100 Episodes of Heartfelt Transformation Transcript

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100th Episode Introduction

Welcome to Heartline, conversations with healthcare changemakers following their heartline. I'm your host, Dr. Andrea Austin. I'm an emergency medicine physician, coach, and educator.

I believe that healthcare needs to improve the quality care that patients receive and that supporting the workers is at the heart of this transformation.

Welcome to the 100th episode of Heartline, Changemaking in Healthcare. I'm your host, Dr. Andrea Austin, and today we're celebrating an incredible journey, one that started under a different name, and now we've come full circle.

I'd like to go down memory lane and it's very fitting to start with someone that's taught me how to podcast. So I'd like to give a shout out to Dr. Dan Dorcas for being a friend and ally and someone that gave me my first podcasting role.

So I learned a lot of valuable skills that made this podcast possible. And I love this reflection that Dan shared when he was a guest on my podcast and his insights really resonated with me as I consider the next phase of my own career and this podcast.

Dan Dorcas and Finding Ikigai

So without further ado, we'll pause for a moment to hear from Dan. I think my vision of myself has changed quite a bit over the last several years. And inherent in that is this question of sort of like, what is my purpose?

What is my goal? What is my calling? What is my, and I'm gonna mispronounce this word, but ekigai, ekiyagi, one of those, right? Which is like the overlap of these four circles of what are you good at?

What does the world need? What do you get paid for and what do you love doing? And to me, that sort of compass is like pointing towards that Venn diagram in the middle, that icky guy about being like, what is it that I'm supposed to be doing?

I think that when I was just coming out of residency, my vision of that was that that was a full-time emergency physician period. And that anything other than that was somehow like maybe a failure or if not a failure that maybe it was just not living up to my potential.

I think I've come to change my stance on that quite a bit, both as I've done a bunch more internal work and also as I've had a chance to interface with a wide variety of really elite teams through the Emergency Mine Project and my work with the Mission Critical Team Institute.

And when you look at these other elite teams and what they're doing, very rarely are people only doing one thing like that full-time, full-bore, full-time on.

Right? Most professional sports teams have on seasons and off seasons. Most groups in a lot of the different communities will cycle in or cycle off of a particular assignment.

Andrea, I know you and I have talked a bit about what it's like being deployed versus coming back and the differences and sort of how that strikes you.

And what we see a lot of is that very few groups set out with the attitude that you should burn at full speed for full time forever until you're just done.

But that's sort of the model that we've sort of inherited in the medical universe and in emergency medicine. And I don't think that really is the best way to do it.

At least it's not the best way to do it for me. I'm excited for Dan and to continue to watch him follow his Ikigai. When this podcast first launched, it was called the Revitalizing Doctor, and it focused on the stories of women in medicine.

Women in Medicine and Femini-M

In many ways, this moment feels like coming home. My hunger to create content around the experiences of women in medicine came from a void left when Femini-M sunsetted during the pandemic.

That platform was a powerful space for amplifying women's voices. And when it was no longer there, I felt this absence deeply. But now Femini M is back.

And as I step into my role as the Director of Wellbeing, I see an incredibly bright future with so many organizations and the collaborations that we can have.

I think all of these various women in medicine organizations, including the Women in Medicine Summit, which has a wonderful conference that I can't wait to attend again this October.

I'm really looking forward to attending AMWA at the end of March. All of these different organizations are pushing forward in making real progress in advancing gender equity in medicine.

And special shout out to AWEP, the group that I'm a chair of, and so that's a group for women in emergency medicine as I'm recording this podcast today.

On February 16th, I am beginning to pack my bags for Costa Rica. We're holding our first retreat, and I can't wait for that. So, you know, these spaces for women are really important, and especially everything that's going on in the world right now.

So with that, I'm going to bring in a clip from my interview with Dr. Dara Kass, CEO and founder of Femini-M. I really needed to get back to the work.

I missed being in the ER more. I missed being with all of you. We're a posse. I mean, I'd say we're a squad, but we're bigger than that, right? We roll deep, we roll wide, and we roll together.

And I missed that in the government. It's just not the same. I gave grand rounds yesterday at a medical school, at a residency. And there's just something magical that happens when you put a bunch of ER docs in a room and give them a problem they think they can solve.

