Introduction to Heartline and Dr. Bengali

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.

I'm really excited today to have Dr. Anita Bengali on the podcast. She's a fellow emergency medicine physician, but there's a lot more that she does besides emergency medicine.

She's also a coach and has her own clinic as well. So I'm excited to talk to her today as part of this mini series on appreciative inquiry. And just as a little recap for the, The audience, appreciative inquiry, is this idea of instead of looking at the negative aspect of what's going wrong in healthcare, we're going to be talking with experts like Dr.

Bengali about what's going right and see if we can capitalize on the positive to continue to improve healthcare and just a little bit more about Dr. Bengali.

She also is a TEDx speaker times two, which is really exciting. And we're going to touch on her TEDx speaking as well. So Anita, welcome to the podcast.

Thanks so much, Andrea. I'm so happy to be here. All right. So I laid out this framework of appreciative inquiry, and you've got a lot of different parts to your career portfolio.

What does appreciative inquiry mean to you and in the context of how you contribute to health care? Yeah, so I think first I'll start off with how I recognize that appreciative inquiry was an integral part of what I needed to change in my life.

Finding Appreciative Inquiry in Medicine

I think so much of medicine, like you said, has changed, especially in the last 10 years. And I think when I went into medicine, Medical school residency and the first five, six years as an attending, I just kept focusing on what I was supposed to do, the expectation, without recognizing my own control and own power.

It's almost like I relinquished the curiosity and just did. what was on the platform, what was on the pathway, the next step, but that someone else had actually assigned.

And I think that's what we're used to, whether it's a perfectionist personality or a type A personality, that's what we're used to. And it really took probably around year seven as an attending for me to sit back and recognize that there was an imbalance in life.

And so I approached it with an attitude of curiosity. I mean, yes, there was frustration, but I think sometimes frustration is what leads to curiosity in trying to understand what is it that I can change?

What is it that's truly making me feel like I want to create a pivot? Not that I want to leave medicine, but how do I change it from within to better satisfy me and my family and all the aspects of who we are?

And I feel like that is the beginning of the transformation. even having the awareness. And then after that is when I realized there were other parts of how I wanted to pursue medicine that I wasn't doing in that moment.

And that's when I pulled back a little bit to be able to create this portfolio, like you said, of medicine that actually

satisfies me. So I think a lot of people listening are probably at the phase where they're feeling, you know, exhausted from the achievement treadmill is the term I like to use that we're taught to get on and keep going.

So how did you begin that process of rediscovering your joy, practicing medicine? How did that look for you? I sat back one day and I was primarily working overnight shifts and not sleeping enough during the day because I wanted to be a mom and I wanted to be active in different projects at school and still do the things to satisfy me.

But it was a complete imbalance, especially because I wasn't getting the foundational requirement of sleep. And there was one day I just sat back and I said, what was it that actually makes me happy about medicine?

Because there were days where I felt like I'm not sure. I'm not sure. But it was more the scheduling and the process and what I was actually creating as opposed to the medicine itself.

And what I loved about medicine and still do is the connection and the communication with the patient. And by communication, I mean a lot of listening.

And that's what I realized I was missing. So I tried to think about how can I actually create a structure where I get to just sit and listen and get to communicate with patients.

And that began more of a discovery process that I enjoyed. I enjoyed that creative process of designing something. All right, so you said the key word there, designing something.

So what did that first pivot look like for you? So the first pivot looked like cutting down on the number of overnight shifts for me.

Rediscovering Joy and Creating a New Path

and creating time to be able to do my coaching program, like to actually be a student again and to learn and to have the time to study, to have the time to go through the coaching program that I did online.

And so that meant slightly reducing the number of shifts for me. But I realized that I really loved the curriculum. And part of going through the coaching educational program was almost self-discovery.

So many of those tidbits I had to incorporate in my own life. Yeah, I had a similar experience. I think going through a coach program, you can't help but coach yourself and you also get to be the recipient of a lot of coaching in the program.

