Conflict Resolution in Medicine: From Avoidance to Transformation with Dr. Lee Sharma Transcript

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Podcast Introduction and Conflict Resolution Theme

Welcome to the Doctors Making a Difference podcast, where we help physicians to be empowered with the tools they need to successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. So I've got to admit that I hate conflict. I'm conflict-averse by nature.

And the podcast today is something that is really good. You're going to enjoy this conflict resolution podcast with Dr. Lee Sharma. She is a physician at OBGYN who has spent a whole bunch of time creating a wonderful podcast about conflict resolutions.

We all come across it as physicians. Think about a time with a patient, an administrator, a fellow physician where you can tell it's going get conflicted and you realize that the person is not going to agree with you.

And you need to say the right thing to defend what you believe or what she believed. The right things for your patient or the policy for the department or whatever it may be.

Conflict is baked into the details of our lives. So learning how to manage it is very important. I'm excited to welcome Dr. Lee Sharma and I know you'll enjoy this episode.

Hey, everyone. I am really excited that we have Dr. Lee Sharma here with us today. She is a very interesting person, and I think you're going to really enjoy this podcast.

So, Dr Sharman, would you mind introducing yourself to the audience? Absolutely. Hey Peter, my name is Lee Sharma. I'm a physician in private practice in Auburn, Alabama.

Actually an undergraduate double majored in music performance and pre-med and after finishing that decided I did want to go to medical school.

Dr. Lee Sharmau2019s Background and Path to Medicine

I went to medical school, did my residency in OB-GYN at Parkland Hospital in Texas, and then moved back to Auburn in 97 with my husband. Since then, we have two wonderful children.

We both explored lots of different hobbies and most recently, gotten into the world of podcasting where I've been able to share my experience with conflict resolution.

I work as a mediator and somebody who analyzes conflict in hospitals and healthcare systems and bring that to my podcast, Scalpel and Sword. So it's been a great journey.

I have really enjoyed listening to your podcast. We'll get into this a little bit more later about why conflict resolution and how you got into it. Just for a minute, a majority of our listeners are physicians, but I would like to hear just a synopsis briefly.

Why did you choose medicine and particularly obstetrics? Because I think it will inform a bit about, why you're still in medicine, and why do what you do.

I was really very blessed at a young age to be exposed to medicine by two people who were very passionate about

doing it. My dad was a general surgeon, my mom was pathologist and they both loved what they did.

And my dad is very passion about patient care and at young-age they exposed me to being in a hospital and unlike a lot of my peers who I think were freaked out about being a medical situation, I love being hospital.

And my parents were very open about sharing their experiences with me. My mom took me along on frozen sections, my dad took on rounds. And I think in addition to that, they never forced me to go into medicine.

They definitely left it very opened-ended. If I had decided to be a professional musician, I would have been completely fine with that. I was very fortunate to perform at a pretty high level when I at that phase in my life.

And most of my friends knew I trying to choose and when push came to shove, I knew i was going to be happier being a doctor long-term than being of musician because it was a much more concrete way to serve.

And as I got through medical school and was choosing specialties, I really had a passion for women's health. I loved my female patients. I liked my male patients and they were fun and interesting, but my females patients had my heart.

And I love the idea of being a specialty where I could do surgery and still do some primary care. maybe having gynecologic surgery, I got to be there through all of those phases of their lives and support them in menopause and beyond.

And it was a choice that felt very instinctive, but has paid off long-term in terms of being very rewarding as a career. Yeah and it's interesting to reflect most people when you talk about why medicine almost everybody has this junction where they said I thought about being x y or z but I felt called to medicine and obviously you're a talented young person with musical talents and you have to be good at academics to get into medical school you had all these things and yet with that you chose medicine.

And you choose the difficult life that comes like ob-gyn is notoriously difficult because I'm a family doctor in a rural area. We deliver babies at all sorts of crazy hours.

They love to come at two in the morning. I don't know why, but it's their favorite time. And so you chose that even knowing having parents who are physicians and really knew what that was.

So it was admirable that you choose that. It's interesting that we've stayed with it for all these years. That's awesome. It was really very wild because my mom did at one point say, as a working mother, would you be interested in pathology?

She did bring that up with me. And I did get to go with her and watch her do frozen stuff and it was cool and I had huge admiration for her knowledge base.