And I'm ready to go back to do that again. This work around gender equity in health care is more important than ever. We do have some people questioning the need for women centric organizations in medicine and honestly the world right now.

But let's not forget the facts. There remains a persistent and significant pay and leadership gap. Women emergency physicians leave the field on average 12 years earlier than their male colleagues.

These are not small issues. These are systemic problems that require systemic solutions. And I'm going to bring in a clip of my interview with Dr. Shikha Jain because Dr.

Jain has some really wonderful things to say about how we can make this change. We have some components of leadership development, negotiation training, all this stuff you don't learn in med school.

Gender Equity and Systemic Change

So we have a component of that, but really we're trying to empower people to take control of their own careers and then take control of the systems within which we work because none of this change is gonna matter if we don't change the systems and the barriers that exist that have caused these problems and challenges.

So I always remind people the healthcare system was created when women were not in the workforce. So a lot of the decisions that were made were not made thinking of the people who were in the workforce itself or who are going to be in the workforce.

So we really drive for not just personal and professional development, but also how do we drive systemic change that's sustainable. One of the major themes of this podcast will continue to be gender equity because what's good for women physicians is good for everyone practicing medicine.

And it's good for our patients that are showing up to receive health care until we're taking care of each other and have each other's back. We can't create the health care system that we really need and that our patients frankly deserve.

This podcast has been a place for me to learn and grow. In 2023, I began my thesis Developing Physician Changemakers. You have to love the people and you have to love the process, which is a qualitative study of 15 attending physician changemakers.

It really expanded my thinking about how we create change in health care. The publication is forthcoming, but a few things I can share based on abstracts that we've already presented is we used a theoretical framework informed by Dr.

Chris Argis that all transformational change at the organizational level only occurs through transformative learning at the individual learning. This is what this podcast has and will continue to be.

It's a place that we begin with healing and understanding ourselves and the challenges and traumas of practicing medicine as a woman and as a human going through this world.

And now with this renewed energy, I've turned into how do we increase the number of change makers and accelerate their growth to get health care to where it needs to be.

I specifically chose the term change maker as change agent is somebody who works towards change, but adding this term maker is somebody that is making change that is good for society.

And when we think about healthcare, it is my belief that healthcare is a human right and that we need healthcare as part of a functioning society. So change makers featured on this show understand that humans are at the center of healthcare.

And while we need to contain costs and we need to have conversations about cost, we need to stay focused on human centered solutions. Dr. Albert Bandura reminds us that agency, our ability to make change can occur on an individual level, but for big change, we need collective agency.

Change Makers, Agency, and Complex Systems

I really enjoyed my conversation with Dr. Eve Purdy on how healthcare is a complex adaptive system and how we can influence those around us. Yeah, and one of the analogies that I've found most useful maybe when I was in the darker depths of feeling that learned helplessness is just reading a little bit more about healthcare as a complex adaptive system and then looking to some other complex adaptive systems.

like the way that starlings fly and seeing how they navigate the complexity and essentially it's very simple. They have birds that can fly and then those birds pay attention to the seven or eight birds around them and adapt and move with them and that's it.

So and that's all they have control over and so I try when I show up to a shift to think who are the kind of eight to ten people that I can influence and how can I make that influence as kind of positive as possible in the hopes that that might kind of transfer.

And so it's fairly limited when you think about it, right? I work in a healthcare organization that has, I think, 11,000 employees or something. So a limited impact on 10 people a shift is not much.

It is actually what I can do. And I do that better or worse on some days, but it at least is something I think about when I walk through the doors. I also really enjoyed this conversation with Dr.

Josh Hartzell that well-being of our workforce is dependent on great leadership. It's not a nice to have. We must cultivate great leaders in healthcare.

We can't yoga or meditate our way out of the crises that we're dealing with in healthcare. And what we really need, as Dr. Christina Shenvy has reminded us on this podcast, nobody's coming to save us.

We have to save ourselves. And what that involves is becoming the leaders that we need. I hear so often that I don't have good leaders around me. I don't like my medical director.

I don't like our CEO. Well, then you're going to have to step up. I don't have any other way around it. We all have to find ways to be the leaders that we need at this moment.

And I'm going to pull in the clip with Josh on his thoughts on leadership. And there's very good data that suggests that if we lead more effectively, we can start tackling issues like burnout, well-being.

