Conflict as Catalyst: Physician Resilience and Teamwork in Medical Education Transcript

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Introduction to Heartline and Dr. Lee Sharma

Welcome to Heartline, Changemaking in Healthcare. I'm your host, Dr. Andrea Austin, a board-certified emergency physician, physician development coach, and educator.

After years on the front lines, I've learned that real change in healthcare starts within. Each episode invites you to explore the inner work that unlocks clarity and bold leadership, because healing systems through changemaking begins with following our heartlines.

I am thrilled today to have my new friend and colleague Dr. Lee Sharma on the podcast. Dr. Sharma is a really interesting person and has a wonderful podcast of her own called Scalpel and Sword that I've been on.

You should definitely go check it out. And she's also in private practice as a OB-GYN, and she has a master's in conflict resolution, which is fascinating.

So we're going to dig into her interests in health policy, health system transformation, one of my favorite things, and also women's health. So Lee, wonderful to have you on the podcast today.

Andrea, thank you so much. I've been so excited to talk with you again, and I'm so happy to be here. Tell us the moments or moments that you realized that you were a change maker.

Okay. So I would say probably my very first aha moment that I had the ability to make change. And it's kind of a weird story, but I had just moved to Auburn to practice.

So it was my first year out in private and I was on OB call. And I was back up, you know, on backup call, you know, the primary person labor and delivery, they're calling C-sections and of course they call you to come in and assist.

First Aha Moment: Stepping Up in the OR

So this was a Friday night, it was probably about 10, 30 or 11. And they called a section, it wasn't a stat. So they said, you know, just call on the section B in about 20 minutes and, you know, usually start in about 30. So I roll in in about 20 minutes and everybody is sitting out around the nurse's station, including my colleague, the primary OB, And I was like, why is everybody out here?

Aren't we doing a C-section? And they said, well, yeah, the scrub tech is stuck in traffic. She lives at the lake. She's stuck and she's not here yet.

So we're just hanging out. And I went, okay, we all know how to open the room for the C-section, right? And they kind of looked at me for a second. And so I just went back and scrubbed in and started opening up.

I started opening up instruments. I started setting up the table. I started counting. And when everybody else saw me getting up there to do something that wasn't technically my job, but needed to get done to take care of the patient.

everybody else got up and started doing it. And by the time the scrub tech actually got there, we were good to go. We were not delayed and we could roll the patient back and we got her taken care of and got the baby delivered.

And the next week when I was on call, one of the nurses came up to me and said, I got to tell you that was really cool what you did this weekend. And it's like, I've kind of forgotten about it.

It's like, what did I do this weekend? Said, you didn't wait for somebody else to come in and fill a role that you knew you could fill. You did it. And you doing that got everybody else to understand that when we work here, everything's our job.

And it was just a really big aha moment for me, because for me, I don't think I thought of it as a thing, but for the people watching, it was somebody saying, I can take action in areas that aren't strictly mine, and I can get things done in that way.

And I think that was a big moment for me realizing that I could have an impact in a way that it wasn't strictly my role, but it was something that spoke to other people.

And then it wasn't too long after that. It was about a year after that that I started my master's. So it wasn't long after that I was able to have an experience where I got some formal education.

But I think that was the first time I really realized that small acts of taking accountability could make change in a healthcare system. That is such a wonderful story and one that I just want us to all really think about.

You know, it's very easy to say, The system is broken and it is. And there are so many moments throughout our day where we can lend a hand and be that assist.

We actually talk about that in the place that I work right now. They call it doing the assist. And what they mean by that is just like not waiting till someone asks you for help, but just recognizing that that assist is needed.

And it's a way for that caring leadership, the prior guest that's been on the podcast, Dr. Josh Hartzell, and he wrote this beautiful book about caring leadership in healthcare.

That's caring. Yeah. Yeah. And you don't realize like while you're in that moment how that speaks to other people. I think that's a big part of being somebody who's trying to make change in healthcare is understanding that these small actions really do witness to other people.

And sometimes we'll have ripple effect far greater than what you anticipate them to have. The idea that when we are acting, I mean, it was a place of need, but it was a place of, I can do a small thing that speaks in a big way.