So you go through a coaching program and do you want to share which one you did and your thoughts on it? Yeah, so I actually did the Jay Shetty certification program.

It was relatively new at the time when I did it during the peak of COVID in 2020. And it was great because everything had converted to 100% online in that time.

So in a way, it was a blessing in disguise because I think otherwise, I wouldn't have been able to actually attend an in-person coaching program. I would have imagined more barriers.

And so this was kind of a nice way to be able to still be at home and still be a student and learn the new tools and skills that I needed to be able to make that first pivot.

And yeah, so it was a wonderful opportunity. And what would you say the biggest transformation was after going through coaching? I was able to realize how much power we have to designing our success, and that success does not have to meet the requirements of anyone else.

Yeah, do you hear that audience? I think that's worth repeating. Success is defined by you. It's not defined by anyone else, which is a very countercultural thing after going through medical school and residency.

So now you've gone through your coach program and what happened after that? Then I just realized that this is what I truly loved when I was coaching clients and I just realized that that was a true communication in the connection that I was missing with patients.

And, I mean, obviously I still love the zest and the vibrant nature of being in the ER, but there was something about the healthcare system that thwarted my ability to connect and communicate with patients in the way I wanted to.

And so I realized that, OK, I want to be able to create my little side hustle here, my coaching program. And I loved having these coaching clients on the side.

And I realized that an hour or 75 minutes would fly by so quickly. And I still loved emergency medicine. But I realized that the drain of 12-hour shifts and the drain of documentation It just wasn't giving me the same satisfaction as it did a decade prior.

And I had to actually recognize that that was okay, because a big part of my mental energy went into processing guilt about that. Why don't I love this the way I used to?

I'm supposed to love this. I'm supposed to feel the same way I did 15 years ago.

Coaching, Self-Discovery, and Permission to Pivot

But no, I'm a different person. I have three children. I have a husband who has a very busy practice, who travels. You know, it wasn't the same ingredients anymore.

And I realized that pivoting was okay. So I had to give myself permission to actually feel okay in changing. Yeah, so much of that resonates with my own experience and story.

And I'm curious, do you still work some in the emergency department? Yes, I still do very few shifts in the emergency department. Since I started my ketamine incision practice last year, I have cut down significantly, though, in terms of ER shifts.

But I will pick up as needed. So more of a per diem type model. Now, you mentioned ketamine clinic, and certainly ketamine has been something very much in the news.

You know, it's a hot, hot topic. Certainly, there's been a lot of celebrities using it recreationally. So, tell us about why you decided to open a ketamine clinic.

And, you know, I think it was really important for our listeners and as, you know, it sounds like, you know, if I can draw a through line here that there was some burnout.

and I see your head shaking, there was burnout for me too. And I think one of the hazards for people when you're going through burnout is you want to decrease that pain.

You want to not feel burned out anymore. So then when you listen to, okay, this person opened a Botox clinic, this person opened a ketamine clinic, beware of shiny objects.

And I would really come back to a concept we talk about frequently is your icky guy. you know, what you love, what the world needs, and ideally what you can get paid for.

So using that framework of the Ikigai, how did you arrive at a ketamine clinic? Yeah, it's the perfect word that sums up everything about how I feel about my ketamine clinic and the journey in getting there, because So for about eight years since 2017, I've been part of a project with Brightside Health.

It's a telemedicine service that provides mental health care for patients with anxiety and depression. And I was one of the first five doctors in Texas to work with this Stanford-based group to help bring this service to Texas.

And I was still doing full-time emergency medicine then, but I liked that it was this telemedicine opportunity before COVID. So we used Zoom a few years before COVID.

So it was really revolutionary. And I realized in talking to so many of these patients that they also necessarily, yes, they had symptoms of anxiety and depression, but they also probably needed some lifestyle coaching, right?

They would benefit from having additional insights and coaching therapy to be able to help create the changes in their life so they wouldn't have those symptoms of anxiety and depression.

