Elevating Healthcare Interactions Beyond Medical Jargon Transcript

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Introduction and Appreciative Inquiry

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 excited this afternoon to be speaking with Dr. Bradley Block. He is an ENT surgeon and he is host of the Physicians Guide to Doctoring podcast.

And we both got connected humorously enough through podcasting about humor. So it's great to have you here on the show. Thanks so much for having me. I'm super excited to be here, especially, you know, it's an honor to be amongst so many amazing changemakers.

And I'm really excited to be speaking to you because this interview is going to be part of a mini series we're doing on this concept of appreciative inquiry.

And that's the framework. Instead of looking at what's going wrong in health care, looking at what's going right. and how can we capitalize on that? And something that's going right in healthcare is Dr.

Bradley Block because I'm a huge fan of your platform and how you've been able to really give physicians and all the listeners some tangible skills on how we can communicate better because one of the top things that burns us out is negative interactions.

Well, thank you. It's amazing to hear. I don't really think of myself that way. I'm sure we've all got this imposter syndrome going on, but thank you.

I'm really touched to get that type of an introduction. So let's go back in time and explore your doctor origin story. So how did you arrive at being a doctor and specifically in ENT?

So my path to medical school is a very uninspiring one and it's, I was not pre-med. I was, you know, a bio, some sort of bio major and I had no idea what I was going to do.

I had no path. I was going to go into like, I didn't know, right? No idea. And part of the reason, part of the reason I went to medical school is it offered me a clear path.

Like I had no idea what I was going to do with my life, but I was like good at science. And so, and I had taken a bunch of the pre-med classes already and done well at a competitive university.

So I was like, And so ultimately what happened was I studied abroad in Israel, specifically in Jerusalem, which is, if you've never been, it's one of those incredible cities in the world that's like no other.

Dr. Block's Path to Medicine

Just the history there, it's all built with limestone, it looks like one big museum, and the people living there, it's just a remarkable group of people.

that are, that are living there. And it really puts things in perspective and what was important. And so as someone that wanted to use my, you know, bio scientific acumen to like make money, it really, you know, I, I decided to take a step back and said, maybe I should do something more meaningful with my life, living in this country with where,

you know, it's, it's, it's, it's a struggle right there under constant threat.

And so what I decided to do was one of my friends was applying to med school. So I was like, that sounds like a great idea. I should apply to medical school.

That is a very uninspiring story about why someone would become a doctor, right? Because I didn't have any other better idea, but there it is. And so I decided to become a doctor.

And you know, the whole communication thing, my patient, my parents said to me, you know, you're going to have to talk to people, right? So if that is any reflection of what type of communicator I was as an adolescent, you know, that didn't really change very much over time.

So yeah, so now I talk to people, many people, every day. I love that honesty because that is the way a lot of people ended up in medicine. And then, you know, I think what's important is what happens next, you know, what kept you in medicine and, you know, what inspired you to be a changemaker in medicine?

Because you're not just doing ENT surgeries all day, as wonderful and as changemaking as that act is. That's not all of Dr. Block. No. And so this is going to be a little bit of a therapy session for me, actually, as I, as I lay myself bare in the podcast, because first, I didn't really think of myself as a changemaker, right?

I appreciate getting that title. When I created the podcast, it was ultimately to answer the questions that I had. And I figured if I had these questions and other people in our profession would have them too.

And a lot of the right you're going to have to talk to people. So a lot of the struggles that I had were related to communication. And so what did I do?

I created a show where I was able to get experts on the show to answer the questions that I had. And ultimately my question, my topics exploded from there because I realized they didn't just have questions about how I can communicate more efficiently because that's really part of it.

Like I can communicate really well with my patients if given an inordinate period of time. but we've got such we've got to do it well and we've got to do it efficiently because there are 11 patients in the waiting room right now and that number is just growing right so we have to communicate well effectively and and efficiently and then the topics exploded so we cover like health policy and personal finance and current events and talk to other specialists and you know just anything you know the saying of my show is everything we should have been learning while we were memorizing Krebs cycle so like all the other stuff that doesn't relate to you know the practice of your specific So, you know, I really don't think of myself as, or I didn't, but I appreciate being put in that, in that category.

And now I've gone off on such a tangent that I've lost what the question was to begin with. I apologize. No, you described it. You know, it's how you became maybe, if I take some liberties, you know, a bit of an accidental change maker.

How many of us start out, you know, we don't know what that term is. It's not what we really identify as, but we're trying to fix something. We're trying to solve a problem.

And then along the way, you created a platform that's really inspiring. Well, thank you. Yeah. So, so it was, you know, you know, that's what you talk about with change making.

You find something that that you struggle with, that you're inspired to change. And then you go from there. Right. And so that's ultimately what I did.