And so much of that as being a change maker. Yeah, absolutely. And I think about it a lot too with every relationship is like a bank account. And all of us are going to have to make a withdrawal.

And certainly when you're working with nurses and techs, there's days that you need to make a withdrawal.

Why Conflict Resolution Matters in Healthcare

And if you have not contributed, no surprise that they aren't as quick to lend a hand when you're in a pinch. And it's not about being transactional. Like what you're talking about, that was a transformational form of leadership.

So it's not like every time I do something kind to somebody, I'm like expecting it back. But it's also human nature that if you're not contributing to that emotional bank account, it's hard for people to feel like they need to help you in your moment of need.

And it's really interesting, and I'm sure you've observed this too, Andrea, when you see physicians who are in any kind of work environment, ER, surgery, labor and delivery, that the necessity to see yourself and the other people you're with as part of a communal system, you know, it is a team, but we are a system.

We're actually sort of a symbiotic organizational function that's dedicated to one job, which is taking care of the patient. that when you are having that relationship with your scrub techs, with your nurses, and it is about having an interest, you know, when they're having conversations about their families, when they're having conversations about what's going on in their lives, that you're going to take a second and take a beat and actually participate and

learn about them and take an interest in them.

And so they do feel like you've invested in them on several levels. You are investing in them because you're telling them clinically what's going on. You're investing in them by sharing your knowledge and experience, but you're also investing in them as people.

And the flip side is when things go sideways, and if it's a win, because stuff goes sideways in the world that we live in and the world that we work in, that they are going to be much more likely to be invested in you having a positive effect on that system and having a positive impact on the patient.

And we've all seen, I have seen as well, that physicians who don't invest in their team in that way are not going to get that kind of support. And we really do need that, whether you think you need it or not.

You know, we grow up in a silo sometimes, you know, the medical educational system sometimes creates us as we think that it's all on us. We think we're sort of stuck in the silo, you know, it's me or nothing.

I think surgeons in particular are really bad about that, that we think it's sort of all on us. And to see that we have so much support and so much teamwork and people who really want to see us succeed, When we have the opportunity to create that relationship with people we work with, it's really very, not only empowering, but comforting to realize that I'm not in this alone.

And I think when you invest in the system, you start to feel that back again. It's like, no, no, no, we want to see you do it. We want to see the patient do well.

And so that little bit of investment has a huge return. Yeah, it makes so much sense. You know, I've said it before, the three things that determine our happiness at work or fulfillment is autonomy, belonging, and competency.

And so what we're really talking about here is creating that belonging. And you really can't be fulfilled at work long-term without that piece. So it's such a powerful reminder.

I want to shift gears a little bit. And you brought up that not long after that experience, you decided to go get a degree In conflict resolution and one it's not that common for physicians to go on and get another degree and we've explored quite a few times on the podcast that calculus of you've already been in school a really long time you're incredibly qualified.

You know why go back and get another degree. And then the second part why conflict resolution. So can you walk us through that. Yeah. So after about a year after that working in health care and really starting I think private practice was a big wake up call for me.

I was back in my hometown. I was back at the hospital that my mother had practiced at for 20 years. So on some level, I felt like I knew the hospital, but then I realized when I walked in as a physician, I really didn't.

I had so much to learn about the healthcare system. And also really quickly realized, number one, that I wasn't really happy in my current practice. I didn't feel fulfilled at work.

I was frustrated a lot and at first I really kind of thought that I just didn't like being a doctor. That was my thought process and that was a really awful thought process to me because it's like I spent 12 years of my life learning how to do this and I don't like doing it.

That's a problem. And so my thought process was maybe I can learn something else, I can get another skill set and maybe I can transition out of a patient-facing role because at that point in my life I just wondered if that was my major problem.

So I really kind of explored doing a health policy fellowship and as I was researching this I came across this master's program in conflict resolution in Columbia, South Carolina at Columbia College.

And as I started researching this topic, because it was new to me too, Andrea, I didn't even know this field of study existed. And as I started researching it, it really was in my brain that conflict is the source of so many of our issues in healthcare.

And that rather than focusing on something that was just healthcare related, why don't I focus on something that has implications everywhere, in every part of our lives?

Personally, professionally, in every sphere, conflict exists. And so when I started researching the program, I was like, I feel like this is going to be more beneficial to me in the long run and maybe make me more beneficial to other people if I study this.