So I bring that up because I had that experience focused on kind of telepsychiatry coming into this. Then I had my own burnout issues. As you know, working in the emergency department, so much of what we see has underlying psychiatric or mental health associated with it, right?

Chest pain related to panic attacks or abdominal pain related to depression or other mental health issues. And so I think that in a way, we are those providers in the emergency department that see so much of the most severe anxiety and depression.

And so knowing that, as we started reading about the ketamine, we saw that ketamine could be used for those most severe cases of treatment-resistant depression and anxiety.

Why Ketamine Clinic Work Felt Like the Right Fit

Plus, we have, as ER providers, the experience with using ketamine at much higher doses, yes, for other indications, but it's a medicine that we're familiar with, right?

Like having 19 years of experience using ketamine in other ways were quite familiar with the drug, its side effects, physiologically what it does to patients.

And so putting that those two things together, the interest in patients that have anxiety and depression and the interest in still using a medicine that is considered critical care and being able to intersect that and marry those two together and still being able to have autonomy over my time and energy in a clinic setting, it just was a perfect blend of everything.

I love that, and I can definitely see using the coaching framework that you're lighting up, you're smiling when you're talking about it. And I also think that it's really interesting how you had that early experience with telemedicine and telepsychiatry.

And I've also seen this pattern with people in the mid-career stage. a lot of people listening know I like to say sit down with your burnout, curl up next to it and ask it what it's trying to teach you.

And it sounds like what it was trying to teach you is to go upstream. You know, the things that are most frustrating for us are to see these patients with psychiatric conditions that frankly aren't getting helped and they're just getting shuttled around the system.

You know, the worst thing we can do to a person that's certainly in a psychotic state is to put them in an emergency department hallway bed with the lights on for days.

So they completely lose any circadian, you know, rhythm that would be helpful to them to have to recover knowing that sleep is so important. So I think this makes a lot of sense that, you know, the ketamine for you, it sounds like was going upstream to help the patients that quite frankly, we can't always really help in the emergency department.

Yeah, and I love that way of thinking about it because sometimes we feel like just because we're not doing the same thing that we were 10 years ago means that we're settling, right?

But no, I totally agree with this word upstream because I feel like it's an advancement. I feel like I get this opportunity, this joy in seeing these patients who really didn't think there was any hope for them.

And I see them getting back into their own social prescriptions of developing their friendships, relationships, getting back into their hobbies and truly thriving.

And they just did not think it was possible. So I consider ketamine kind of CPR for the mind because it gives people a chance again. Wow, that is such a wonderful phrase that ketamine is CPR for the mind.

There's something else you just said. There was a term that you used, social prescription. Can you talk about that more? Yeah, so social prescription was kind of the focus point of my second TEDx talk in Raleigh a few years ago.

And it's a concept that's actually popular in the UK and Australia. And it basically is a term that says our path to healing and thriving and sense of joy comes from our community, comes from the social relationships and connections that we have and the activities that we do with that group of people.

So it's not just Okay, going for a walk by myself. It's going for a walk with my neighbor. All the chats I have as I walk around through the neighborhood streets.

It's having families over for dinner and the cooking process and even the conversations with the grocery store clerk when I check out. Like the entire entity of what that process looks like.

And for me, I realized during my burnout that one thing that was missing in my life was my dance classes, which had kept me sane as a child. And I had lost that as a new mom and then as a new attending and then just like an ER physician working overnights and not getting enough sleep.

And I got back into that. So it allowed me to channel my own social prescription and really prioritize that. And that's part of what I like prescribing to my own patients.

It's different for everybody, right? If you love photography, go do that. Find a photography club that you can go take pictures with together. That really has allowed me to be able to use that social prescription philosophy and actually use it as a medication for people.

Yeah, this is so apropos that you're bringing this up, you know, because there's all this literature coming out about the power, well, the how severe the loneliness epidemic is in the United States.

