Introduction to Recalibrate and the episode

Have you ever found yourself wondering if this version of practicing medicine is sustainable? I've been there for years. I was ready to walk away from my career in emergency medicine.

But then I found something that changed everything. In this episode, I sit down with Cherie Johnson, a psychologist, coach, and the author of The Thriving Doctor.

Cherie also wrote the foreword for my book, Revitalized. Together, we're co-facilitating the next cohort of Recalibrate, a transformative program designed for doctors.

Recalibrate isn't another lecture series, and it's different from other coaching programs out there. It's a community and coaching experience that helps you reconnect with your values, learn practical self-leadership skills, and reclaim your agency, not just to survive in medicine, but to thrive and lead change.

And I can tell you from personal experience This work saved my career. Stick around to hear Cherie's wisdom, why we believe doctors are uniquely positioned to change healthcare, and how you can join the next cohort of Recalibrate.

Applications are open now. You can go to coachingfordoctors.net.au and please mention this podcast before the end of June to access early bird rates. Let's dive in.

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 am so happy this afternoon to be alongside my dear friend and colleague, Cherie Johnson. She's a psychologist and executive coach, primarily for physicians, and she practices in Australia, although she has an international presence and works with many American doctors as well.

She is just a luminary in the field on physician wellbeing and what the future holds for making a system that's better for doctors, healthcare workers, and most importantly, I think, our patients.

So I'm not going to belabor Sheree's introduction because I just want to start our conversation. So Sheree, thank you so much for taking time to be on the podcast.

And for our listeners who haven't had a chance to listen to my interview with you on our very close podcast, The Emergency Mind, could you tell the audience a little bit about you?

Hi, Andrea. So lovely to be talking to you across the seas again. And thank you for that introduction. So I'm a psychologist. As you said, I work as a doctor coach and I'm also a meditation teacher.

So deep practice and love of mindfulness and compassion. practices, I think they bring a lot to our work. And I came to working with doctors because of my husband's cancer, which I won't tell the long story about that.

But after four years of that journey with him, really had my eyes opened to, I guess, what was happening in healthcare for health professionals and particularly for doctors.

Cherie's background and path into doctor coaching

So I made a very rapid turnaround from thinking I would become a patient advocate to wanting to really support and work with doctors and learn more about what it's like to be a doctor and was pretty shocked really to find out how little support there was for doctors and how narrow the training was in terms of, I guess, the technical skills.

And that there was really a lot of scope for doctors to be more well and perhaps perform more well if they had the soft skills, what we traditionally call the soft skills, which I like to call intrapersonal and interpersonal skills.

So really I've spent the last eight or nine years learning a lot from doctors and working with doctors in how they can develop the skills of what we sometimes call the art of medicine.

Well, I would highly encourage our listeners to listen to the interview you and I did on the emergency mind. And in that interview, we talk a lot more about burnout and we're definitely going to talk about emotional regulation today.

But specifically today, we really want to focus on leadership. So I want to start with a pretty hard hitting question. a phrase that I've said myself more times than I'm proud to say.

It's the system, Cherie. We can't do anything about it. I mean, the administrators have taken over, HMOs, PPOs, put any initial you want. We've lost and there's just not a lot doctors can do.

Yeah. Well, I think this is a very real experience. I hear this a lot too, Andrea, in Australia as well and New Zealand. The reality is that medicine is complex.

I think Peter Drucker said it's the most complex system in terms of work to manage. The thing that I hear when I hear that is a real loss of agency. And I'm surprised by that in doctors because I think as a non-doctor and in the world, We see doctors as people who are educated, who have resources in terms of their wealth, and we expect them to drive the system.

We think they're driving the system. And then to get inside the system and find out that doctors very often feel pretty helpless and hopeless is kind of shocking.

So when I first was listening to doctors say that they think a health system should be more clinician-led, I guess I was pretty confronting too. You said it's a hard-hitting question.

And I would say, well, how can you? You don't have the skills. And I think that doctors, generally speaking, don't have the business skills. I think some doctors in small business, perhaps primary care and some of those places, have some of these business skills.

And some doctors, of course, have become owners of corporate clinics. So they definitely have developed the skills. But generally speaking, doctors aren't taught leadership and that if they are learning leadership, they've done it through their own volition or their own mission.

to learn those skills. So I think skills like really deep listening where you really desire to connect with a person out of curiosity, out of believing that they've got something for you to learn, to offer you is really not practiced by lots of doctors, you know, not because of the doctor's fault necessarily, but the doctor's under a lot of pressure.

There's a lot of demand. There's too many patients. in the same way that they might lose their empathy because of those systemic pressures, they might also lose their capacity to think systemically or think strategically or to think beyond their own silo and get a range of perspectives, possible truths going on in their mind.

And to me, that's what a really good leader is able to do. They're able to think systemically and strategically. And so I think many doctors are able to learn those skills.

