

Leading the Way 15: Giving leadership a go Transcript of podcast Jonathan Darling and Chakra Vasudevan

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Jonathan Darling:

Hello, and welcome to Leading the Way podcast, the RCPCH podcast about leadership in Paediatrics and child health. I'm Jonathan Darling. I'm your host for the podcast, and I'm delighted to introduce today's guest, Chakra Vasudaven. He's recently become officer for recruitment in the college and officer for education.

He's a neonatologist in Bradford, and he'll tell us more about his roles as we go along. So Chakra, it's really great to have you. Welcome.

Chakra Vasudevan:

Thank you very much, Jonathan. It's such a delight to be able to continue our conversation from the live.

Jonathan Darling:

Brilliant. Yes, because we did at the conference, do a bit of a live version of this together.

And that was fun. But it's nice to do this this next part. So as an introduction, just to say we, we've known each other quite a while now, since about two thousand and nine, I think, so that's 17 years. You were a lecturer then. I was just in a senior lecturer academic post, and we were working together.

Just talk a bit about your career journey up till then.

Chakra Vasudevan:

I grew up in South India and I went to medical school in South India, and I did about four years of Paediatrics in India, working in different setup, really. Come from very rural background. I've worked in places where, there weren't any basic facilities, but it had enormous clinical potential, where you get to see really everything you read about in a book, you're seeing the patients.

So there was a very broad but quite deep clinical experience. That's what has stood me to stand. Even now, as a consultant, I still go back to the days where I was a medical student, where I'd seen some signs that, you don't often see in patients. And I moved to the UK in two thousand and five, having qualified in Paediatrics with a special interest in neonatology, and that was the main reason I moved.

And since moving to the UK, I started as a senior house officer in Leeds Neonatal Unit, which is where, I ended up training in neonates. And I worked mostly in Yorkshire between Leeds and Bradford, but also I spent some time in Manchester and in Scotland before coming back to Leeds as an academic trainee, and that's when I was a lecturer, and I got the opportunity.

Jonathan Darling:

Great. Thank you. Maybe you could just reflect a bit about that transition, your experience of the two systems in India and UK – the transition between them. Another thing you've learnt along the way from that particularly re- relevant to leadership.

Chakra Vasudevan:

I think I was very fortunate. I had slightly-- I often say to the resident doctors nowadays that I got the best of both worlds because my basic training was rooted and grounded in clinical medicine.

I used to work 16 hours a day and often end up working quite a few hours in a week, but it helped me get confident in recognition without the aid of many investigations that we will have now, even in 20, 26 years I've been a doctor, things have changed so much now, whereas we didn't have the facilities when I started that we have now that will help us make diagnosis and provide treatment.

So it helped me, broad clinical experience, but also more about clinical synthesis and analysis in your mind without really relying on all the other investigations that we have now. It definitely made me a confident doctor in terms of procedures. You keep doing so many procedures that by the time I came to the UK, I was reasonably confident in my clinical diagnostic skills and reasoning, and I had— I could do most procedures reasonably confidently.

But what the UK system was different was in terms of the processes, the systems, the concept of safety, accountability, governance and also the re— the emphasis on communication and how you relate to patients. And I think there were aspects of that were significantly different. And I think when we talk about...

When I talk to Western doctors now, the international medical graduates about transitioning to a different system I can still relate to how I felt in the first, few weeks and months where I wasn't sure if I was saying the right thing. I knew how to... what to do, but how to do that. We talk - it was interesting. We were just chatting to one of our residents because they've all moved very recently, and I was on call last night, and we were chatting, and they were saying how difficult it is to for, for them to move every six months. And I know it brings with it a lot of difficulties. But one of the interesting things I've found about moving places is it eventually makes you a better doctor.

It is not about just the systems, the processes, but it's also about life. You're going to have to move from one place to another place and quickly establish credibility, which is a big thing. And that's where, when I left India, I was seen as a very confident, reliable doctor, and then to reestablish all of that in a completely different setting was challenging, but it was I had very helpful mentors, people who helped me navigate some of those tricky situations.