Just a brilliant doctor. But I told her, mom, if I did what you did, If I sat in a room all day with a microscope, I would go nuts. I love it that you love.

And I loved it. That you are brilliant at it, because for seven years in private practice, she was my pathologist. You know, how cool. Yeah, have this very great memory of when we first moved back here in 97, and I was on call and had a patient who had pelvic mass, had laparotomy, And she happened to be the pathologists on-call.

This was back in the day in The Operating Room where they had intercoms. So it wasn't like you were on the phone. The whole OR staff heard it. And so have this mass out, send it for frozen.

Mom's on call and the intercom clicks on and I hear it and go, Hey mama. and she goes, hey sweetie. And one of the srebs said, bet she doesn't call the general surgeons that.

You know, it's a really wonderful memory of being around my parents, but also to, I told my mom, It's like I could do

what you do and I can have a quality of life, that I wouldn't enjoy it.

So I'm treating quality life for practicing a style of medicine that wouldn' have brought me the joy that this has.

Choosing OB-GYN and Family Influence

And it's interesting also to talk to people in different specialties because you're sort of, you know, I try to tell my kids within medicine, there's thousands of jobs and you have to find what you are attracted to, what your aptitudes are, and what's you like.

I have a son who is pretty interested in pathology. He might choose that and I think he would be doing great. And I've met several pathologists who I probably like your mom, just passionate about what they do, amazing at it.

I could not do my job without an excellent pathologist. But it's not my specialty, I think I have to talk to people or it would drive me crazy. My son, if he chooses medicine, that would probably be just an exactly good choice for him.

It's just interesting how we all have this variety of different interests and medicine can take all types, it is not just one certain type of person that can become a doctor.

And isn't it cool that you can see that in him? You can say, I can that this was something that had really float his boat and you could encourage him in that direction.

I love that. Yeah, he won't like it if he listens to this, but I told him, if you can memorize the entire Pokemon index, there's a book like this thick, If you're watching on the YouTube, that he memorized the whole thing at every association about everything.

And for whatever reason, at this age, she's just into that stuff. I'm like, man, and I've told them, you memorize something useful, imagine the good you could do in the world.

He didn't liked that too much, But I am so thankful that has this aptitude. he's really got this ability to make associations and categorize and see things once and understand it.

It's like man you would make such a good pathologist. Isn't that cool? And it's so funny you said that because my son was the same way when he was younger with Pokemon and he still plays Pokemon on his phone.

And he is now a chemical engineer. So yes, I can totally see that brain connect. When you're talking about Pokemon, like I got one just like that. Yeah.

So we'll see where he goes. And all of you listening probably have kids and you're looking at it and your thinking like they've got to become something.

It'd be interesting. You know, and medicine is hard. Like it's a difficult career and yet I am honored to meet so many different physicians. I still think it is really the most unique and greatest profession that there is because you are so much into the details of people's lives and it makes a difference in a way that no other profession does.

We need our best and brightest to go into medicine and I hope that a lot of Well, it's not for everybody, but of course, I hope a lot of people will still choose that as a career.

Same. And I think that's a big part of what we do, Peter, is being those mentors. That can be for our children or for other people that are part our family that we've adopted as mentees.

We encourage them, and not just encourage, them to look at medicine as true career and calling. but also be with them on the path. I can't tell you how many medical students that are now in private practice that have my cell phone number and they still text me and still ask me questions and I still like to check in with and see how they're doing.

So it's not just that you're encouraging them to consider the profession, you are wanting to stand by them as they continue it. Yeah, that's a great point.

We need to stand by people because one of the things we talked about on my podcast quite a bit is trying to leave medicine better than we found it. And I think that one the ways we do that is by offering mentorship to people and offering a way forward and giving practical real world advice to help people along the way.

So it is a really cool opportunity if you're in medicine, lots of opportunities to teach and mentor as well. I appreciate that you are doing that. Hopefully continuing to do that.

So I want to jump for a minute to your podcast. I think this is interesting. There's lots of podcasts you can turn your time to, but there aren't that many physicians who make podcasts and specifically about conflict resolution.

I'm kind of a conflict avoidance sort of person. I would happily solve the problem without the conflict, but it's baked into our jobs. It's backed into many things that we have to do.

We have be able to manage conflict in a way where relationships are still preserved and where the best good comes from it. So I want to hear your story.