And so I started the master's program.

Listening, Shared Goals, and Conflict Skills

It was a distance program. My kids were very small. They were two and three. So I would be doing homework on call. I would be in labor and delivery. I'd be writing papers and run out and deliver a baby and run back in and keep writing papers.

And What I realized through that program, first and foremost, was I really got to understand a lot of my motivations and how scared I was of conflict and how much that was affecting my daily work.

So it took me from being someone who was conflict avoidant, because I was definitely conflict avoidant at that time, to somebody who actually understood the nature of conflict, but also I began to understand in a really real way that conflict was not bad.

Conflict was not good or bad. Conflict is. And conflict not being good or bad becomes an opportunity. It's an opportunity to improve. It's an opportunity to deepen relationships.

It's an opportunity to get to know ourselves better. And so after finishing the master's program, I realized really two things. The first one is I had a really good jumping off point to become involved in my own healthcare system in my local hospital with my colleagues and also on a state and national level.

But the other thing is I figured out that I really loved practicing medicine. It wasn't that I didn't enjoy doing what I didn't know how to deal with the things that came up in my daily life professionally.

And once I had this toolkit that I had learned through my masters of how to work through conflict, how to work with patients, how to work with my colleagues, medicine became so much more enjoyable to me and I also learned a lot about what I wanted professionally so it wasn't too long after I finished my masters that I left that group and opened my own practice and so I've been in that practice now for 24 years.

So the whole process of going through the masters was such a learning curve for me on so many levels but I realized how far reaching the knowledge of managing and recognizing conflict is and I've been really grateful that I'm able to share that with other people.

I have so many questions about conflicts because you know I just published a paper about change making and healthcare and the people that were really successful were able to listen intently to people that disagreed with them.

And we touched on it during the podcast in which I was a guest, but Can you dig in a little bit more to the interpersonal skills that are required for somebody that's going to be able to successfully handle conflict?

Absolutely. And you mentioned this, and I think this is so important, the ability to listen, but listen in such a way that you're listening to understand and not listening to respond.

So one of the first thing that when people are in conflict, you're trying to win. And so a big educational point with conflict is there's not winners and losers.

There is joint communal progress and understanding. And when people walk into conflict feeling like it's a win-lose situation, like it's a zero-sum game, on some level, you're already sort of gonna have difficulty with getting to a good place with the conflict.

So one of the first things we talk about with conflict is like, we are all today, just by the fact that we're sitting down and having this conversation, we're already successful.

So just by virtue of the fact that you're having an opportunity to have the conversation to really communicate that success on some level has already occurred.

You're already making a space for this situation, this whatever to get better. That's I think really important. And then once you've got people in that space to actually have them listen to understand, because I think so often, and if you look at us in healthcare and especially doctors, we are so fixated on good and bad, right and wrong.

I mean, it's what got us through our educational. We got to where we are by getting the right answer. We got there by getting the gold star. And the concept of being right, is really, really ingrained in us.

But when we get to conflict and we carry that with us, this idea of I have to be right. And if I'm not right, there's something bad, there's something wrong with me.

So often what we need to do when we're getting in the situation is sort of toss this idea of right and wrong. There's no right or wrong here. We are in a situation that we have a conflict and so if I listen to understand where you are I am more likely to find a common ground with you.

I'm more likely to find something that we actually have in common and once we have that we have a place we can work forward. So the coming together, the listening to understand and not just to respond, which is really hard to do.

You know, when you're having a conversation with somebody, and I think about this all the time, when I'm in a room with a patient, I really have had to teach myself to listen or to be thinking of an answer while the patient's talking.

I'm already trying to think about, okay, no, no, no, no, no, don't do that. Listen and actually hear what the patient's saying. The same thing holds true in a conflict situation.

I want to hear what you're actually saying, not even just the words. I want to hear the emotions. I want to hear what you care about. I want to really understand where you are.

And if I can do that, and you feel me doing that, you're already gonna buy into whatever we do. Whatever ends up happening after we go through this process, you and I have already bought into it.

Worldview Conflicts and Vaccine Conversations

And I think the last thing is understanding that when you walk away from this interaction, from whatever you have worked through, that whatever happens, that we want to walk away from it with a sense of victory in effort.