We can do that for students and for faculty. The only way we can lead more effectively is if we train our students, our residents and our faculty to do it.

It's not just going to magically happen. So I think we really need to go back to our roots and think about, look, if we want what's best for our patients, if we want what is best for our trainees and for each other, then we have to lead more effectively and we have to dedicate time to it.

Over the last 100 episodes, we've expanded our conversations beyond gender equity, looking at healthcare burnout, moral injury, innovation, and systemic change.

We've spoken with incredible change makers who are reshaping medicine in small and very big ways. Coaching has always been at the center of this podcast, and that won't change.

Coaching is the fast pass to accelerating our personal development to becoming the change makers the system needs.

Leadership and Workforce Wellbeing

I loved this conversation with Dr. Pepper, which just her name alone is fantastic. And she reminded me of the deep rooted perfectionism in our system and need for self compassion.

I would start by just recognizing that you're totally human, and this is something that a lot of people struggle with. It could be perfectionism, it could be over drinking, it could be over working, it could be scrolling social media, but all of these are ways that we avoid discomfort.

And so that's really the first question, which is, how do I think my perfectionism is helping me? And how might it be harming me? What is it keeping me from?

Is it keeping me from connecting with other people? Is it keeping me in a constant cycle of self-criticism? Is it stalling me out? I can't get the work done?

What are the ways that perfectionism is actually derailing you? And ultimately, some people may believe that it is helping them more than harming them, which is why it continues.

But once we recognize that there is a cost to this rigid, controlling, fantasy-based perfectionism, it's usually when we're able to start pausing and saying, is that still true?

And what's the next right step? I also love this reminder from Dr. Klein, that we need to democratize and make coaching more accessible along the medical education continuum.

One of the things that's important to me in the work that I do is to democratize coaching to the junior among us. And what I mean by that is I think it's fairly common knowledge these days that the new executive, the new chair, the new division director, that maybe their new role comes with an associated package to work with a coach.

Let's be honest, they're at the higher end of the org chart. If you think back and realize that had they experienced coaching as a medical student, a resident, fellow, some junior part of their career, then it's that whole an ounce of prevention is worth a pound of cure.

That's saying in arguably they'd be more effective leaders when they reach that senior levels. This 100th episode wouldn't be complete without mentioning Cherie Johnson.

Many of you know Cherie is my coach. She's a wonderful colleague. She wrote a fantastic book called The Thriving Doctor, and I want to include some of her words of wisdom from an early interview on the podcast.

Coaching, Perfectionism, and Growth

In terms of transformational, it makes me think of Robert Keegan's work around adult development and his idea of, you know, we moving from being self-authoring to being transformational in our way of management of ourself and in our leadership too.

So self-authoring, I'm designing my life. I'm really censoring, it's not the right word. I'm designing what I look for, what I see, what I select out of the environment, what I share.

and what gets into me. And this is the immunity to change work, which you might know that book. When I'm transformative, I'm not just looking at the world from my self-referential point.

I'm kind of looking from the balcony as well. I've got more perspectives. I'm looking through life. I'm looking at myself in my life. And this is the self-awareness that we really see in very effective leaders.

They have much more self-awareness. And so I think Robert Keegan's work around the immunity to change has a lot to offer this kind of physician development where we're thinking about, okay, I can see what's happening here in my team or with my patient or through this diagnosis process.

And I can also see myself, I can see how I'm behaving in this process. And I welcome new information that is in my blind spot that I didn't notice before.

You know, disruptive ideas or other thoughts or other ways of being, I welcome. Whereas when we're in self-authoring, we tend to kind of bat that away unconsciously.

We don't let that stuff in. We behave as if we know all there is to know about our own life and our self. when we can move into this more transformative space, there's a different level of curiosity.

We really, it's messy, it involves head, heart and gut. And we're more curious about the emotions, more counter-cultural moves because medicine is really training doctors, or I think it's changing a bit now, but has trained doctors to be pretty averse to emotion.

Don't show emotion, don't feel emotion, don't share emotion, keep everything at arm's length. We really know that that's not how humans operate now, but it's a big shift for doctors to move out of this designing my own managing and protecting myself, managing my own emotions, keeping everything under control to saying, okay, I want to go into this lean into this transformative space.

