitioners, which really opens your eyes as you run through the class, the coursework, and pick up a project and actually walk through the steps to the things that you were really not thinking of, down to best practices of who communicates with you. Project leads really shouldn't be communicating right directly with the client. It should come from managing, managing managers and supervisors or to come from an executive director. Like those are the levels of communication. We had another one of those mistakes this week recently where if someone asked me to communicate out to the team and I went, Oh, it's not going to be received, like it should be coming from an ED that messaging, right? You need a strong voice for sponsorship. So I think strong methodology is really important. And I think we need to embed change management practices really early instead of reactively at the end of a project really early into all of your new work and model it with collaborative partners because you're, we're very siloed in health care. The teams don't often work together, and when you do, often they run their work very differently. Virtual health is very clinically focused and health informatics is very, very clear cut in their processes, how they walk through projects. So I think you need to model that with all the collaborative partners that you, you end up working with your change management practices. For me, it's really important too. So we use the ADKAR, the PROSCI ADKAR model. And that's where we really see that adoption and practice of virtual care is so key. So. Or the clinicians aware of what's going on? What are the tools available? Do they have the desire for this? Are they overwhelmed in the middle of a pandemic right now and exhausted? Like I have no desire to learn one more tool right there, overwhelmed, flooding happening, fires. This one more thing, the change fatigue is rampant. So they need to be aware, they need to have desire. Then you come down to the training, right? Like the time for training and every project that we do. And we have to consider how it aligns with their values for patient care and there, how does it, how does it align with the intention to improve patient

experience and patient care quality and efficiency? Because doing it virtually isn't always more efficient. Sometimes it's actually more work. So strong evaluations necessary for sure. Managing the change. One more piece, but I would say would be pulling in expert resources when you need to. So that's the big transition for us from Zoom to Teamss. I would like to see them pull in the heavy hitters like the really experienced change management practitioner. So the trainer of all the trainees I think should be brought in for those type of org wide changes because you really need an outside perspective and someone who's really skilled

M: Thank you. How? So just talking a bit more of you talked about using the ADKAR methodology. And so what would you say, from steps, what would you say are the most important steps that you've that we've encountered, that you've encountered.

CL I think the biggest thing I learned when I was doing my change management practitioner training was that you actually can't move ahead if you haven't completed step 1. So when you look at ADKAR, it's awareness, desire, knowledge, ability, and reinforcements. You actually can't. If you've got a roadblock and awareness, you can't move through to desire. So you actually have to resolve awareness first, really great communication and a why, why are we doing this, right? What is the point, right? Understanding the why behind the changes really significant. So I think the biggest learning for me was that you've, you have to be really thorough stepwise as you go through because you can't jump through to training people if they have zero desire and zero awareness of change. And so that was really key. Being like my background and really loving education and training, I always find that that is a really, really key piece that you need to have built significant levels of confidence and considering the design of it to be as simple as possible through the lens of the practitioners, right? So both on the end of the provider and the patient, it's really got to be easy to use and simple. Or else they'll just go to what was easy and simple and you've lost your adoption. Yeah. So I hope that answers it. I think they're all important, but I do, I do think in the middle, it's, it's, there's a very key piece there for consideration. Ability was always a lost step in a way to me and then someone brought it to my attention. That ability sometimes can just be even your headspace that you're in. Right? Like I have so much going on. Say I've lost a loved one at home, right? Right there. You're shutting down. It's not necessarily training or education. It's actually more my capability at that point in time to go forth on as an individual and enact that change. I may have something going on and you have to be. It's interesting, like it's a massive word change, but at an individual level, people have to be able to be understood. And you have to see the barriers. So we're doing lots of in our previous projects are getting lots of feedback post-it note boards for staff so that they have an opportunity to be heard. Really diving into how can we make sure that you as an individual can be seen here and anonymously so that they feel safe to vocalize what they're struggling with. Right now.

That was really helpful. I think that it's like one of those nuggets that people don't think about. You actually need to be thorough and every can't gloss something over and that people need to be seen. Yeah, that's a really good point as well. And heard in a very safe way.

Christy: In a safe way, yeah. Yeah. You can't sometimes blurt out what you're struggling with. It has to be in a safe way.

One Big Issue

Time: 7:44

M: What is one overarching technology issue that you think all educational leaders are going to need to consider. And how are you addressing that in your context?