And certainly I've worked with some of them. But on the floor, working clinically, there's not a lot of time for practicing those skills. So my initial response really was, it's a bit of a pipe dream to have clinician-led healthcare.

I think we can do it, but we have to be very much more intentional about what we teach doctors and the space and time we give doctors to learn those skills.

Yeah, I know a few people listening are going to have a very strong reaction. So I just wanna dig in on that a little bit so that the point that you're making is not lost because it's hard for me as a doctor to hear that, but I have come around to understanding and also thinking that what you're saying makes a lot of sense.

My interpretation of that is during medical school, there really wasn't any. I'm trying to think if I ever had a leadership talk and as far as residency, I would say a little bit more of that maybe than the average resident because I went to a military program and leadership is talked about more and modeled more and it's expected that you're going to have to do a lot of tasks outside of the typical clinician role.

So, Is that what you're saying that right now the system's just not really designed to support doctors to be the leaders that they need to be? Yeah, I think so.

I mean, doctors are, in their day-to-day work, leading small teams. Absolutely. The nurses, the technicians, the allied health are all looking to doctors for leadership, I think, in their day-to-day.

Why doctors need leadership skills

But you know, I've talked a little bit about this difference between management and leadership, and I think that these are not the same necessarily, don't require the same skills necessarily.

And it's like so many things in communication, it's perhaps the language matters. So if I'm talking about doctors are not leaders, well, of course, doctors are leaders in many circumstances, even if it's just the doctor and the patient, the doctor might be the leader.

But I think we need to expand our vision to include things like partnership and collaboration and to understand who we're leading where. So we're not a leader if we don't have any followers or we might be a leader in the very sort of command and control kind of situation because our hierarchical position or our power or our status in somehow gives us the position of leadership by name.

That's not the same as being a really effective leader. And people following your orders is not the same as people wanting to follow you because they think you are taking them somewhere worth going.

And so I think this really effective leadership is about having intent and vision and wanting other people to share that with you and wanting to understand what they bring and offer and making space for them to bring it and offer it in a very kind of more equal, inclusive kind of way.

So these are the spaces that I think coaching brings a lot of value for doctors and where there's real room for development for doctors. And I think we will have a different kind of health service when doctors develop these skills and are more actively engaged in these ways.

I'm excited by that. In no way do I want to limit doctors capacity to lead because I think they have enormous potential. And I think we also need to recognise that there's some skill development work to do.

Yeah, I think it's important to really emphasize that dichotomy between management and leadership. And as somebody who's experienced a lot of different position leaders in my career, I think that's one of the greatest areas of growth.

And I would challenge listeners to think about the way if they have some type of leadership role, are you managing or are you leading? And I'll give a quick example.

I think we have a lot of metrics in medicine. And so clearly I know the metrics of emergency medicine best. So door to dock time is an example. And managing is, I want our door to dock times to fit the metric and providing feedback

that we need to be better, we need to be faster, we need to meet this metric.

and leadership inspires you to hit the metric. And then also to me anticipates the reasons we're not hitting it and also is receptive to new solutions because doctors know we know what the metric is.

And if there's a reason we're not hitting it, then I took go full circle back to what you were saying earlier. That's where that curiosity and more than just like what I think a lot of us feel like is we just get like the whip cracked that you have to do better.

But most of us are already working on the edge of what we consider our productivity and efficiency to be. Stay tuned. We'll be right back. Are you a physician mom with school-aged children feeling utterly exhausted?

My friend Dr. Sheeta Shafi invites you to take a little time this summer to join her in a small, intimate group for meaningful conversations. Dr. Shafi is an emergency physician, coach, and mom to 8-year-old twins.

She understands firsthand what you're going through. This isn't a pizza party or a yoga class. You'll meet for two one-hour sessions, twice a month starting in July, to help you move out of exhaustion, let go of mom guilt, and live a life you're not only proud of, but can truly enjoy.

Connect with her on LinkedIn or Instagram at Shida Shafi to learn more. Shida is spelled S-H-I-D-E-H and Shafi is spelled S-H-A-F-I-E. You can also check the show notes for a link so you can connect with her there as well.

Yeah, I think that's right. So if I was going to bring it into kind of some sort of nutshell, the skills that I think differentiate the manager and the leader, it's exactly the things that you're pointing to that the leader is, you know, Looking at all the phases and stages, if you like, they are looking forward, they're creating a vision, a place that we want to go, they're helping paint that picture.

But they're also inquiring and curious about what's happening now, where are we now, and they don't assume to know all about that. They remember that they've employed, and I understand that the employment process is a separate process in most health organizations, but these people have been employed because they're skillful and they're knowledgeable and they have something to contribute and they want to contribute.

And a really effective leader remembers that, holds that as kind of sacred. And one of the things that doctors talk about often in my experience is their lack of autonomy or their loss of autonomy.

I think these fantastic leaders are cognisant of that. They try and reduce that feeling. They look for opportunities where doctors are making the decisions and contributing to the bigger decisions and are able to have voice.