I needed to change something about myself. Right. And you just like that, like it totally fits with everything you talk about my own journey. Right. Like, like I had to improve myself and now I can take the, what I've learned from my own change making and help other people do the same thing.

And I do that within, within my practice. I help people with, with communication that struggle with, with communication.

Building a Communication-Focused Podcast

Well, let's get into it because I think this is just an area that, in some ways, if I look back at my medical career, and I'm almost embarrassed to say it, but I'm going to say it, there's some times I feel like as a medical student, I was a better communicator than I am now because I was less steeped in jargon.

I was literally closer to that, you know, beginner's mind of not knowing everything that we know. And I had time. Nobody's really looking for the medical student.

If you want to spend 30 minutes taking a history, most of the time you could. And so I've had to relearn or rework a lot of my own communication. So with that, I want to ask you some of the things that are still really hard for me, because if they're hard for me, my guess is they're hard for a few of our listeners.

Absolutely. Let's see how I can do. All right, so a really common problem for us in the emergency department, and I think it's like true in medicine as a whole.

There's a lot of times we interact with patients and we don't have a clear diagnosis. So could we actually like maybe even just like role play this, maybe like, maybe give us like kind of the cliff notes and then maybe try it out.

Like tell me if I'm the person, you know, for my, I'll try to adapt to ENT world that I've got chronic ear pain and you know, I've been waiting six weeks to see you.

Right. And so, you know, ear pain can be multifactorial. Right. And so it can come from the ear, but it can also be referred from a bunch of different places.

And so we have to make sure that we are explaining our thought process. to them, right? And so we've ruled out this, we've ruled out that, we know it's not this, we know it's not that.

And here in the emergency department, our primary job is to make sure that there's no threat to life or limb. Unfortunately, we're not able to solve everybody's problems here in the emergency room.

And so there are inevitably some questions that are left unanswered. So I would love to be able to come up with your diagnosis and treatment plan, but You know, sometimes we're just not equipped to do that.

And that's where our colleagues, the specialists come in. Right. And so, you know, what we're going to want you to do is we're going to follow up and I've got someone for you.

This is, you know, the person that I would see if I was struggling with your problem. So, so I mean, try to, you got to try to find ways to make them feel.

that you're really paying attention to them. You've got to find ways to make it that you're validating their concerns and you've got to make sure that you're answering their specific concerns because like, let's say a patient comes to the emergency department with a thunderclap headache, right?

What are you worried about, right? You're worried about Remind me, what are you worried about? Subarachnoid hemorrhage. Subarachnoid hemorrhage. We're talking about subarachnoid hemorrhage.

I noticed some kind of bleed on the brain, but I didn't remember what. And so once you've rolled out a subarachnoid hemorrhage, you're like, thank God it's not a subarachnoid hemorrhage.

Phew. But then the patient's still sitting there. headache, suffering, right? And so the things that you're worried about aren't necessarily the things that they're worried about.

And so you have to give them an opportunity to verbalize those things that they're worried about, right? You're going to want to say something like, what is it that worries you about this?

Like, what is it? And they're going to say, like, Doc, I just want to make sure I don't have ear cancer.

Explaining Unclear Diagnoses to Patients

So here you might have said, well, you don't have an ear infection. There's no swimmer's ear. There's no middle ear infection. Like, it doesn't seem like it's TMJ.

Like, we've ruled out all the major causes and, you know, some of the worrisome. And you're like, ear cancer? That was not my differential at all. Like, no, you don't have ear cancer, right?

But unless you say the thing, They're going to leave worried and unsatisfied and unsettled and thinking that you didn't really do a thorough job because you didn't address the thing that they were worried about.

Like you might look in the ear and be, of course you don't have ear cancer. You have a completely normal ear. I said that. But no, you didn't say the thing that they need you to say.

And the other thing about not having a clear diagnosis, you can tell them how it's like, listen, I'm sorry. I wish I had a better answer for you. I'm going to phrase this, not that you prefer to have an answer, but you feel badly that you're unable to answer all their questions today.

I'm sorry. I wish I could. The fact they need to know that you care about them. And so you need to communicate the fact that you feel badly about the fact that you can't answer all of their questions and identify their diagnosis.

And then they need a clear plan, right? They need to know where they're going to go. And you might not be able to do this in the emergency room, right?

Like you don't make appointments for them. You're not a concierge service. But the more that you can do to give them a very clear plan about what happens next, the more they're going to feel taken care of because it's the unknown that really is the unsettling part of everything.

I don't know where I'm going next. I don't know what's going to happen next. I still don't know what this is. I don't know if I'm going to feel any better.