But I think every time the things that has made me, and again, you make a different transition at different levels, don't you? From being a tier one doctor to a tier two doctor, and you increasingly recognize it's not just skills and knowledge that are important. It's about holding responsibility, taking responsibility for decision-making, doing a bit of role modelling, that's really important in that.

So at different steps from being a registrar, from a resident doctor to a consultant, again, that's a big change because there's nobody around often to check whether you're doing the right thing or not. So the first couple of years, again, you navigate that. But that transition experience from one system to another helped me become more confident that I can adapt to different changes quite quickly, and it has helped me all along the way throughout my medical career really.

Jonathan Darling:

And when you're talking with international medical graduates or those that are, So say supervising doctors in that position. Are there any key messages that, that you, you try and get over?

Chakra Vasudevan:

I just think it is important to acknowledge that it's going to be tricky and it's going to be difficult. Sometimes people underestimate that. For systems, now that I am a head of school of Paediatrics, I work in positions in college where I can influence certain decisions. I always help systems to remember that, it isn't easy, it isn't a given, and we need-- the systems also need to recognize it. As a supervisor,

I need to recognize it, that the first four, we- I still remember somebody said it was one of the exams really.

It was an PLAB exam. It was a random ... they often do an extra trial station or something that you haven't prepared for. And someday it was about washing up. It was like washing your hands and, getting ready for a procedure or something. And there was, I've done operations in India, you've done surgical rotations, so I know what to do in terms of the principles of it.

I just didn't realize how the apron actually... how you are meant to open the apron because it's not something that I've ever seen before, and it really threw me and There is a possibility if that happens in the clinical world, people might immediately start not trusting you because if you don't know how to open a gown, how can I trust you to put a line in a baby?

So it's some of those things, recognizing that people will have skills, and often I say to them the first- when we plan rotations, we think about it in a way that you don't want to throw them in the deep end first. So we often ease them into a place where they can I- there's time to learn the skills, and they're not often complicated.

And it's about trusting and believing that you've got the clinical skills, but you have to learn and adapt to a system. Recognizing, the easier thing would be if I had to repeat it, I'd have gone to a nurse and say, "I'm not really familiar with this apron. Could you show me? How does it work?" Then that would have solved the problem. But I was there trying to make sure that I don't want to be seen as somebody who doesn't know things, so I'm trying to work it out myself, and in the end, I made a fool of myself, really.

So it's those small, subtle things about asking for help, being honest about it, but at the same time remembering that you've got lots of clinical experience that you're growing, bringing to the table, and that's a hard thing to do, and time's important, and having right mentors who tell you that you know how to navigate some of that.

Thinking about being open about things like "I'm not familiar with this, but I'm happy to learn and understand it," rather than trying to tackle it yourself. Sometimes it's harder. So i- it's recognizing that it's going to be a difficult transition, helping systems recognize it, and thirdly, about having mentors who can chat to you regularly to address challenges that you face so that you can talk to them about, "Could I have done this differently?"

Jonathan Darling:

That's great. Thanks. Moving on a bit to your involvement in things like the, the Yorkshire School of Paediatrics. You've mentioned you're head of school now, but can you just talk a bit about how you got involved in that? What, what kind of motivated you to start- doing things as part of the Yorkshire School?

Chakra Vasudevan:

It has been an interesting journey, Jonathan.

I never thought, I was head of school material, really. The first involvement I had anything to do with school is very similar, very much related to the things that we were talking about. One of the things I found was exams. I love exams. I, all my friends laugh about it, but I actually think exams are fun.

But what was striking at that time in Yorkshire, this was going back 2010, 2011 when I was a lecturer, was that without my recognizing it, I was doing a lot of exam-related teaching for resident doctors who were trying to get through exams. And clinical exams are often a big stumbling... used to be a stumbling block for people who were trained in other system because a lot of them aren't used to the OSCEs; the way of examination, the way of assessment is different.