You know, one of the problems we have with sort of command and control or more, what's the word, more kind of autocratic management is this loss of voice.

People give up. They feel like there's no point or just, do my job and get out of here. And that's a sign of burnout when we start having that experience a lot.

We don't want to create that. We want leaders who are collaborative, who listen deeply with curiosity, who listen to learn, who have this kind of deep desire to connect, who are systems thinkers.

And I think this servant leadership model has a lot to offer. in this way. So that's Robert Greenfield talked about that in the 1970s, which was pretty amazing.

I mean, we were deep in command and control at that time in business, and he was talking about how can leaders be servants to their staff or to their employees, and how can we help them have more healthier lives, more wellbeing, more autonomy.

There's many places in medicine, in my experience, where that idea is completely counterculture. for the workers,

for the doctors. Yeah, absolutely. When I think about my own leadership style or what I aspire that to be, and what I think, there's a few words that come to mind for me for the type of leaders that we need in medicine.

So one word that we actually use at the Uniform Services University, which is the United States only military medical school, is they really emphasize adaptive leadership.

Management vs leadership in medicine

That you have to, and that gets into that emotional intelligence that depending on how quickly something needs to be decided and the risks and other factors, the expertise of your team, you have to adapt your decision-making and leadership style.

So that's one word. What's your response to adaptive? Oh, yeah, I think it's another counterculture kind of word in medicine that, you know, there's so much emphasis on the technical skills, so much emphasis on the science.

And of course, we love that the science and the technical skill is essential to delivering great medicine. And These other skills that we're talking about, our ability to adapt, our ability to think outside of what the normal circumstance would be, which is critical when you're in the business of people, because people find workarounds and new ways all of the time.

Your patients come with new complications all of the time. You can't have seen everything. So yes, I think our ability to adapt and these other interpersonal and intrapersonal skills enhance the science.

They help us be better technically. So yes, I totally agree. Adaptive leadership offers so much potential for this transformation that health is going through.

Yeah. And that brings me to the next word I use a lot is a transformational style. And to me, a transformational style involves a lot of being inspiring to the people around you and empowering.

Those are probably the two words that I linked to transformational. And the last thing I'd say about that is that you become, you're the type of leader that's cultivating a team that if you don't show up to work for a day, a week, a month, the intentions are already there and the culture is already there that things should be okay.

That'd be lovely to work in that space all the time. In terms of transformational, it makes me think of Robert Keegan's work around adult development and his idea of, you know, we're moving from being self-authoring to being transformational in our way of, you know, management of ourself and in our leadership too.

So self-authoring, I'm designing my life, I'm really censoring is not the right word. I'm designing what I look for, what I see, what I select out of the environment, what I share, and what gets in to me.

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

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

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

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

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

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

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

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

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

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

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

And that's a huge challenge individually and collectively. Yeah, I was just thinking back on some of the various leaders that I've seen and I do want to touch a little bit on burnout because what I've witnessed in some leaders is they have great potential and they get into the job.

Let's just use something concrete for people listening. Let's say you become the department head or the chair of your specialty at the hospital or clinic.

It's inevitably hard, right? There's too many problems. There's not enough time. I actually don't know any of my friends in leadership, whether it's medicine or outside, that don't feel that way.

It's always about shuffling. But what I often see among doctors is, they haven't ever really learned how to have boundaries. And so then when they get into that leadership role, they aren't able to set limits on time.

They have some of those, it's something you and I talked about before, those personal skills of managing yourself. So then when they get into that leadership role, they really struggle and then they burn out because they're working too much clinically and then they're there an extra 20 hours doing admin and Maybe they underestimated.

Adaptive and transformational leadership

It's a combination of things, but I just wonder with the number of physician leaders you've worked with, if that's a pattern or an issue that you have some advice on.

It's really complex isn't it? I mean I'm mindful listening to you that we're making these sweeping generalisations so I just want to encourage that to the listeners that when we have these conversations it's quite different to sitting with an individual person and trying to work out what's going to work for them.

We think about who gets into leadership positions, which doctors find themselves as the chair or the director of the department or the chief medical officer or so on.

These are the doctors who want to make a difference systemically. I think most doctors want to make a difference, but they want to make some sort of systemic difference.

And often they've been looking at their own leaders thinking in some shape or form that they could do a better job. And then they get into the job and start to see all of the complexity that they couldn't see when they were looking from below, if you like.

And this is a very challenging place to be that you have this vision that you believe you can do better or that you're going to improve things. And then you get into the position, you find out that it's much harder than you thought it was ever going to be.

And that perhaps you do have these big gaps in your skill set. Just from that point of view, any person can feel demoralized by that. And so, yes, these people often then start to work much harder, much longer hours.

They're trying to work out how to keep as many people happy as they can. And boundaries become a very important issue. When you work shift, your shift finishes, even if you have to stay late.