How did you choose to a podcast about conflict resolution? Because it is really a challenging area for a lot of people. Absolutely. And I think that's part of the reason why as a physician, I really wanted to get into this topic and really as much as possible share what I've learned in my experiences.

I had been in private practice for about four years and I was really unhappy. And I was looking to do a fellowship in health policy, but instead what I found was a master's program in Catholic resolution that was actually a distance program.

And so I. Was doing full time obstetrics. I had two small children, my husband's pulmonary critical care. and I said, I really think I want to. Do this.

Then I have the support of my parents and my family and what it really taught me number one. like you and like so many of us in medicine, I was a huge conflict avoider.

I didn't know how to deal with it. I'd never had those kind of skills modeled for me. i saw a lot of toxicity when it came to conflict in Medicine. And what doing the masters taught me, number one, it gave me very practical skills to understand conflict, but it also gave some very practicable ways to understanding myself and how I approach conflict as a human being and as physician.

And understanding how I approach conflict and understanding conflict itself, it made me less afraid to be in this situation. But it also taught me something really powerful, which is conflict can be transformative.

That I think my whole life, I thought conflict was an illness. I though it was something we had to stamp out of the population. Conflict is a vital sign.

It shows you that something's going on. And if you can pay attention to the fact that conflict is vital, it's showing you a place that you need to step in and get more understanding.

it has the potential to be creative.

Why Conflict Resolution Matters in Medicine

Once I got a few experiences of doing that, actually working with conflict in that way, you start to feel very hopeful about what conflict can achieve and you get less afraid of it.

And I was on Brad Block's podcast, and this was in, I think, 23. He had asked me to be on The Physician's Guide to

Doctering. And we ended up doing a couple episodes.

and he said, you can do this. You're pretty good at it. I said okay, cool, thanks. Then last year he reached out to me and said would you be interested in doing your own?

And i had been kicking around that idea and with the help of Doctors Podcast Network and Desiree Leos and all the people that encouraged me, i launched last And what's been so cool about it is not just able to share these experiences, like you said, meet so many amazing physicians and really get to show the work that they're doing.

It's honestly deepened my understanding of conflict itself, and it's made me even more passionate about helping other doctors do the same. Oh, that's wonderful.

Thank you for sharing. One of the things that your statement reminded me about is you've heard that phrase. There's no growth in the comfort zone. And when I think about conflict in my own life, whether it be in a workplace setting or some other professional setting, or Yeah in a home setting or even a family setting sometimes that conflict is really buzzing around the area where attention is needed and it is uncomfortable for sure to say we have to grow but when it's managed properly and.

both sides or multiple sides of the conflict are given ample voice to speak and are heard a lot of times you find that you have more in common at least your end objective is more uncommon than you thought and the things that we were conflicted about.

really are, like you said, a chance to grow and you realize, oh, this is something that we could fix. And it's like that communication theory where if both people start at very far ends of the spectrum, it is hard for people to arrive at the same conclusion.

But if you do it incrementally and say, well, I understand what you're saying, but here's another point you may not have considered. It really does lead to some powerful conversations.

So I would like to hear some of your insights on that because I think we can all reflect and see, okay, It's uncomfortable, But there is power and it can be transformative.

Absolutely, 100%. And I really love, because what you just described is something that I think is so important, is a lot of people do start on two sides.

They start opposite ends. And it's really hard sometimes when people are locked into these positions to actually bring them to the middle. It's so much more effective to start with where we agree.

Let's talk about what we agreed upon. Like you said, and I this is true, we tend to agree on more than we realize. We don't really understand how much we have in common until we actually start there.

And when we start, there the things on the edge that maybe we don' agree upon, those are things that we can work on. But all of a sudden, what happens is I trust you.

I've created a space where I actually, I know where you're coming from. I know that you want the best outcome. And if I'm know, that's where You are, I'm going to be much more likely to walk this process with you, Maybe we won't get everything resolved the first time out of the gate and chances are we wont, but we're going to have enough of a start and we can come back and continue to work on this.

And I think that's such a big deal that as you bring people into this process of conflict resolution, whatever it looks like, because it's not going look the same for any two people or any to doctors or hospital and hospital system or surgery center or whatever situation you're working in.

You're not going to have two absolutely identical solutions. But what you are going have is a process that can evolve. And you can say that honestly about any situation you're working in.

If I have a processes that we can buy into and that will evolve over time, it's not just the conflict that's in front of us that worked on and improved.