Just the fact that I'm trying is a victory. I don't have to win or lose, just the fact that I am working through this process is already a big positive.

And if somebody walks away from that process feeling that way, they're less likely to walk away from that process feeling shame because sometimes we do feel shame being in conflict.

And if we walk away with shame, sometimes it's hard to continue to engage. So to make the space, the ability to listen and the ability to walk away from that process, feeling good that we tried.

Yeah. And I think if you can do those three things in interacting in a conflict situation, even if you don't get some form of resolution or some form of coming together, you're still going to have opportunities to continue that.

So it becomes an ongoing process. Yeah, I like what you're saying. And it's really about focusing on preserving the relationship and knowing that the outcome that, you know, you almost have to kind of like detach yourself from the outcome.

And I want to dig into situations that I think a lot of conflicts arise in healthcare right now, especially with our patients, is we're not operating from the same set of facts.

And we can even zoom out further to our politics in the country right now. We're not operating from the same set of facts. So I'll use a very common example when we have parents that don't want to vaccinate their kids and they're quoting this and disinformation.

And so in those situations, I feel like it gets really hard because you're not operating from the same set of facts. So it's like, how can we move this forward?

And, you know, I'm sure in your conflict resolution, probably studied geopolitical things. And you look at the Palestinian, the Israeli thing again, Probably not agreeing on the same set of facts.

So what does the research show in those situations which the two parties just do not feel like there's the same set of facts? Right. So there's actually a name for this in the conflict resolution literature and it's called a worldview conflict.

So a worldview conflict means that you and I can look at a situation, but the lens through which I'm looking at it and lens through which you're looking at it are completely different.

And I always tell people a good way to know that you're in a worldview conflict is if you feel like the person who's sitting across from you is speaking completely different language.

Like you are talking about a very specific set of information and you feel like you're communicating that well and the person across from you is literally looking at you like you're speaking Greek.

And I think that what's going on now with the vaccinations is a great example of that, because we as physicians who have studied vaccinations and the historical benefits of vaccinations, and I will use Gardasil as one, because that's just closer to my sphere.

When I look at Gardasil and I look at the fact that we could vaccinate all of our girls between 12 and 18, all of our boys between 12 and 18, and we could get rid of the majority of cervical dysplasia and squamous cell carcinoma of the cervix in two generations.

If we vaccinated all those people, that the significant decrease in those numbers would be monumental. Now, in my world, I see, unfortunately, dysplasia and squamous cell carcinoma all the time.

So when I'm talking to people about seeing that decrease, they don't have my perspective. They don't have my worldview. they don't see what I see in terms of that reduction and they also unfortunately don't have to see when I see people, because I had one this past week, a patient who came in who hadn't had a PAP in 20 years who had a very significant squamous cell carcinoma that's had to send to oncology within two days and is already getting radiation.

When I see that, it breaks my heart and it makes me very sad. It makes me very scared just because I feel like this poor lady, if we had maybe seen her for a pap 10 years ago, could we have maybe diagnosed her at an early stage

and maybe we wouldn't have got to this point.

But the patient who's sitting across from me, who unfortunately has watched a lot of TV, who is terrified about getting vaccinations because she's afraid her child is going to have autism if she gets the Gardasil, her worldview about vaccination is going to be completely different from mine.

So what I need to do as a clinician is I need to understand what her worldview is. I need to literally sort of step inside that worldview. And I need to speak from that.

And we'll go back to that example. And actually it happens more commonly with moms. Like if I have a mother who's got a patient who's 12 or 13, who's taken her doctor to the pediatrician and the pediatrician has talked about Gardasil.

And so now they're in my office for whatever. It's like, oh, by the way, my daughter's pediatrician said that she should get Gardasil. What do you think?

And so I'm not telling her statistics about vaccination. What I'm telling her at that point is, I saw a patient a week ago that had horrible cervical cancer.

And if there's anything we can do that's gonna help to decrease your daughter's risk of having that be her, we should do it. And you look at the data for safety.

This is the safety data. I get it that you're worried about it. I get it that you've seen a lot of this on TV. I get it that you have me for 10 minutes and you have the TV all year.