At some point, the shift finishes. And that creates a boundary for you. When you work in leadership, there's not always that kind of structural thing that just means, okay, it's time to go home.

You can go home. And I know many doctors are still charting and so on when they get home. But one of the things that happens is we change our meaning making when we get to leadership, if we're doing it well.

So we have to be really clear about our mission. I think that this is one of the very important things for any doctor in a small team or in a leading a whole hospital team of medicos, that we must be able to lead ourselves first.

The more effective we are at leading ourselves, the more effective we can be in leading others. And I think pretty much every leadership program around the world starts with that.

How do I lead myself? How can I raise my own self-awareness? And that's really essential for boundary making. And I think this word mission, some people prefer vision or purpose or meaning, is really central to this work.

Why am I here? What am I doing? What am I willing to do first? What am I willing to disrupt? What do I need so that I can disrupt? What's the most important thing to challenge or to question?

And I'm not talking about change for change's sake. I'm talking about being able to welcome new thoughts, new ideas, and stimulate other people's thinking in this way.

Fantastic leaders provide a lot of sponsorship. I was listening to one of your other revitalized podcasts and I can't remember who the person was, but they were talking about the importance of sponsorship.

And I think that one of the things leaders can do for new leaders is create sponsorship for them or people in teams that look like they might emerge as leaders.

How do we sponsor situations for them? How do we champion them? walk beside them with encouragement and uplift them in their capacity. Because leadership can be a very lonely place, especially as a new leader, when you're looking at all your team, they're expectantly looking at you, you're looking at the people above you thinking, well, they all know what they're doing and I don't know what I'm doing.

So I think these words, collaboration, partnership, sponsorship, championing, these are the things that we can do better. to help each other in leadership in medicine.

As physicians, and you're even told when you're going into medical school, part of it's because you want to be the captain of the ship, the head of the team.

And as we grow into this and we see how complex these problems are, There may be a leader in title, but you need a team and you need these relationships and this lone leader idea.

You know, we really have to let it go. Medicine is sort of defensive in a way, isn't it? Like, you know, I'll protect my team or I'll protect my silo or I'll protect my department or.

I'll protect my craft, my subspecialty. I think there's a lot of, it's not sustainable. It's clearly not sustainable. We don't have the workforce to keep operating in this way.

I don't know what the perfect new way is, but I think it requires much more supporting each other across all those self-imposed, boundaries, I'm going to complicate our conversation by using that word.

I think we need more personal boundaries and we need clarity around what we can and can't do. And we also need the capacity to adapt, as you said before, where we're saying, even the very simple things of saying, who are the other leaders in the other departments physically around me?

Do I have a relationship with them? Do I know who the head of department or the acting head of department is? on the next floor or in the ward across the way, or, you know, how could I build some relationship with them?

Can I be curious about what they might teach me? You know, this sort of opening up, it's in the vulnerability as Brene Brown and many others talk about that we learn, right?

And while we're kind of protecting ourselves by, you know, looking like we know what we're doing, We limit ourselves in our learning. We limit our relationships.

And I think we limit the growth and development of medicine. And that's, that's limiting for patients. So I want to maybe pivot a bit and get your thoughts on the idea of courageous leadership.

And again, I'm going to speak from my perspective as an American emergency physician coming out of COVID. And I'll just give one brief example. I had a colleague.

that said, well, across the United States, and I'm sure it was across the world, it wasn't uncommon for volumes in places that didn't have COVID initially to drop severely.

I mean, some places, the ED visits were 20% of normal volume in the first few days and weeks. of the pandemic, but that changed fairly quickly, honestly.

Most places within a couple of months were back to their normal volumes, but this physician shared that their emergency department staffing decreased and never went back.

Burnout, boundaries, and self-leadership

We've got so many problems right now in which we need leaders that can have the courage to have hard conversations with the hospital CEO, with insurance, all the different stakeholders that we need more time with patients, that we need more resources to be able to go on.

They've essentially asked us to cut and squeeze as much as we can. So what's your advice to inspire courage? What do psychologists know about courage?

Well, probably not anything more than other people know about courage, Andrea. But I like the Susan David idea that courage is fear walking, that courage is um, feeling the anxiety, acknowledging it, knowing that it's in your body and choosing to still progress forward.

And that's much easier to do if there's a good reason to, right? So if you know what your intention is, if you know what your vision or your mission or your purpose is, your meaning, then it's easier to walk forward.

It's much harder to progress forward for an unknown purpose or reason. If we think about people who are given awards for their courage, they pulled somebody out of the sea or they pulled somebody out of a burning building.

They say that they didn't really think twice. It was the right thing to do. It's what any normal person would do. But in that moment, they know what their purpose is.

Their purpose is to help another human beings survive. And that's built into us. That's hardwired into us, this collective survival mechanism of compassion and being in tribes.

We have that. We already have that. The question is, what do I want to do in my tribe or with my tribe beyond that? So, you know, I want to survive. Helping each other in that way is survival imperative.