It's the conflicts to come. Because there will be more. And I think that sometimes we think the absence of conflict is peace. The absence is conflict means that we just haven't talked about what's going on.

And it's gonna blow up at some point. It's just gonna be there and be, there's like a little home that's under the surface. We all know there is something there we haven' talked, but we're all afraid to talk about it.

Then all of a sudden something happens. Sometimes that something that happens may be a bad patient outcome. It may be a doctor that's leaving. And then all of a sudden, we are confronted, oh, this has been going on all along.

We haven't dealt with it. When you actually put a process in place that people believe can work, you don't have the phone. You don' have this little undercurrent that is always there.

you have a space to talk about it, and that the essence of conflict resolution. That's awesome. I like that idea of the hum. It's there, it's unspoken, but if you don't address it at some point it will come and get you.

Here's another thought I had just thinking about this. When I've talked to people in different groups, whether it be political ideology or something at work where people see it issue differently, The far extremes of both ends of whatever argument see the issue as settled.

This is settled, of course it should be this way. Nobody could possibly see it different. And the other side has drawn the exact opposite conclusion and says the same thing.

How could anybody possibly this different? This a settled issue. It's already settled there's no more room for debate and yet we have to meet in the middle.

One of the points that I was thinking about as you said this is The relationship does matter. I've found that if it's just people debating on Facebook or on some social media channel, there's no relationship building.

It's people defending their position that they consider the high ground on their positions, yada yadda. But when you meet in the middle and you try to address that uncomfortable middle, and say, what are the places where we do get along?

And what's our relationship look like? Then you really can start to exchange ideas and we agree on this enough so much that we have enough relationship, enough of a friendship or mutual respect that.

We can talk openly about this and they may not agree at the end of it, but at least we understand each other. I think that's so powerful. I absolutely agree with you 100%. And it's very interesting when you do get into people who, you know, it is called positional bargaining that you people have locked into these two different positions.

Using Curiosity and Storytelling to Resolve Conflict

If you just try to argue the position, You will never get resolution ever because people I have invested more of themselves and their capital in the And I love how you talk about the fact when you start to prioritize the relationship.

I am interested in keeping a relationship with you. And because I'm interested with keeping the relationships with, it's not that I not willing to let go of my position necessarily, I'll get there, but maybe not from the job.

But I willing listen to you I'm willing to hear what you have to say. And as I hear, what do you to have say, and I start to actually, I am trying to understand, being curious, the exercise of curiosity in any conflict is always a beautiful place to start.

Because when people get into positions, they're not curious. I don't care what she think, i just know what I think. But when you start be curious about what the other person thinks, that's a door opening.

That is how you starting to discussion. So how do you recommend that? Again, you're talking to a group of physicians. We all sit on either on a medical board or you are part of a committee or part a state medical chapter or a variety of things.

Or just even interacting with our patients. How do recommend starting that because that's what we know needs to happen instead of this positional debate.

You want the curiosity and sometimes to initiate that. People have put up these walls and we can't even talk to those other people because we don't want to give them space or I don' want airtime or I don't even want to respect the fact that they exist.

Like there's some real challenging walls that people build up, which are crazy, but that's what happens. So what do you tell a group of people who says we are at loggerheads, we're at opposite ends of this and nobody will talk.

And how do engage in that process of curiosity from your experience? So this to me is probably a really great way to start and is one of the things I encourage people to do.

Actually, when I did my first trainings in labor and deliveries, this was something that I taught the nurses to if they felt like they were really having a challenging time working with a particular patient or physician.

And it's something you do very beautifully on this podcast, which is I will ask Sam, tell me your story. And I think the first time I heard a nurse say that she used it successfully was a patient who was, I thinks she was refusing induction or she refusing something to augment her labor.

She said, "I'm not doing it. I'm just going to sit here. The baby comes." And she didn't know what to do. And so she remembered our training and she said tell me your story.

That's all she did. And then the patient launched into the fact that she had a family member who had died in labor. In that patient's mind, the reason why the family members had die was because of labor augmentation.

And so as the nurse heard the story, it gave her a chance to understand where the patient was coming from. It's like, okay, let's talk about this story.

Let's talked about what may have happened. I wasn't there, but let us talk why you may be different and how we can approach this process in a way that's going to be working for you.