I completely get that. So I need to now step inside this mother's worldview. I need to literally to speak her language. I need to walk inside her test.

Like, I know you're worried. I know you're scared about your daughter potentially having a vaccine and your grandchild having autism. I completely understand that.

Unfortunately, the data that sometimes you get from TV isn't always the right data. These are the numbers. And if you look at these numbers, I feel like this makes more sense for you to go ahead and give her Gardasil.

So what I've done in that situation is I've actually sort of acknowledged, I get that these are your concerns. I'm gonna step inside your worldview for a second so I understand where you're coming from.

And then I'm going to talk with you about where my concerns are coming from your point of view. And what's really interesting to me, and I think this happens a lot, that there are physicians who understand worldview and can operate in this way, and they don't even realize they're doing it.

They just sort of do it on the fly. They have talked to a patient, and just within a few minutes of that conversation, they get a good sense for what that patient's worldview is, where they're coming from, what their perspectives are, and they sort of naturally start to talk in that voice, in that worldview to the patient and all the patient really will feel and it's really interesting because the patient's not going to say to you, oh my gosh, this doctor got my worldview.

They're not going to say that. What they're going to say, that doctor got me. She understood me. And anytime you hear somebody come out of an interaction like that, that was a worldview that was mutual.

So if we can create that mutual worldview, if I can bring you into my way of thinking, and I can step inside your way of thinking, I am much more likely to get you to see it the way I see it.

Because that's really the problem, right? When we're talking with patients about things like this, they don't have the years of experience that you have.

Preparing for Hard Conversations

They haven't seen patients die from what you're trying to protect them from. They have never had to see a case of measles. They really haven't had your perspective.

And if you can bring them into your worldview and then step inside of theirs, this is where patients start to communicate that they feel heard. And that becomes the building blocks for where you actually can get good care.

I love that. That's so helpful. And one of the things that helped me, another example of understanding a worldview, one, you have to know that it exists.

And so on my ICU rotations, you'd have these family meetings where a patient would be on life support. And from the clinical team's perspective, the patient, they were brain dead, which would have been validated.

And this is a situation in which the clinical team feels that care should be withdrawn. There are a subset of people, I'd never heard this term till a few years ago, that are called vitalists.

And as long as there is a vital sign, they believe that life is there and that God or something could bring life back. And so then once you know that there's people that that's their belief just as firmly as I believe that once you've been declared brain dead, I would want care withdrawn for me or a family member.

They believe just as strongly that that would be killing someone. Um, and it was a really, a big opening for me. that now when I have those interactions, actually I'm much more okay with that.

We're probably not going to get to a point that care is withdrawn. And it's helped me, I don't know if the moral injury isn't there, but it's helped me know that if you reached a point in the road where the water's like rushed it away, like you're not gonna be able to drive over it.

And there's nothing, that you can do unless your car could fly, which it's not going to, you can't go through that. And so now I've realized that with certain situations and during these clinical encounters that I'm not going to be able to transverse that worldview and certainly not in the time that we have available.

But the fact that you recognize it, the fact that you are able to see that as a worldview they hold, and even though like you understand that's not your worldview, but is what they hold, like you said, because I think sometimes, especially as clinicians, if we don't recognize that that person's worldview exists and it's valid because that's their worldview when they hold it, you can get really frustrated and sometimes even angry.

It becomes very emotional. It's like, Why can this person not understand? Oh my gosh. And I have seen clinicians do that. There was an OB that worked at our hospital.

He's since retired that would get really frustrated when unwed mothers would come in. And it absolutely made him nuts. And he would talk to them and lecture them and where his heart was in a good place, he was trying to help them.

But what it came across as is not necessarily even not understand their worldview, but it came across as being very judgmental that they felt like they were, you know, being talked to instead of talked with.

and just recognizing that other people's worldviews are different from ours but they are still equally valid and we should respect them and then once we can do that we can like you just like you did with the vitalist you can release that and so all of a sudden it's like I understand it I get that it exists I don't agree with it but because I understand that point of view I can actually operate on that level and I can release that.

And so that's healthy for you too, because you don't want to carry that around and get frustrated. That's not a good place to be either. I think it's really cool that you recognize that.

That's awesome. Yeah. And I would also say, and I'm curious what you do to prepare yourself for these difficult conversations and What's your calculus?