Christy: It took me a while to kind of consider once one big overarching issue, and I really came down to the digital literacy piece. It's been a big barrier for us and, and identified before COVID, it was identified by, I would say are more technical trainers and folks that were supporting across for either health doing Microsoft Word and Excel and all those kinds of trainees. Some people come to us and they don't know how to use a mouse. So it's a serious barrier. And now that we've exploded there of virtual technologies as a necessary and a key mandate like we have a mandate, a virtual first. So at every touch point for a patient, they would like us to consider how we are reaching out virtually to support that patient. Whether it be a quick consult, virtually. Whether it be, you know, we have a telephone triage line now that you can actually get straight to a virtual physician or your primary care center, or whether it's being discharged home onto a remote patient monitoring system. So at virtual versus that is the new mandate. So this is not going away. I had a couple lovely clinicians and training probably this summer in a live training. And this is 18 months into the pandemic and we've had Zoom them available for over a year. And one of my lovely clinician said, Chrissy, is this going away and we don't, we don't want to care for patients this way. We just want to have them back in person again. And I said no, as gently as I could, no. Thank you for your honesty. But no, it's not. The expectation will be that you consider hybrid models of care for the future, right? What needs to be done in person? It should be done in person for the best quality of care. But then what can we do virtually that we, that we know to the best of our ability is as good of care, if not better than, in person care. So, literacies come up as a really key issue. So, you know, supporting brilliant nurse educators in the hospital and having them call me and say, I don't know how to use this ipad on the stand, I'm lost. Right, simple things like that. We don't have this foundational literacy. So for me, the biggest barrier and the over arching issue is we need to get a handle on assessing everyone, in terms of staff and employees across your organization, on their digital literacy and their competency. And create an education pathway which we're working on next, actually next month I'll be starting an education pathway to build from novice to expert how we get you there for just simply video visits. We'll start with video visits and then we'll expand out to things like remote patient monitoring. But we're one of eight health authorities. So when you look at okay, those are just our employees. Right? Can we work collaboratively with the rest of the health authorities to all use maybe the same tool? And then, and then you've got a public right, like how do we how do we how would we then support our patients on that side to the best of our ability to know that virtual care is good care. So get out there to your library and figure out how to smartphone or a computer. And yeah, it's tough. It's, it's a big, big, massive system issue. But the literacy I think, is a really key place to start. We won't see post-secondary graduates come to us with any knowledge in their curriculum of

virtual health for years to come. It's not even there yet. So we'll be making up for that in terms of the on-boarding our employees and training them for years. So I think that's probably the biggest issue them.

M: That's great. That's a huge issue. And I can imagine you've got your staffing. I mean, that sounds like an amazing change that you are going have to do. Education from novice to expert, kinda pathways just with normal digital tools. Because it's going to become ubiquitous. We're not going back. I loved how you talked about a hybrid models that we're going to have to use. So you're not just talking about tools, you're talking about changing people's kinds of attitudes towards the technology and practice. But then also, I just think about patients and you think about how to seniors continue to get really good care if they don't have the digital literacy skills. Or a way to go into a library? So, you know, you talk about the kinds of supports you're going to need. That goes beyond health care? Society-wise.

Yeah. Yeah. Yeah, it does. It does. It's a massive issue and and it's, it's really cool to see when we did this redesign for diabetes self-management classes. I designed them to be well, first of all, they're all synchronous. There's no, no real asynchronous component. There's no learning management system, It's just synchronous, so okay, what can we do that's engaging and our patient partners gave us time constraints like you really got my attention for 90 minutes and I'm out. So we're now seeing not only are the clinicians getting so much more confident in facilitating these classes, but they're having patients asked to come back and repeat the classes. And they're seeing groups of peers really connected to each other, despite the fact that they've never met. So they're meeting online and, you know, taking the time and having patients to allow one particular person to ask all the questions that they need you about, say juice, like they just have so many questions about juice and diabetes and like, what's the rule? Does juice play and how it how much do you kinda have and what kind of and she's one of our nurses that I've never seen a group of people so patient with each other as that cohort where we taught it and we created a community in the online space by Zoom. Just by the the safe space we created and the engaging space and the opportunity for open discussion. So that's really exciting to see. A lot of learning to still there, but lots of opportunities for verbal link patient digital literacy that way too, right? Like it's okay if you can show up to a Zoom meeting and you've no idea how to do anything but mute and unmute yourself. By the fifth class hopefully you will know how to use the chat and maybe do some annotations or something like that.

Michelle: Great. Thank you. That's awesome. Okay. So half an hour. So is there anything else you want to share or anything else we didn't talk about just quickly to wrap up. New thing. So I think it's, it's been really interesting for me. Most of the resources that I've pulled at came from the learnings and the post-secondary space, right? Like that emergency response. So the parallel is beautiful, even though it's really different contexts. There's so much overlap in the approaches that we can take, the methodologies we can use, the research, the evidence base that I was just extremely grateful to have the learnings over there from faculty transitioning to teaching synchronously an exclusively that way. So many resources online. So I think it's really important to always look outside your context. And just think of it through the unique lenses that your context brings. Great. Now that's, I think that's a really important point, is that you

can all the learning that's out there. And I think I would say, you know, as someone who I would say is unfairly, you're, you're up there on Twitter and you're kind of open practitioner that you probably are engaging outside your context quite a bit. Mm-hm. Mm-hm. Yeah. Yeah. Definitely. Okay. Well, thank you so much. I'm going to stop recording. Okay. Let's see. Can I stop recording?