And all of a sudden the patients felt heard. So when you ask somebody to tell your story, tell me your stories, it's very hard for us to get defensive when we're telling our story.

If you asked me, well, how do you feel that way? Immediately, I'm going to put the walls up. I don't want to explain to you why I feel a certain way. But if you're asking me to just tell you story I'm not asking for a defense, I am asking you for an explanation.

I just want to hear your story. It is really cool to see how quickly everything drops. People just don't get defensive when they tell stories. And as physicians, part of the reasons why sometimes we don' t do that with our colleague, like you said, is we get very locked into a position.

"I'm too busy defending my position, i don"t have time to here your So it does take that extra second of just stopping and taking a deep breath and saying, I really know that where I am right now is not productive.

I don't feel productive, feel angry. Feel like I'm defending my ego and I dont like how that feels right. And so if you can actually, and it takes practice.

If you feel yourself in that situation, and we've all felt it, right? Where you've been in the room with a colleague or you been with an administrator or room the patient and you just feel like your chest tightens and breath starts to change.

And we sometimes pick up on that. From that standpoint, more than consciously, we recognize we're in a conflict. We feel it first before we actually in it mentally.

But if we can feel ourselves going into that, it's like, okay, so I need to take a breath. And instead of launching into, well, I think you should do this, going, tell me what's on your mind right now.

Tell me your story. And all of a sudden that conversation shifts and that shift is the opening for being able to address the conflict. And like I said at the beginning, as a person who's a little bit conflict-averse, I can tell when I'm heading there, my heart rate goes up, and you're like, oh dear, here we can, this is conflict and I want to just defend.

And I could think of probably lots of negative examples where I haven't handled it correctly, but I think we probably all can. But when we do it the way you just said, where you see the other person as a human being and that are a relationship worth investing in, I do think we get more mileage out of it.

And I think as busy physicians, sometimes my default is I am too busy for this. I don't have time for it, or I've got to get back to clinic or notes or have got three phone calls or got someone in labor right now.

So I know the temptation is to be like, But you might win the battle, but you don't win. And so it is very important to say, I actually spend less time on this if I scheduled time to talk about it and hear somebody's story.

Cause then you actually get to the root of what's going on. You have a relationship and then again, to, okay, because of that relationship, we can disagree and we still have relationship.

Do you know where I'm coming from? And I know you're coming. We can still talk to each other at the end. And like you said, you've preserved the relationship that you actually have an opportunity to continue the dialogue rather than maybe choosing the default of I'm the doctor and I say so, which we've all been in the situations and we all had times that we'd done those things that when you look back on that and go, oh man, I really messed that up.

And I always say it's like the time, one of the things I think is beneficial about having had the training and being able to do this in real time is that when I have done those things, I really will call the patient back or say, okay, i totally messed that up and I'm really sorry and i'm not making excuses for myself.

I Really want to have this dialogue with you. And i have never not once in my life had that happen where i've called a patient Back and said I did not act nice to you today and im sorry.

where the patient did not respond favorably. And I think that's the first thing. So the times that I do mess up, I feel like I'm less afraid of being in that conflict situation just because I've practiced it now.

I don't mind going back and saying, hey, i'm sorry for the way I acted. But there's something else that you said that i just want to briefly touch on, which is this idea that we don' always feel we have time to address these kind of things, like having this conversation of saying tell me your story or you tell where your head is right now, we feel that they don''t have to do that.

When we talk about the times that we've messed up, and like you said, we all had them and had these negative or not productive interactions with anybody, patients, staff, it's the mental cost that comes after.

Because I guarantee you, when you've had those interactions, because I've done it too, I think about it on and on. I'll think of it throughout the rest of the day.

And I will still be seeing patients. But I'm still thinking about that interaction. Man, didn't like how I acted that time.

Absolutely. And so the mental energy you've expended, so we feel like we don't have time to take this one minute to have this person tell me a story, but then we're going to spend the next 24 hours going over and over it again in our heads.

So what would you rather do? Would you'd rather spend two minutes getting to the absolute root of what's going on? Or do you want to invest the 24 hour of mental just going this over again?

I'll take the two Absolutely. So another aspect of this, so you said something really important, when you recognize you've done something that was insensitive or too much one way or you were in too big a hurry, you take the time to call the patient or the colleague or whoever and say, hey, I realize I didn't handle that well.