So what are we surviving for? What is it that we want to survive for? Like these are, you know, those big, what's the meaning of life kind of questions.

And I think more of that conversation inside medicine. I read something yesterday, I can't remember all the statistics, but it was about palliative care.

And it was the number of people who would like to die well, far outweighs the number of people who would like to live a long time. I think it's something like 19% of people, can't remember if it was an Australian study, 19% of people wanted to be kept alive and 70, 81% wanted to be allowed to die.

But this is, again, the opposite for what happens in medicine a lot of the time. Doctors are trained to keep people alive for as long as they possibly can, with whatever mechanisms we have to keep them alive.

And there's a good ethical reason that we make that principle so that doctors know what to do under stress in very difficult circumstances. But it may not be cognizant with what the community wants.

So I think this question of constantly saying, what is it that we are alive for together as a group? What is it that we want to do? What are we trying to achieve?

If we can understand that question, then we know. So for instance, for me, why do I work with doctors? I could coach anybody really, I don't have to coach doctors.

But our experience, Tim's and my husband Tim and my experience when he had cancer was such a visceral experience of how health could go well or not well dependent on the care and the relationship we had with the doctor.

So, you know, for me, it's legacy work. It's about making meaning out of Tim's death, and kind of, you know, that I can't unknow what I know. So people think, oh, it's amazing that you've done something good out of a terrible thing that happened when Tim died.

It's really about looking after myself in the long run. It's trying to make something that was tragic and awful, have a silver lining be better. People say, well, you coach teachers, and I do coach teachers sometimes, but the meaning making is much more visceral when I work with doctors.

And so I think for doctors, we're all human. You and I have talked about meaning quite a bit, that meaning lets us keep going even when the odds are stacked.

So I don't think we can keep doing health the way we do. We are going to have more life coaches. more nurse practitioners, more other jobs that we don't have names for yet in healthcare.

The doctor's role will change because we just don't have enough doctors. So it seems to me one of the really important things doctors can be doing is to be saying, what is it that I want to offer with my skills?

How can I be a contributing part in my community that is valued by the community, but is valued by me, myself, because that's what actually keeps me going.

That motivation has to come from inside ourselves. one of the last words you said was value. And while you've been going, talking about meaning, I'd really encourage listeners and it's certainly not a secret.

We talk about a lot on this podcast about values and I'm almost embarrassed to admit that I didn't know what my values were until a couple of years ago.

I think I'm not unique that most doctors that go to medical school think that my value is I value health, I value learning how to be a good doctor and taking care of people.

And that was a great value to have and focus on for a very long time. But I think it's pretty immature, honestly, and it doesn't sustain a career for most people.

So, you know, I think that's a great place for people to start is what are your values and how does that link to what you're doing and how it's gonna sustain you through these challenges?

And, you know, you coach physicians and I think about coaching, facilitating, teaching physicians. which then impacts patients. So that's where the second arc of my career is really focused on is how do I make the experience of other physicians better because I love physicians.

It's very popular in America. I don't know what it's like in Australia to make fun of physicians. And there's a podcast I really like, I won't mention it by name, that unfortunately one thing, they routinely are down on doctors.

And part of it is I understand why they are. They've shared experiences that have been negative with doctors. But I think what you and I share in common is While we don't think that's acceptable, we're curious about, I always am immediately like, I really want to know the doctor story.

Like, I'm sorry the patient experienced that, but I want to know more about that doctor. I can't think of a situation in the same way where there's been open, made fun of doctors, you know, as a theme.

But I think there's a real disconnect between what patients understand of doctors. And it's not the patient's job. Sometimes I did some writing recently, trying to express what was happening in a doctor's life as a human being.

And I showed it to a couple of GPs before I haven't published it yet. And they said, I don't want the patient to worry about me. It's not the patient's job to think about me or worry about me.

Courageous leadership and meaning in medicine

And whilst I understand where that comes from, you know, it comes from patient first and do no harm and these really important ethical kind of principles that medicine is built on.

I think it's really limiting. It limits the human connection. It limits the capacity for the patient and the doctor to really come together. And I don't mean that the doctor comes to work and tells the patient all about what's going on at home in the terrible state that their own family's in or whatever.

I don't really mean that. I just mean that we need to break down this kind of separation, this othering that we do of each other. But if the patient is looking at the doctor as the person that can fix everything, who's got it all together, who's got plenty of money, who's got plenty of status, who's different to them, then they don't share things that they might need to share with the doctor.

They might feel intimidated or embarrassed, and they don't share some of the information. Equally, the doctors look at the patient as how different to them.

And we know from patients, from doctors when they get sick, that they have this aha moment and they say, oh gosh, it's so different being a patient. You know, a doctor who's not making that human connection with the patient does respond to them differently, does treat them differently, does assess their pain differently.

So I think we've got a lot to learn. I don't know what all the answers are. I just am, as you say, curious to learn more about that intersection in the relationship.