And I was just at the AWEP retreat in Costa Rica and Amanda Dinsmore, one of the coaches and emergency physicians, part of the whole physicians, talked about the Rosito effect, which you're shaking your head is this community.

of Italians that moved to the United States. And for many, many years, they had a much lower cardiovascular disease compared to other communities around them, even though the diet and things were the same.

Social Prescription and Building Connection

And it all, what the research came back to is they had this amazing social connection. And, you know, I'm actually kind of thinking more about this now for me.

You know, I've always thought like I have like a really wide social network and a lot of connection, but I've noticed that part of it's being emergency physician and the shifts can be really isolating.

It's hard to join clubs or groups because our shifts rotate. And then right now I commute a lot. And so, and people talk on the phone less. So one of the things that came out of this conference that I was at is Um, some of the women there are part of friend groups that leave each other voicemail messages.

And it sounded really weird to me at first, but it's starting to make more sense to me because if we're not, if we're living this high paced world and it's not always where we can talk on the phone together, maybe it is leaving a voicemail and listening to that person and then calling them back and you know, giving them a response if we can't do it in real time.

So I guess this is a long, windy road to the question of how do we increase connection, especially among shift workers and people working these really long hours?

Yeah, I love that. I'd never heard about that type of group, the voicemail group. I think it, like with any coaching In general, like with coaching, the philosophy is always start small, right?

Micro habits, tiny habits. I would say the way that we change the loneliness epidemic is by scheduling it. And it sounds boring, but sometimes that's what we need.

So scheduling one longer social activity in the week, just one longer thing and two small words. So small can be a five minute conversation on the phone.

It could be a five minute interaction with somebody where you happen to meet. But it's where you're actually face-to-face, in person, having an exchange that doesn't have an agenda.

Because so much of it is the free flow of thought, of the spontaneity of emotion, of being able to look someone in the eye. And that doesn't come from if an agenda is set.

We're talking about this, this minute, and this, the next minute. I would say scheduling two of those micro activities per week. That's also been shown to really help release all the endorphins that we want to release that we'll never get from scrolling through our phone or through text information.

Even if it's the exact same information that's being exchanged over text, we don't get that surge of oxytocin. It's a skin app. Yeah, absolutely. There was something that you talked about in your first TEDx talk that I wanted to ask you about.

And you alluded to struggle, well, not really struggling, but this idea of metrics and, you know, being called in with your group in a staff meeting and saying, you know, a four is not good enough for out of a four out of five scale We need a five on customer service, even when people are spending their entire emergency department visits in the hallway, which I think by definition, any of us would probably not give that a five experience.

One of my prior coaches and colleagues, Dr. Trana, I'm blanking on her last name right now. I haven't had my second cup of coffee, but I'll ensure it's in the show notes.

She came up with this term, metric shaming, and this idea that metrics are used to shame physicians. So a lot of us, you know, we don't hear about when we're doing something right.

We only hear when there's something wrong. So what do you do or what do you suggest for your clients when they get, you know, these negative reviews or told they have to do better when it seems like the conditions really aren't going to support success?

I think it comes down to values, right? Sometimes it's going to be impossible to necessarily change the metrics themselves, but we can change the way that we're perceiving the importance of those metrics to us.

So, but by that what I mean is, if… I felt like I had to have a five or a perfect Prescaini score on every single metric. That would have just left me feeling even more unsatisfied.

But at some point, I realized that there was a lot of that I could not change. I understood that it was a value to the hospital, to the degree, and there was a certain value that it add for me.

But I couldn't put the same value that the other institutions put on it. And I had to be okay with that and try and change what I could change about it and recognize the value of that number and what it meant to me.

Handling Metrics, Feedback, and Leadership

And as long as that I was able to adhere to the standard in order for me to continue doing the work that I wanted to keep doing in the emergency department, for me, that was going to be good enough.

But yeah, initially I had a lot of resistance because I wanted to be able to create these perfect scores. And I felt like it wasn't a fair system. And it's not a fair system, but that wasn't something single-handedly I could change.