Cause we all have different days. Like there's days where the clinic's just really busy or the ER is really busy. And I've made decisions on certain days like that.

Like, Hey, this isn't a great day to have a preventative chat. I just don't have the bandwidth to do it right now. And realizing that I'm not the last, you know, hopefully in the vast majority of situations, I'm not the last healthcare provider they're going to encounter.

And so I don't have to get to an answer on every single thing, but how do you approach that to make sure that you're ready to have a difficult conversation?

And is there any practices you do to like get ready to do it? Yeah. One of the things that she just said, which I love and I really try to do, and if you've read anything by Brene Brown, Daring Greatly, I love her.

She has a practice that she does with her husband, who I think is a pediatrician, I think. Yep. But she has a practice with him that when they come in the door at the end of the day, they have a numerical rating system for what their current bandwidth is.

So one is the worst, 10 is the best. So sometimes, you know, one of them will walk in the door and say, I'm a two, I've had a really bad day. And the other one might say, I'm an eight, I've had a good day and I'm good.

Staying Composed During Personal Attacks

And so you know if you're at a two, this is not a good time to have hard conversations. So I've incorporated that with my staff at work. Sometimes I'll walk in the door and sometimes I'll tell them, hey guys, I'm a one.

I'm exhausted. I didn't sleep. I have been doing this and that. And so they know on those days, those are days that I am not going to be good to have hard conversations.

So my nurse already knows like when patients are coming in and she's like, okay, I've already told this person, she's probably gonna need a second visit because this is gonna be a longer conversation.

And so they've already got my heads up. So I think that's the first thing is just being very transparent with people around you. It's like, I'm not in a good space to have a big conversation today.

And sometimes if I'm at a nine, that's the perfect time for me to have a hard conversation because my emotional cup is full. And so this is a good day for me to be able to give as much as I can in my daily life because my battery is good.

I think that's the first thing. The second thing I think when you're getting ready to have these hard conversations is practice, actually practicing these hard conversations.

And that may be practicing, sometimes I'll practice it in my office. Sometimes I'll pull my nurse in. Sometimes I'll call my husband who's pulmonary critical care.

and say, all right, I need to do this. So this is what I'm going to say. I'm going to say this, this, and this. And this is where I'm going to start this conversation.

And you get really honest feedback. I'll do this with my office manager. I have lots of physician friends. And so it's great to have Risa Lewis, who was on my podcast way back in the summer.

Oh, she's amazing, right? One of the things that she talks about in her book and Microskills is having the personal board of directors I am very blessed.

I have a huge personal board of directors and they're all fabulous. And so I can call one of them and go, I need to do X. I'm really not sure how this conversation is going to go.

Can I run it by you? And then they can do the same thing with me. So I've got somebody who's in our world who kind of knows what we do and they can run it by.

And then I think the third thing in any time we're walking into a hard situation, I think actually being very vulnerable and transparent because it's hard to do with what we do.

It's hard to do when we're in that physician role is being very transparent with a patient. But there are things that it's really okay to say. It's really okay to say, I don't know, but I'll find out.

That's always a valid answer. And I have never in my entire career said that to a patient and have them get upset with me. If I tell them, I don't know, but I'll find out, they're like, awesome.

And I think patients would rather hear that than have us try to spitball about things that we don't know about. But sometimes I'll sit down and go, this is a really hard conversation.

This is really hard to do. And I appreciate you being here with me. This is going to be hard. And you're already in a space at that point that you've let the patient in on where you are emotionally.

And that's going to make it easier for them to hear you. It's going to make it easier for you to verbalize, which you have to verbalize because you are not trying to maintain me, doctor.

You're not trying to do that. It's like, I'm a human being who happens to be a physician and I really want to have this hard conversation with you. I think those three things make a big difference in how those conversations go.

So you've done the prep, you've decided I'm a nine, my emotional cup is full. I can do this hard conversation. I've practiced it. And then, you know, you're in the middle of the conversation and they do something triggering.

They throw a personal attack. Well, you know, you doctors, not that many people died during COVID. You're trying to make money off of this. Or they say like really personal things.

I can think of a family conversation in which they didn't want us to use vasopressor, but at the same time, they wanted us to guarantee like the family member would not die if we removed that.