I don't know if this is something scary. So the more of those unknowns that you can eliminate the better experience it's gonna be. So make sure you answer their underlying concerns that they may not verbalize them.

Make sure that you give them a way to verbalize it that doesn't make them feel like they're a crazy person. So communicate, say, what is it about this that really bothers you?

And then having a clear plan and then communicating to them that you really genuinely do care about them such that you feel badly that you weren't able to come up with the diagnosis.

Yeah, I love that. And one of the ways I summarize that for residents sometimes is, so you have a medical obligation, you have to make sure that it's not these really scary things.

And a lot of times you feel like as the doctor, I did that, like I did my job. But there's also this customer service aspect. There's what the patient expected and sometimes that they thought it was something else or they want a work note or they're really frustrated because they haven't been able to make a primary care appointment or they wanted a sandwich before they were discharged.

So whatever that customer service thing is, sometimes it's something within your power. And honestly, what I'm willing to do on any given day is variable.

If it's a day that we're getting crushed and I have a critical patient that's coming in in one minute, I'm going to meet the standard of care. But if I have a If I'm having a little bit of breathing room.

Yeah, yeah, it's not happening. And that's about, and it goes back to, we just recorded a podcast on your podcast too, so listeners should go to both to get the full Austin Block experience.

But having that internal energy of, what do I have capacity for with this individual? Like, you wanna try to leave every interaction as intact as possible, especially in this moment in healthcare where trust is going down.

I am trying to coach myself more when I'm interacting with patients that they're being fed a lot of myths and disinformation, and I may have to spend an extra minute or two with them because of this lack of trust.

But how I act during this encounter, the words I say and how I say them, will either add to the trust or further degrade it. So as painful as it is sometimes that I feel like I'm saying the same thing or it's a circular conversation, I'm hoping it's adding to the trust bank, which granted as an ER doc, I almost never get to take out.

Like I never get to see the return on that trust bank, but I'm making a deposit for when they show up to your office that maybe they'll trust you a little bit more because they're not thinking all doctors are.

Well, you mentioned the circular conversations. So I want to actually explore that for a moment because oftentimes that is exactly what I was referring to earlier, where the circular conversation is because you've come up with a diagnosis and a plan and you're ready to go.

And then they keep asking the same questions over and over. And the reason often is because you haven't addressed their underlying concern. And they may not be saying it explicitly.

It's not their job to be an amazing communicator. It's our job to be an amazing communicator. And this can sometimes be really frustrating because they're not professional patients, but we're professional doctors.

And it can be super frustrating because it puts so much more responsibility on us to get every single thing right. And it can be exhausting, right? This is where patient satisfaction, patient experience can take its toll on us, right?

If you're thinking about this stuff all the time, it's taxing. So I want to just take a moment to acknowledge for the listeners that it is taxing, right?

Not only coming up with the diagnosis and the treatment and worrying about med mal and litigation and what the admins and running through all the patients in an efficient way, but you're also worried about like the patient satisfaction and experience and making sure that, right?

Like, it's a lot, and sometimes it's too much, and sometimes, and we're gonna get to this in a little bit, and sometimes boundaries are gonna be important to keep your sanity, right?

But at the same time, we're professional communicators and they're not. And so sometimes when you're having those circular conversations, it's because they haven't said something that needs to be said and you haven't addressed it because they haven't verbalized it.

Handling Dr. Google and Patient Research

And so as they're asking the question, those questions over and over, a great way to get it out is to say what we said earlier, what about this is really bothering you?

What about this is really worrisome to you? because that's a lot of times, sometimes it's just the person who perseverates, right? It's like something psychiatric and, and you're not gonna, you know, they're just gonna keep moving the goalpost over and over.

And that's a different situation, right? But, but if it's the circular conversation, oftentimes, there's something that hasn't been verbalized, you have to get out of them.

Yeah. So kind of on the same vein, what about the patient that comes in with a lot of, or you're getting the sense that there's the Dr. Google, Dr. Chat GPT dynamic going on?

How do you manage that? So there's a distinct difference between Dr. Google and Dr. Chat GPT, right? So using a search engine and using AI are two different things.

And I think it's important to tell that to the patient, right? Because if they're using a search engine, it's coming up with a list of information for them to read and they still have to draw their own conclusions from it.

But when you use AI, you ask it a question and it gives you the answer as if it's the truth. And that's a different story. What's my diagnosis? This is the diagnosis.

What's the treatment? This is the treatment. And it's very different from, you know, this is the differential diagnosis of a headache, right? Where they just get a litany of information and it's up to them to pour over it and determine the diagnosis.

So helping them navigate the difference between a search engine and AI is, I think is important, right? But, but then there's, I think what you're, what you're getting at is they come with a bunch of information and it's, it's, and preconceived notions.