And often a lot of that is to do with related not to their inherent lack of clinical skills, but often how you actually adapt that in an exam setting. So I started doing a lot of exam teaching and at one point we thought, "we've got to do something." So we started a clinical exam course. I'm very pleased to see that it's still running in Yorkshire.

And I started working around first developing some exam-related teaching because people didn't really have a structure teaching. The school hasn't really, hadn't really done that. And at that time, the School of Paediatrics in Yorkshire decided to invest in people. So I started as an exam TPD and then that evolved into supporting people who were finding exams quite difficult because it had a significant impact on their career progression and all the wellbeing stuff that comes with it, to the point we ended up having, a support system of how we manage that.

And that's, was my first step into the School of Paediatrics. And gradually then I took on study leave, some rotation TPD role. Again, that was about ST1 to 3 and that was one of my best roles I've always enjoyed because I ended up seeing each doctor one-to-one throughout one, at least once in their training year. And I had such good good feedback for it from especially the first-year doctors who were just trying to settle in, often coming from different places and systems. And once you talk to them, you realize it's not just about training. They're away from their families. They don't know the system here.

So you end up doing more stuff to help with their training. And some of them are consultants now, and they still talk to me about, "You remember that meeting we had in first year?" So it actually made the whole enjoyable because you feel like you're making a difference, and you're helping people achieve what they want to achieve.

So that journey has continued, and I didn't leave, and I have really good team of people I work with. Then Kay, when she became a head of school, she did a deputy head of school post, so which I was doing for the last three years. Again, that helped me understand some of the quality stuff. Increasingly, I realised that if you understand systems, if you have experience of different systems, if you want to make a change, you have to be part of that system.

I used to be standing outside the system and trying to have a view about how things could be better. But increasingly, I realized that you have to be in the system if you want to make a change. And that's what I'll say to everyone else, who's trying to make a change to say that you might think it's easier to stay outside and make noise about it.

But I think the more important bit is to get into the system, to be in a situation, in a position where you can influence changes. You can represent voices that may not be heard at that level.

Jonathan Darling:

Yeah. I like the approach that you saw this problem around people struggling with exams and that you could do something to help with that, and that took you into this work within the Yorkshire school, and then that's widened out and and now you're in the head of school role.

And just on that, exams, I think we did see quite a lot of improvements in results. Is that right?

Chakra Vasudevan:

Yeah. We're no longer... Yorkshire is no longer in the last two or three in terms of exams. It used to be a thing. And actually, if you leave a, a look at doctors exiting training because of, not achieving success in exams, overall, I think in the country it's come down, but particularly so in, in our region. That's something. And the interesting bit about that, and I think that's relevant to leadership, is about letting go of things as well. And I've learnt a lot through that because the courses and that role, I was so passionate about it and I was doing it for six years, and I used to be a control freak about all that.

On the day of a courses, I'll be like, "We have to do it this way and that." At one point, I realized it was really important to let go of it and move on to a different thing because it not only helps me do different things and evolve in my own career, but it also helps things get better. If I held on to things for too long, it will then stop new people to come in and change- and make it their own thing and change it.

And it taught me a lot of important life lessons about how important it is to be gracious about letting go of things- ... because things get better if you let go of them because the next team of people who've come on have made it even better and they've made it sustainable. So now I go and teach on the courses. I feel like I sowed the seeds for it. I don't own it anymore. But there's something good about, I started this process and now people have taken it, changed it, made it their own, and it's even better. So that was an important lesson for me.

Jonathan Darling:

Great. Thank you.

RCPCH:

We'll be right back after this short message.

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Jonathan Darling:

Maybe let's move on to some of the work you've done with the Royal College of Paediatrics and Child Health.

And I think from our, some previous conversations we've had, you weren't really thinking you'd get involved at one stage of your career. But just tell me why what brought you to getting involved?

Chakra Vasudevan:

I was never a college person. I don't know what that means anymore. I was always not a, college wasn't a thing that I thought I had anything in. That as an institution. We've had lots of chats about how we wanted to make the college feel like it's everybody's organization. It's a college. Only after coming into the college, I realized it's a College of Paediatrics and Child Health.