I had to relinquish something. Yeah, so it sounds like you're coming back to what's in my control, what's not in my control, letting go of the perfectionism, and then just this realization.

Cherie Johnson, another frequent person I quote on the podcast says, reality wins every time. And so, you know, the reality is people are going to score how they're going to score.

And that's when I think you really have to hope you have good leaders. And think of something for people out there that are assistant medical directors or medical directors, you know, to think about is or chairs.

You don't need to bring everything to your people. look at reviews, do your own research, and if it's not something valid, don't even bother the person with it.

Like there's enough on our plates. It's not that we're fragile and that we can't take feedback, but I think sometimes there's this feeling that we have to bring every single thing to the physician's radar, and it's like we actually don't.

Good leadership blocks a large portion of that. I agree, and especially if the trends are similar, then maybe it's something that you have to look at in a different way, I think, for a lot of us.

And I had served for a brief period of time as medical director, and you realize how many complaints there are. So many of them have nothing to do with that individual physician.

It has more to do with the system. And so there's no point in taking it to the physician, because there's nothing that they could specifically have changed about that scenario.

But I do think that that comes down to our social prescription within our work culture, too, making sure you have advocates, friends with whom you work, and a sense of camaraderie, as opposed to every man feeling like their own island in the ER.

Like you said, sometimes it can be isolating, especially if it's single coverage shift work. And I think knowing that you can rely on your support staff, whether it's other physicians or nurses, to kind of let you feel like it's okay to have these emotions even at work and that it's a safe space.

Yeah, for sure. So as we begin to wind down today's episode, a few questions we like to end with kind of our rapid fire is what's something you're looking forward to in 2025?

We are going to Bali for our family vacation and to celebrate our 15-year anniversary, which was actually last year. So I'm very excited. That's amazing.

And what's a conference you like to attend? Most of our listeners know the specialty-specific ones. But is there maybe something a little bit off the beaten track or something that helped you get your ketamine clinic started or it's just exposed you to a different network or a different way of thinking about something?

Yeah, there's two that come to mind. Last October, I went to the TED Next conference in Atlanta. And it's one of the two big TED conferences. And it was just amazing to also meet specifically physicians who were there, who are

interested in thinking about medicine in slightly different ways.

And it was just a group of people that wanted to uplift each other, no matter what their discipline or interest or study. brilliant minds that were so kind and willing to support each other.

I love that feeling there. And then most recently, I went to this conference called the ASKP3 conference, which is the American Society of Ketamine Physicians and Practitioners in Austin.

And I love that, again, very similar feeling. And it was different because there were nurses and mid-level practitioners and physicians.

Looking Ahead and How to Connect

And it was aim a physiologist and ER physicians, and I loved that. That's amazing. So we'll definitely put the links to those in the show notes. And I would really encourage the listeners.

That's why I asked this question. You know, I think if you're feeling like you're in a rut or you're not really sure what your next step is, picking a conference, maybe one that, you know, it's something new like this can just give you a quick, you know, almost like a shot in the arm of different ways to think about some of the challenges you're running into.

Yeah, for sure. I 100% agree. So how can our listeners connect with you if they're interested in coaching or learning more about what you do? Yeah, so I have a website.

It's AnitaBengale.com. There's some information there about me. You're welcome to message me through Instagram or the website. And I'm happy to connect with any other ER physicians in particular, anybody that's looking to be able to create a slight pivot because there is so much power in being able to still practice emergency medicine or any field of medicine on your terms.

I love that. What a great way to end that episode, to be able to practice medicine on your terms. And the realization in practicing on your terms with your strengths and your authenticity is what is going to change medicine.

So thank you so much, Dr. Bengali. It's been a joy having you on the show. Thanks so much, Andrea. Appreciate it. Thanks for listening to Heartline, conversations with healthcare changemakers following their heartlines.

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And I'd also like to thank our future Dr. Caitlin Dinn, who is the production assistant for this podcast.