Yeah, it's very interesting. Thinking back to medical school, I mean, that's indoctrinated into very early that you will be stoic and that you will not share anything that's going on with you.

If you're tired, hungry, hurt, whatever, whatever, just you walked in from the last room, but life is obviously so much more complex than that. And some emergency departments still have kind of open bays.

And it's always been very interesting to me from like a human psychology standpoint. You know, we tried as doctors to keep everything separate, but it then patients will see something.

Like I can remember one night I was single coverage overnight and I had a patient come in that we were doing CPR on and just the physical space there was only so much we could do to make it private.

And the other side of the ER could see a lot of what was happening. And kind of selfishly I was happy because a lot of the people on the other side had less acute things and I think they some of them would have been really mad at with me because I was in there for like almost an hour and several of them said don't even it's fine no explanation needed I saw.

I saw what happened. And I was like, is that such a bad thing for people to be a little bit more aware that this is a system, whether you come in as a patient or the doctor or the nurse or whatever, and it's a very imperfect system, especially something like an emergency department that's a safety net.

What's the cap on how many people that can come through an ER door? There is none. Right, right. We have a really salient example happening right now next week in Australia.

So you know that Queen Elizabeth died. And as a result, there's all these protocol in the Commonwealth countries of which Australia is one, where we have a certain number of days where we don't have parliament and so on, because we're in mourning for the Queen.

Now, we have a public holiday that was announced yesterday, a new public holiday just for this year. to recognise the Queen next week. And the result is that lots of clinics are closing because they have to pay double time and so on for their staff and they can't afford to be open.

So all those patients need to find new times with their people that they would see, specialists and primary care practitioners. And the Clinicians are saying we can't operate because we won't have any nurses or techs.

They'll be on leave or the health system can't afford them. And the people have nowhere to go. So where will the people go? They will go to the emergency department.

We've got 10 days, I suppose, to know about that. But there's nothing the ED can do. Constantly open backstop whatever else is happening. in the world.

This conversation has just flown by I want to pick your brain quickly on A physician listening right now, maybe there's somebody that's still in residency or a year or two out and they're like, you know, Sheree, I get what you're saying.

I think it's great. But I just learned my craft. I'm still trying to perfect my craft. And maybe they're developing chest pain, listening to us going like, don't tell me I have all this other stuff to do.

What's a small step that they could take to start to grow some of their leadership skills? But you don't have to grow your leadership skills at work. So that would be the first thing.

If you can be curious about your own self outside of work, that's a great place to start. So I think any self-

awareness work that you can do outside of work, perhaps it's that you get a coach, perhaps it's that you join some sort of program, some leadership program or some self personal development program, maybe you go on retreat and be willing to experience something different about yourself.

So perhaps you do an outward bound kind of thing. Maybe you do a meditation course. Maybe you read five books over the next five months, one a month that's on leadership.

Anything that can be feeding your curiosity. I think the biggest trap for young doctors that I see in coaching is this desire to demonstrate how much they know.

It's part of building our professional confidence and it's part of building our professional reputation. And it also can blind us to our own self. And so I think the smallest version of this is just to make a commitment to yourself, to be curious about yourself.

So instead of just looking at the world from yourself, inquire of yourself. So, you know, you might be driving home or walking home, you could make a practice that every time you're driving home from work, you just ask yourself, what did I learn about myself today?

And there might be one thing you might learn that, oh, that really triggered me, that really pushed my button. Or it might be one of the nurses that you're really enjoying your relationship with one of the nurses and that you notice that you're more relaxed when they're working.

And just inquiring of yourself every day, you can formalize that in a journal kind of practice. But I think just asking yourself this one question, what did I learn about myself today can be a bit of a portal into just raising your awareness, opening this part of your learning.

Yeah. And I would just add to that, you know, that's introspection and reflection, which are key interpersonal skills. And then when you're stuck, reach out, you know, there were things I would just keep falling flat on my face on.

I definitely benefited personally from coaching, but even informal, there were just people that I knew that excelled at some of these various skills. And so I would bring some of the situations and challenges to them.

part of the mark of going from kind of a more immature to a mature person is that you can synthesize advice, that getting counsel from someone doesn't mean that you're necessarily going to do what they say, but you're able to interpret it through your own lens.

Pause, reflect, not immediately act on any piece of advice that you get.

Human connection between doctors and patients

That's certainly been a really important growth for me the last few years is I think Brene Brown talks about the temptation to pull people versus taking advice and that extra step of really synthesizing it into your own life.

it's easier to do this stuff when you hang around with other people who do this stuff. And so I think that's part of what we do in recalibrating our group programs, looking to how can we bring people together and create spaces for them to do this work, because it is counterculture, it is hard to find these people sometimes, it's hard to to know it feels risky to say out loud some of this stuff at work to your colleagues.

And often, once you find the people, you can't stop saying these things out loud, but it's hard to find the people. So I think, you know, using some of these mechanisms, there's lots of people now.