It's not a College of Paediatricians, which I go on and on about. But, I take pride in that, that, that- ... that's what it is. It was a chance thing. You need good friends, good mentors who then lead you in the direction of what-- You may not even know what you like or what you would like to do, but somebody says, "Have you thought about doing that?"

So it was Kay when she was a assistant officer for w- Workforce or Recruitment at that point, I think, and she was head of school. She once on weekend morning, she sent a message to me to say, "Have you looked at this job? I think you will be very good in this role." I was like, "Nah, I don't... i'm very new to this. I've never worked, I've never done anything for the college." I was trying to be an examiner, but that was the only thing I've done. So I was a bit like, "I don't th- I'm not sure they want me. I'm not sure I have the skills." But she really talked me through why I would be really good at it and why college needs different people to come and work in there.

And so I applied for it, I got interviewed, and they said, "We will be very happy to have you." And I was like, "Really? Are you sure?" And now, what, six years later, I feel like I'm part of the team and, and the team, the EPD team are fantastic to work with. I've made friends, and we've made a lot, like the podcast itself.

It allowed me space and time to develop things. I felt listened to, I felt valued. And I don't always say the comfortable things. Sometimes I say things that are not very comfortable to hear, but I see that's what I bring to the table. It's been a great...

And I did that for five years. We've done a lot of things. We established the Education Learning Board. We made the processes a bit tighter around how we introduce and develop new educational materials for the college. It coincided with introducing new electronic platforms and all that stuff. And ultimately, I felt I enjoyed the role so much that I've decided to stay on, but move and become the Officer for Recruitment.

Jonathan Darling:

And just a bit somebody's thinking might, I might consider getting involved in a college role like being an officer or, there's a huge range of roles actually, aren't there? I think there's about 3,000 people volunteering in various ways to work for

the college. But what would you say if somebody's just not sure, it doesn't feel like it's them or, they've never thought of being involved?

Chakra Vasudevan:

I would say just give it a go. It might work out, it might be the thing you wanted but you didn't know that you want, listen to your mentors, listen to your friends because they know you better than sometimes you know yourself. If you think you've got the skills. But do you know, I'm not a great role model for reaching out.

A lot of things I have... The roles that I have had have not been things that I thought, "Oh, I want to become this. That's what I'm going to get to." They've all happened along the way because people saw things in me that sometimes I didn't see. They said, "You will be really good at this. Maybe you should do that."

And people do that as a... at my clinical, one of my big areas is perinatal palliative care. It was not something that I said when I was in training. I didn't think that was what I was going to be. I was interested in research as a lot of clinical education, but I didn't think that was what I was going to do.

But things evolved and things happened. So I would say to people who are thinking about, "Should I get involved?" I'd say, "Just give it a go." Yeah. Because you will see people, you will find things that happen. Now looking back six years later, what good idea that was. It's brought me so much happiness and, purpose doing all the kind of stuff.

And I know a lot of my friends, I still talk to them and they all are... there are still people who are a bit cynical about organizations and roles and things. What has really motivated me to continue with this is because I bring a different perspective to things because I've trained in different systems.

My life experiences are possibly different and I work in Bradford, which again reminds me how lucky we are to work where we work because the population's quite deprived. There's a lot of need for us to, even clinically to make an impact. So I represent a lot of things that are often not seen at the decision-making level sometimes.

So I think that bringing an alternate voice to the table, a credible clinician voice to the table is really important. And I think there are lots of credible paediatricians, who contribute so much to children's health across the UK who should still feel part of our institution and who should, also be at the table having conversations, whether it is about training, recruitment or education.

Jonathan Darling:

One thing that strikes me when I talk to you is just your enthusiasm for your different roles and for your work as a consultant. What motivates you to keep going and deliver across quite a few different fronts?

Chakra Vasudevan:

I think the core, the primary motivation and what drives me is the clinical work I do, Jonathan.