Like there's like these impossible things. And I watched attending actually just kind of lose it and fall apart during the meeting. So when you start to feel like you're starting to go up, like your heart's beating fast or you're like, wow, like that was so personal, so inappropriate.

How do you stay composed and what's your next move when you start to feel that? That is such a great question. So the first thing is you might expect would be to pause, to not react, but to respond.

So sometimes that is gonna be taking a breath. Sometimes it is going to be sort of physically, some type of physical cue. Like I will sometimes actually put my hand on my stomach.

That's kind of my cue to sort of, I gotta relax. But once you do that, what you have to do in that situation. And this is really hard to do because we are so in a space at that point that we want to defend ourselves.

Someone has attacked us. That doesn't feel good. We want to defend ourselves. And this is something I teach people. I've taught this to administrators.

I've taught this to surgeons. I've taught this to people who are, by virtue of their jobs, if they're in leadership, they are in conflict situations, that you're always gonna have this happen.

This is very common. When people are in conflict, if you're in conflict about a topic, one thing, right? And in this particular topic, talking about giving vasopressors.

When people start to pull away from the topic of the conversation, the topic of the conflict, the most important thing to do if they start to attack you personally is bring it back to that topic.

So someone starts to attack me, you know, this happened to me. I don't even know how many times when I was doing obstetrics and I would tell a family, okay, we've tried, we need to do a C-section.

I know it's not what we wanted, but this is what we need to do. And people would get mad, and it's like, you just want to cut her, you just want to go home, you don't want to.

And I would have to take a beat and say to them, what I'm concerned about right now is the health of this mother and the health of this baby. I understand you have these feelings, but what we are talking about is the fetus right now.

And bring it back to the actual topic. Because when people try to pull away into a personal attack, they're pulling off topic. They're getting away from the actual source of the conflict.

And what you have to do in that situation is you literally have to say to yourself, this is not what we're talking about right now. And you pull them back.

And sometimes I will even tell people to say, I understand you feel that way, but that's not what we're talking about right now. And when you do that to people, when you actually bring them back to the source of the conflict itself, this is the reason why we're here right now.

Leadership Resources and Final Reflections

It's not about what you think about me. If you want to have a conversation about that later, we can do that. But that's not what we're talking about right now.

We are talking about giving vasopressors to the patient as a life-saving maneuver. And these are the reasons why we're talking about the vasopressors.

And most of the time, when you bring people back to the actual topic of the conflict, the personal attacks will stop. Because you've sort of put a stop to the attack itself.

I will tell people this, the worst thing you can do in this situation, and it's hard, man, it's hard, is to answer the personal attack. So when they start attacking you, you just don't care.

Now, if I go to, yes, I do care. We've lost this conflict. It's already gone in another direction. And we've actually lost the point of why we were here, which we're trying to get the patient better.

We're trying to get, in my situation, trying to get a healthy baby and a healthy mom. So when people start to attack you personally, and it's hard, because everything we want to do in this, we want to actually defend ourselves.

We really do. But you have to say, we're not talking about that right now. We're talking about X. And most of the time when you do that, the personal attacks will stop.

That's so interesting. So our natural tendency of that's not actually true or doctors didn't profit off of COVID or something like just don't do it. Don't take the bait instead.

No, exactly right. That's not what we're talking about. And I actually love scripting because that's a form of scripting, right? So scripting is having some preset responses.

Because once you get into that like sympathetic response and you need to get back into your frontal cortex, having kind of an automatic phrase to get there can really help.

So that's going to be my new one. That's not what we're focusing on right now. It's not what we're focusing on right now. Let's go back. And it's so interesting to me because once I really saw that in conflict situations, I saw an administrator once in a meeting where A bunch of doctors were attacking her and it was about a specific issue going on in the hospital.

And one of the doctors actually said to her, you know, I just don't trust you. I've never trusted you. I don't even know why you're in charge of this.

And she took the bait and she started debating him about her credibility. And I was like, Oh, no, no, no. Here we go. Here we go. And after the meeting was over as, can I have 10 minutes of your time?

And she's like, sure. And I sat down with her and I did an analysis of everything that happened in that meeting. And I wrote it out for, and I walked her through it.