I want you to know that I apologize for handling that. Yeah, i'll handle it different next time. But sometimes as physicians, the training is document the heck out of it, make sure that it's going to stand up to a legal lawsuit.

I was right, I'm probably the same thing you have and probably most physicians have found. Patients don't sue you unless they're mad.

Repairing Missteps and Reducing Patient Conflict

And so even though taking the time to call someone and said, Please help me to please give me another chance to do a better job of in my communication with you, even if what I'm saying is still correct.

And you might be wrong, but I handled this poorly. I do think that may actually reduce your liability from a lawsuit standpoint, because now the person realizes, oh, this person heard me.

Oh, I wanted to hear your experience on that or your perspective on. I 100% agree with you. And what's so interesting, Peter, is that we're never taught to do that.

That was not something that were ever taught in our medical education. We were taught document. If you did something wrong, you don't say anything about it.

Because we've never had that training, many of us have now having to learn it ourselves. I think that was definitely my case. It was something I definitely learned through doing the work that I've done.

But I think it's so true if you look at the data, patients don't sue because of bad outcomes. There's lots of that outcomes patients sue, because they feel like their doctor didn't care.

And so when they have that experience of thinking, oh, this person didn' t come and talk to me, I never heard from them after the bad outcome where I had this negative interaction, and I neve heard anything else about it.

The patient may be thinking this perso doesn't ca It's hard, it is hard to pick up a phone and call somebody or purposely make time to go see somebody in the hospital that you know had a negative outcome or had something happen.

You didn't do anything wrong. But outcomes happen. But the fact that you actually went in there and held the patient's hand or I'm really sorry this happened to you.

It is okay to say those things because you are communicating to the patients that actually are concerned with this relationship. And as a result, the patience feels respected.

They do feel heard and they are absolutely much less likely to do anything like legal action. That is interesting and I can think of the times when I've called patients or called colleagues or sent an email or whatever it may be after the fact after I digested it.

I feel like those are moments of Peter's greatest courage. Yes. All right, I have got to be so brave to call this person

because it's nerve wracking. What's the person going to think?

Are they going yell at me? Or are they gonna be mad at? And maybe sometimes they'll be like a little bit. They want to get it out. But after they realize I'm actually calling to listen and hear, every one of those actions has resulted in a positive outcome, even though it's really hard.

It would be easier on that day not to do that. But in the long term, it is better, whether it be a colleague or a patient or whoever to say, hey, I am mortal.

I m human just like you. My interactions with you messed up. Or when somebody has a bad outcome because again, we're mortals. We break. Say, boy, that's rough that happened.

You know, how are you doing? I'm so sorry that you have this bad outcome. Without necessarily saying I did something bad and that therefore you this outcome to say, I am sorry for your loss.

I do think there's power in that. Communication is so key and so vital to what we do. Absolutely. And you mentioned it, and I think this is such an important part of what you said, that you are making the space for the patient or the colleague to communicate with you.

You are creating that space through them. As you're creating a space with them, they feel heard. When patients feel hard, when colleagues feel hurt, you don't know what's going on in that colleague's day.

We have no idea sometimes what is going with people. But you've created a place where they fell like you care for them and there's only good that can come from that.

Yeah, it's hard to believe, but even administrators, I've found that's helpful. Sometimes people put them in a box and think, well, these people don't know what they're doing.

But they put their shoes on one foot at a time, just like everybody else, and they are dealing with pressures and stress. And it doesn't mean you have to agree, you catch a lot more flies with honey than vinegar.

It is helpful to say, like, help me understand. Then when you do something, say something rude or thoughtless, go back and say hey, i handled that poorly and i apologize and I want to move forward.

Anyway, thank you so much for sharing that. It takes a lot of courage for all of us to try to communicate in that way. So as we come to the last segment on this, I wanted to ask you a little bit about your experience as a podcaster.

People listening say, oh, i've got a lots to say about this and that and the other, maybe I should become a podcastor. And then you look at the practical part of it and you say it takes time, it take money to have the setup and to edit all my ums and ahs, and all that stuff out.

How do you possibly do it? And how could you make this something that fits into your schedule, fits your mission and your drive, but also makes it so that it's financially viable?

Because not everybody should become a podcaster or even do anything on social media, it really is helpful to have more physicians' voices represented in this space.