And of course, what we do at Recalibrate and what you're doing at Revitalize are in front of mind for us, these kinds of programs that bring people together to do this work, much easier to do it in company.

So tell us a little bit as we're closing about Recalibrate. I know you have a group starting relatively sooner. We

should start thinking about it. Yeah, so we're opening our registration.

The group doesn't start till next year, 2023, but we open our registration in a fortnight, which is very exciting, Andrea. I always feel very excited when I'm meeting the new people.

who have decided they're ready to do this work. And our programs are growing. We have doubled the number of programs this year. We'll have doubled the number of programs next year.

There are many more doctors starting to recognise this work as important. So for Recalibrate, we run a program that runs over four to six months, depending on the length of time the groups come together.

So we're going to go back to live programs, some live programs next year, which is also exciting. Some on Zoom, some live. So people have six coaching sessions with me individually.

They work on whatever they want to work on in terms of their own goals. And sometimes they work on things that have come up out of the group. And then we have between four and six master classes over six months where the people come together.

We limit the group to 10 so that we can have an intimate setting where people feel safe to speak. And I co-facilitate that with the doctor. We have a couple of doctors who work with us.

And the work is really around these intra and interpersonal skills. So self-awareness and communication and interaction with other people, mindfulness, compassion.

We do quite a lot of work on identifying unconscious bias and how to respond to it when we do notice it or somebody points it out to us. And all of that compassion, empathy, and all of that culminates in trying to bring those threads together, join those dots, a bit of what you're talking about, the synthesis, so that we can be preventative in our behavior, prevent burnout, and so that we can lead more effectively, so that we can learn to lead.

And then those people come into an alumni community, which is probably the loveliest part of the whole program because they continue to do that work supporting each other and looking after each other and continuing to learn and have opportunity to introspect together and to ask each other questions.

and we have some live retreats so that they come together. So that's the recalibrate groups themselves run in a very tight cohort, just their eight or 10 people.

But when they come into alumni, they come all together. So they meet people across group and they're from various specialties all over Australia. We have some New Zealanders in that community now too.

So I'm excited about that group. I think the ripples that they make together is part of our future in terms of expanding the work way beyond any. Looking at the times that you'll be meeting, if somebody in America wanted to join Recalibrate, they should be able to, right?

Yeah, I think so. Yeah, I think the times work. We try and make them work. They can't join the live group unless they're going to come to Australia four times or stay for six months, which would be lovely.

We welcome you to do that. We have talked at different times about running specific groups for other countries, and we're certainly open to that if there's anybody listening and knows that they can get eight or 10 people together, we'd love to do that.

But we really want to refer and recommend your program as well. So I guess our program is men and women. So that's a point of difference between with what you're doing.

Yeah, absolutely. You know, my feeling and I've talked to many friends that are in this space is the truth is there's a lot of doctors that need help.

So I never feel like we're competing. I always feel like we're working together. And yeah, we, you know, Revitalize is focused on women physicians. So it's great that Recalibrate and the work that you do is not associated with gender.

Yeah, I agree with you. There's plenty of work. You know, it would be my feels like a fantasy at the moment, but I think it would be just so wonderful if every doctor had a coach and whether that was an individual coach or a coach through these programs where there's a peer element to the coaching.

I just, as a psychologist who's had to have a supervisor in terms of that professional development and that professional grounding, it's amazing that the doctors haven't had to have some of that kind of more formalized support in my view.

And we really are astounded that every single time we have a group of graduates from Recalibrate, the consistent feedback is this should be compulsory for all doctors.

So I think once people are ready to come to these programs, once they're able to find the time and the space to prioritize themselves, They're available to do this really powerful work and it makes a huge difference.

Very often they say that their families are saying that they're different and their families are celebrating within a couple of months of starting the program.

I just think that's such a joyful thing for me. I just feel so privileged to be in that space with the doctors who are doing this kind of work. I think they really have enormous capacity to create a different kind of healthcare, but more than that, it's making them sustainable.

If they decide, let's say some of them decide ultimately to leave medicine, well, that would be a shame for our community, but it's wonderful for them in their life.

So far, we haven't had anybody do the program who choose to leave medicine. It's more the other way where they say, I've fallen back in love with medicine.

I'm glad to be here. But I think the value of coaching is that people remember their own agency. They feel empowered. They can do that process of looking at themselves as well as from themselves.

And so the whole landscape can change in terms of what they experience in their life.

Small steps for developing leadership

Oh, that is so beautiful. How can our listeners connect and learn more from you? Lots of ways. I want to give our book club a little plug first of all.

So we have an international book club and we meet once a month. It's very cheap for the connections and the network that people would have the opportunity to make if they want to join the book club.

So that's all. Everything's on our website, coachingfordoctors.net.au. If you're looking for a kind of low level way to start talking and thinking about these kinds of ideas, then the book club is a simple way for people to participate in these kinds of conversations and As you know, Andrea, you're a member of the book club too.