Every morning, I am very privileged to be able to do the work I do, because it is very... one of, one of our friends, Chris Day, once said to me, "There's nothing more purposeful than looking after babies and families." And it stuck a chord in me. It is a purposeful work. So it's not easy by any chance.

The time commitments are significant. The emotional investment is significant. But somehow, if you're driven to that, that's what you want to do, you acquire skills that you need. You become familiar with processes that helps you. When I talk to doctors in training about leadership, research or everything else is joined to the core of I want to make lives better for families and children.

If they- if I want them to participate in research, I will know, go and learn how to deliver clinical research in that point. If it makes systems better, I will learn quality improvement because it's important ultimately for patient care. So that's the core motivation, and a lot of our influence, my roles in training ultimately leads to that.

If we can train doctors well, it means that the future of Paediatrics is in good hands. So it's important that the doctors in training feel valued. They are the front-facing when we talk, do our induction talk, I always say to doctors that you are the first interaction that families have. You represent our service, so it's really important that we make you skilled, happy, which is important because that's what you want families to see.

So that kind of training investment, again, the motivation comes from delivering excellent care to families and for me, because as a neonatologist, babies, but children really. So that's what has always been the core motivation, I think, for any of the research or academic accomplishments I've had or the roles, training roles I've had.

Jonathan Darling:

I love that. I think that's something that we could all just remind ourselves of in the morning when we get up, what a privilege it is to have the roles that we can do for patients.

Chakra Vasudevan:

And we often talk about training and service as conflicting. I find that, I don't think that is for me, because ultimately, we're all training to deliver excellent service. So being embed- training embedded in service is so important, and I think I do not see a conflict in that.

Jonathan Darling:

Thank you. Just say a bit about any resources or things that you feel have, have helped you in your leadership journey.

Chakra Vasudevan:

Key people. I wouldn't say resources, but people. I think having the right people around.

Over years, you develop a group of people. We often think you need people to encourage you, but I think more important is people who challenge you, people who can say, "Just saw you do that. Do you think... is that all right?" And that, that's quite difficult, isn't it? When you make choices that may not be the right things for you, you need people around you, whether they are your supervisors, your colleagues, your friends, who can say, "That didn't look all right."

And I think that's increasingly a thing that people don't see that as important. In the beginning, I used to feel... Challenge used to feel quite frightening and threatening. "Are you thinking I'm doing a wrong thing? Do you not trust me? Do you not believe in me?" All that comes up.

But as I grow, as I get older, I realize that it's, it takes a lot of people, investment by people to do that conversation. It means that they really care about you, they really know you, and they want the best for you. So I've had people who've come and said- "You just need to be careful about this. I can see you do this, so just, what you're thinking, tell me how can I help you do this better?"

Or the people, and I've was, I've always been fortunate that I have always had those people. I remember a lot of our conversations, Jonathan, which gives me really good perspectives about life, Paediatrics, life outside Paediatrics, the college and all that, and I try and learn from that to think, this is something I've never thought about this way, and I need to think about it.

So it broadens you, your outlook as a person, I think. So most import- I'm very lucky. I worked in a system that enabled me to achieve what I wanted to achieve. I had good, role models who helped me learn a lot of things about values and

priorities. But also key people at different stages of your career and life who've then directed you towards right things.

Jonathan Darling:

Thank you. As we come to the end, are there any key messages that you'd like to leave us with about leadership, things you've learned?

Chakra Vasudevan:

The main thing is give things a go. It may work out, it may not work out, but it's worth giving things a go. If people around you think it's a good thing for you to do, give it a go.

And give it a go with enthusiasm, energy, and passion. But things might work out when you think they may not work out. And have the right people around you.

Jonathan Darling:

That's great. Chakra, it's been fantastic to talk today. Wishing you well in, in all your roles, particularly Head of School as you take that on, and the officer for recruitment.

But obviously your clinical role, which is very important to you and at the heart of all you do, as you said. So thanks so much for talking today.

Chakra Vasudevan:

Thank you, Jonathan, and thank you for being one of those people I've talked about.

Jonathan Darling:

That's kind of you. We'll finish there.

(Music starts)

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