It's going to be disruptive. I might not feel as protective. I might say or do or feel something that I don't want other people to see. So yes, transformation again, personal transformation and systemic transformation, I think we're in the midst of, if we can open ourselves to it.

And I just say that at the end, because I've had several conversations in the last week with doctors in groups and individually, where we're proposing all sorts of things and the doctors continually say, well, we can't do that because we don't have time or there's too many people.

And it's just evidence to me that, yes, if we keep doing it the way we've done it, If we can start trying some different things, we might find that time or demand is different, but we've got to be open to this experimental sort of phase.

And that's a huge challenge individually and collectively. All right, a quick confession. When I planned this 100th episode, I thought it would be an interview with Dr.

Podcast Break and New 2025 Format

Cheryl Martin. Don't worry that interview is forthcoming. We actually recorded an interview and a little bit embarrassingly that interview didn't work out.

I recorded it with Cheryl after doing some shifts in the emergency department and quite frankly my morale is really low. And I didn't show up to that recording with the enthusiasm and hope and inspiration that I expect to bring to you.

Certainly this podcast is never a place that we gaslight each other. It's not a place for us to be Pollyanna's and say everything is right. right now in healthcare because we 100% know it's not, but it is a space for us to expand our thinking and set down some of the limiting beliefs that have been propagated and sold to us as physicians and healthcare professionals.

So with you know, every experience we have a failed podcast recording is an opportunity for reflection. And after I had that conversation with Cheryl, I began thinking about what's the future of this podcast.

And one of the things that will be happening is I'm going to take a bit of a break from recording. And during the month of March, I'm going to be releasing some of my favorite episodes with women that have been on the podcast as part of Women's History Month.

So I really look forward to listening to some of those episodes. And I will be re-releasing quite a few episodes when I don't have a new one for you. and some of you remember the early podcast episodes I was doing the sound editing so we're going to actually start making that right and the episodes I'll be re-releasing will be with proper sound editing and much better quality and we'll go back and fix those original sound files so when you go back hopefully you'll find that the The sound quality is uniform and great as we re-release those episodes.

So that will be happening in 2025. And then you can catch the episodes that you may have missed. So I'm really excited for that as well. And then as we look at the rest of 2025, I'm going to be switching the format of the podcast to more mini series based.

So when there's something I want to deep dive and understand better, I'm going to release a set of episodes together. The first mini-series that I'm going to be releasing is going to be using the framework of appreciative inquiry.

Appreciative inquiry was developed by David Cooper Rider and Suresh Srivastava, who developed this at Case

Western University in the late 1980s. Appreciative inquiry looks at what is going right in a system for solutions.

And so I'm excited to continue to interview healthcare leaders who are innovating and making positive change despite the many challenges and to share all of this with you to inspire you to reach your change making potential.

As we wrap up today, I want to thank everyone that's been a part of this journey. The listeners, our guests, our supporters, thank you. Your passion and engagement fuel this work.

Here's to the next 100 episodes of learning, growing, and transforming healthcare together. Let's stay connected. Please follow me on social media. I am most active on LinkedIn and Instagram.

And coming soon is YouTube. And so we'll have episodes on YouTube, which will be super exciting as well. Head over to Andrea Austin, MD. dot com to subscribe to the newsletter.

I released this about quarterly, so you're not going to get a ton of emails from me. The emails that you are going to get will be really deep diving my thinking on challenges happening in healthcare and how we can make positive change.

Closing Thanks and Call to Action

And if you haven't picked up a copy of Revitalized, that would be awesome if you did. Gift it to somebody in your network. We've got graduations coming up in the spring, so it'd be great for that as well.

And I'm very excited to share that the audiobook for Revitalized is going to be coming out in March. And hopefully, while you're listening to this episode, it's already available on Audible.

But certainly, I will keep you all posted on social media and my website. So I know many of you have been asking for the audiobook, and it is coming. So as we close out today, let's continue to follow our heartlines to transform health care one conversation at a time.

Thanks for listening to Heartline, conversations with healthcare changemakers following their heartlines. I'd so appreciate it if you could take a quick moment and hit the like button and also the subscribe button that you'll find within your podcast app or platform that you're listening on.

It also really helps if you can leave a review. I would certainly appreciate a five star review and a few comments about what you liked about this podcast.

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