And we essentially are focused on how to help doctors have wellbeing. So the broad range of conversation there with doctors from lots of different countries.

If people want to do coaching with me again, same thing, coachingfordoctors.net.au. At this time of the year, it is getting a little bit hard to find an appointment with me, but there are still a few.

So if people want to do that, I'd love to chat with you. And we can have a half hour complimentary, you know, just

chat to see if I'm the right person for you or not.

So that's easy. Again, no obligation. And then recalibrate, as I said, we're opening our doors in a fortnight for people on the waitlist and 1st of October for people who aren't on the waitlist.

It's no obligation to be on the waitlist. It just means that you find out a week earlier. And we really try to be in the business of supporting doctors.

So if you look at our programs and you feel confused or you want something that's not quite there, please just send me an email. I'm really fully immersed and happy to have conversations with doctors.

It's important for my learning as well. And we're really trying to develop the supports that will work for doctors. And whilst most of my clients are in Australia and New Zealand, I think these conversations that Andrea and I are having with each other and with many other doctors around the world are helping us create collectively supports and understanding that will help medicine go well and be sustainable.

So I think there's no real limits to those conversations. I'm on LinkedIn, I'm on Instagram. Come say hello. Yeah. And for our listeners who haven't heard, burnout rates among physicians are pretty similar across the world.

It doesn't matter what system you're in. In America, we often think that the Canadians or the Aussies, they've got it all figured out with their socialized healthcare, and that's not the case.

So it's been Very therapeutic for me to get to be in the book club and connect with the physicians there and our mutual friend Cheryl Martin as well. But these are universal experiences that transcend the exact way your system's comprised.

And there's been a lot of community, but it's also caused me to reflect a lot that, okay, well, If other doctors have this issue with different systems, then maybe it's not just the system.

Oh, maybe I need to do what Sheree is suggesting and do some work on me. Darn it. Well, it's a really powerful insight, Andrea. I want to just maybe say that, you know, Margaret Mead said that I wrote it down to try and remember the quote properly.

I don't know if I can say it. Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

And I really believe that I think that, you know, whilst we say it's the system, we give our power away to something else that doesn't care. that doesn't have the capacity to actually think anything through and change its ways.

It's the manifestation of human action. And so I just really feel like if we can say, what can I do and find the other people who are also saying, I want to help with that too.

But that's the way forward. We do want government and we do want big health systems to make changes and see our executives having insight and so on. And I hope they do, and I hope we can help them.

Recalibrate program details and how to connect

And I can't wait. It's not for me to sit and wait. I think there are things I can do in the interim to help make the case, if you like. And Corey Feist, I think I'm saying his name right?

Yes, Corey Feist, Lorna Breen's brother-in-law. His action, I think, is a perfect example of this. His and his wife's, whose name I can't think of. My apologies to her.

But that action where they've created legislative change in America, it's an incredibly powerful example of how a group of people who cared enough to put their head, their heart, and their guts, so to speak, on the line can make a

huge difference.

So I don't claim to be in the same realm as them, but I think that the work we're doing is making a difference to many doctors and their families probably, and hopefully their patients.

Absolutely. And the one thing you didn't mention that we'd be remiss not to say is you are the author of the Thriving Doctor book. And that would be the first thing I would ask all of the listeners to do is buy your book.

Many of the listeners have received a copy of the book from yours truly. I gave it to nearly every doctor. that I counted as a close friend, which maybe I shouldn't say out loud because if you didn't get a book from me last year, I'm sorry, maybe it's coming this year.

I gave out a lot of them because it's absolutely, and when you say your recalibrate should be compulsory, your book absolutely should be required reading of everyone thinking about going to medical school, in medical school, doctoring.

Please read that book. It's fundamental and I think provides a really good framework for anybody who cares about this at all, which hopefully is everyone, but you know, it really does give doctors a really good footing on how to structure their own personal professional development.

And then if you're in charge of helping other doctors, I think your book is just the quintessential roadmap. I can't think of another book. And I've read most of the physician wellbeing books out there.

Yours is the top of the list. Thank you, Andrea. It's very sweet of you to say we've had we've we have really had fantastic feedback from all around the world about the book.

So it does seem to have landed well. And I think, as you say, the different systems have the same problems. So, yeah, thank you. You're very kind words about the book.

I do hope that when I wrote the book to try and reach more doctors. And so thank you. Well, this has been an absolute joy and the time flew by way too quick as it always happens when we're talking.

Thank you from the bottom of my heart for everything that you're doing. I 100% know and believe that you have saved many doctors' lives and that you 100% have changed.

doctor's lives and therefore patients and I'm getting teary-eyed even saying it, but it's truly a powerful presence and legacy that you're shaping and I thank you.

Thank you so much, Andrea. It's just a pleasure every time to talk to you. Thanks for having me. Thanks for listening to Heartline, conversations with healthcare changemakers following their heartlines.

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