And I was like, I'm going to tell you what to do the next time this happens. And I gave her, like you said, that script of this is not about me. This is about X and this is your weapon for the next time this happens.

And she really appreciated that because that was not something she'd had in her hip pocket, but now she does. That's brilliant. This has really been a master class on conflict.

And I'm so glad that we took the time to deep dive it because we're living in an era of so much conflict. I mean, it's at huge proportions in the general population and within healthcare.

And I think it's going to continue to be really challenging in healthcare because patients are losing benefits right now. And when they lose access to healthcare and their premiums are going up, we're the face of that.

It's not our fault, but we are the face of that. We're the punching bag that's easiest when we're coming in trying to help them. So I think having these skills are really having to take them up another level.

I think a lot of us do have emotional intelligence. But we have to go up to a whole new level for the level of conflict that's swirling out there right now.

Absolutely. And having an awareness that it is going to unfortunately become more challenging, but also having an awareness that there's things we can do to learn about ourselves.

I think conflict teaches us a lot about ourselves. But then we can take that self-knowledge and we can actually use that to be more effective, not only as physicians, but as people and as definitely as advocates for our patients.

We can take these skills and develop them and become even more powerful voices. That's so powerful. I want to do a few quick hits. for something that wants to up their leadership game.

Maybe they're interested in conflict resolution. Any books that you recommend? Getting to Yes by Robert Fisher and Yuri. It's one of my favorite books of all time.

It's a great read. It's a great place to start about learning to build consensus. And it's got so many great tools in that book that people can carry with them.

So one of my favorite reads and I recommend it a lot to people. What's one of the favorite conferences that you've been to? So I would say one of my favorite conferences that I've ever been to would probably be my state medical meeting, which I go to every year and this past year was at the beach.

It was one of my favorites because my husband was there. It was the first time he really got involved in advocacy. It

was where I first heard Risa Lewis speak because she was the keynote speaker and she was just fabulous.

I also really got to see how a big group of intelligent doctors in one room could make change. And sometimes making change isn't always about everybody agreeing.

There was a lot of disagreement in that room, but a lot of positivity came out of it. And it made me very encouraged that we can disagree and still move forward.

Wow. I don't think there's any better way to end on that. How can our listeners connect with you? So they can come to my website, rlesharma.com. My blogs are on there, my links, my podcast, scalpel and sword are on there.

I'm also on LinkedIn and I love questions. I love to connect and this is a topic that's very near and dear to my heart. So anybody, anytime, just reach out.

And do you offer any coaching or consulting around conflict resolution in healthcare? I do. So I do consulting with hospitals and with physician practices.

I help with dispute systems. I have worked with individual surgeons and individual physicians. It's one of my favorite things to work with anybody in leadership that is trying to really improve their conflict resolution skills.

And I think that's kind of all of us. We're all trying to get better every day. I'm still learning about conflict and learning more and more every single day.

And I think the podcast has definitely been a great springboard to talk to so many amazing people like you. And there's so much wisdom that's out there.

And every time I talk to somebody and every time I consult with somebody, I feel like I take something new with me that I can give to the next person.

I love consulting. It's one of my favorite things. I'm actually currently doing a health policy fellowship through Brandeis University, their Heller School of Social Policy and the Physicians Foundation.

They have a joint program, 25 physicians all over the country. We just started the end of September and it's a year long process. We're learning financials.

We're learning state policy, health policy. It's really fabulous. And so I'm excited that I can bring another level to the people that I'm working with and consulting with.

Well, we'll definitely have to have you back on to talk about that program and continue to inspire people about why advocacy is so important. This has truly been one of my favorite recordings.

This has been a masterclass in conflict resolution, and it's definitely going to make my next shift and my next meeting. Let's see, conflict happens both clinically and in non-clinical arenas.

So I can't thank you enough for everything that you're doing for the house of medicine and beyond. So thank you, Dr. Sharma. Dr. Austin, thank you so much for the opportunity.

It's just a pleasure. I'm so happy to talk with you again. I can't wait till the next time we get together. I've come down to Pensacola and we can hang out.

That's going to be fantastic. And I'm looking forward to visiting you in Auburn. So I just love the name Auburn. All right. Thank you until next time.

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