Absolutely. I think for me first and foremost, when I really started thinking about podcasting, one of the things that I thank Brad really encouraged me is that in this space, I have something I can contribute.

that I have experience that's unique in the world of medicine. There are not a lot of doctors who are doing conflict who were also practicing physicians.

I'm needing more now, which is actually really cool. Through the podcast, I've actually met doctors that are do this work, Which makes me so happy. But understanding, just like you were talking about, When I realized that learning

this subject matter was going to actually not only make me hopefully a better physician, but definitely a happier human, I want to share that.

And so podcasting becomes a platform with which I hope I can share it with other people and hopefully they can have some of the benefits that I've had.

I think that's the first thing. In terms of logistics, I had to learn a lot about how to set up microphones, how they'd set-up all the equipment.

Podcasting, Outreach, and Where to Find Dr. Sharma

And I have a lotta help. Doctors' Podcast Network was so helpful, and Desiree especially has been really helpful. Me getting my setup and my microphone and lighting and giving me that feedback, I think that's been very beneficial for me.

I think the biggest thing for me in terms of just the work that goes into podcasting is really twofold. And the first one is, really seeking out subject matter that I thinks is going to be beneficial for listeners.

I thing one of the things I love about doing podcast swaps is because it really helps me bring other people's voices out and vice versa. But also I have been very blessed to find so many people who are generous with their time.

I had cold emailed so people that I read their article in JAMA or I saw them on this particular platform and I really love what they had to say and i've shot them a message and said hey I do a podcast would you like to be a guest and people are so generous what their times and their energy and expertise and intellect and that has been one of the coolest aspects of podcasting.

is that you meet people who are willing to spend the time and energy to do this with you. And that has been cool. I think from a financial standpoint, one of the things that's done for me, because I do other things apart from my clinical practice, I'd do consulting for hospital systems, educational programs for residencies and for medical practices.

I write curricula and try to do thought leadership for a lot of regional health systems. And so what the podcast also does is it helps me get that work in front of people that I will eventually be consulting.

So the podcast becomes not only an opportunity for me to get this wonderful voice of all these people doing great work with regards to conflict and health policy and all the things going on in medicine that I think play into the conflict we face daily.

But it also gives me an opportunities to kind of get my work out there and it's really been cool how that work has expanded and almost blown up over the last year of being a podcaster.

It's one of the last remaining long format, I think, media channels. There's lots of things where people getting shorts and YouTube snippets and TikTok hits.

And then there's some longer format programs on television that people still tune into. But most segments are really short and podcasting is really fun in that regard.

You get to actually know the expert. someone that's writing an article or generating that content you realize oh this person is really interesting and they came to this very honestly and so i've enjoyed the same and i think what you said about getting your voice out there and content out it is a really powerful way to do that so if you're thinking if your physician you listen to you saying hey i want to join a podcast contact me, contact Lee, come be a guest, try it out, see what you think.

But it is a really wonderful way for physicians to get their voice out. And when you do call people, I've found that as physicians especially, really consider themselves part of this brotherhood or sisterhood of docs.

There's only so many of us. So when a fellow physician calls and says, Do you want to be on my podcast? Almost everybody responds positively. It is an amazing thing.

So I appreciate you sharing both the nuts and bolts of the logistics, as well as your motivation to podcast. That's amazing. It's been a great journey.

I've really been thankful to be able to do the work, but also meet the people and be to hopefully help them have maybe a little better day and maybe the conflicts they come in contact with, maybe they'll be less afraid to engage and encourage people to tell stories and build relationships.

Absolutely. Tell people as we wrap up here, how can they find your podcast or website or social media handle? How do people follow your work if they want to stay in touch?

Thank you for that. So my website areleasharma.com. You can find the podcast, the podcasts, The Scalpel and Sword. It's on all the major podcast platforms.

I'm pretty active on LinkedIn. If you want to reach out to me on Linkedin, I'll definitely put those in the show notes as well. The other has all my stuff, but we'll put all that in there as Really love to have people reach out scalpel and sword at gmail.com is the email I love people to reach Out a lot of people have reached out to be guests on the podcast and I have absolutely loved that so I Always really appreciate people reaching out and make contact.

Well, thanks again. Dr. Lee Sharma. Thank you for taking the time to do this I hope you keep in touch. And thank you so much. Have a wonderful day Thank You Peter.

This has been fantastic Thanks for tuning in to the Doctors Making a Difference podcast. And thank you for what you do to help your patients and your community.

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See you next time.