And so, That's a different situation. I mean, it's the same situation, but that's a different issue that needs to be addressed. And one of the ways that I come across this is Sometimes people come in with another doctor's opinion and I have to untangle that, right?

They come in and they know the diagnosis. They come in and they know, you know, I've had three sinus infections this year. And you'd be like, I don't know if you've had three sinus infections this year.

I know that you've had three episodes of something, but you're here because it's unresolved. And so let's take a step back and let's just talk about what we know to be true.

And what we know to be true are these are your symptoms. Right? And then you go through the symptoms in chronological order in order to help you navigate what the diagnosis is.

The other thing with Dr. Google or Dr. Chappie GPT is we sometimes take offense to that because we feel like it's undermining our authority. And I think the problem is you can't do that.

You can't be offended by it. Right? Well, I'm the expert here, not you. No, no, no. you're collaborating with them. And I think often when they do that, they do it from a place of insecurity, right?

They're not coming here and they're just putting all their faith in you. They want to regain some autonomy, some control over what's going on in their health.

And that's why they're searching them. So I think a way to collaborate with them in that situation is to applaud them for it. is to say, I think it's great that you're taking this type of initiative into your health.

And I'm glad that you looked into this yourself and I'm glad you brought this information to my attention. Here's how we're gonna use this and we're gonna work together to figure it out.

Now there's no longer this adversarial relationship. You're bringing them onto your side, you know, and then they're working with you instead of against you and undermining you, right?

They're looking to take some of that power back and so you give it to them, right? Applaud them for it and then

work with them. And then they're more likely, with a simple statement like that, to trust your recommendations.

because you're not trying to grasp some of that power back for yourself. I mean, you're kind of doing that in a little bit of a manipulative way, but at the same time, I think it's important for people to have autonomy and research these things.

But what they can't do, what they can't do is they can't in a lot of situations, right? There's certainly these exceptions and we read about them online is, you know, come up with their own diagnosis and not be flexible about changing the diagnosis, just like we can't.

Sometimes we collect information and then upon the introduction of new information, we end up changing our diagnosis, right? And so they, you know, you can communicate to them that they sometimes might need to do the same thing.

Listen, I do this all the time as a physician. I get a CAT scan result and then suddenly it's not a diagnosis that I thought it was. Right. It's something different.

That's why we ordered the test. Well, same thing with you. You came up with all this information and now we're going to integrate more information and it might end up being something different.

But you know what? The information that you brought in was super helpful and thank you for doing it. Yeah, that's such a pro tip. And I think as you do like that emotional work, you start to realize what behaviors are self-protection.

And when you're developing your professional identity and you're threatened by somebody bringing in the Dr.

Setting Boundaries Around Inappropriate Requests

Google or you think it minimizes your worth, then you do self-protective behaviors. And self-protective behaviors are never well received. A hundred percent.

That's a very concise way of putting something that I was very long winded in saying. No, I want to take the nugget home because that, I mean, it's really, you know, between us, I don't know how many years of clinical time, but to shorten that for people.

And just like, another thing my coach says all the time is reality wins 100% of the time. So you may find it very irritating that patients use Dr. Google or they're asking a million questions based on that.

but that's what people are gonna do. And if you took a step back, if you didn't go to medical school and you were as smart as you are, and you had to wait four weeks to go to the doctor, you'd probably doctor Google it too.

I mean, that's just the reality. And one thing that I tell my patients is when you Google a symptom, you're going to end up with a lot of misinformation.

But if you Google a diagnosis, you're going to end up with mostly good information. And so when you leave here today, hopefully you'll end up with a diagnosis and then Google the crap out of it.

Like look up all the things that you can look up about it because most of the information is going to be good. If you look up cough, all roads lead to cancer, right?

Anything you Google is going to tell you you have cancer. Google, I think that was from Canale and Johnny's movie. It was like autobiographical movie.

I think Ray Romano was the one who said it, which is like Google should be renamed. You have cancer because if you look up anything, it's going to tell you you have cancer.

So that's like, yeah, so don't look up a symptom. Look up a diagnosis. And once we get the diagnosis together, take it and run with it. Google everything.

That reminds me of, for listeners, go back and listen to Susanna Fox's episode. She wrote Rebel Healthcare, and she talks about the patient-led movement for essentially good information, and that patient advocacy groups, like if you have a diagnosis, diabetes, or a specific cancer, joining a group of patients with that diagnosis, the studies on that is that the information in those groups is often incredibly high quality and many of those groups also have physician moderators or that they can bring in a physician moderator if there's an area of like contention or question.

So all right let's see this is just flying by. Okay so I'm guessing this happens to you. What do you do with the patient that asks some for something inappropriate or impossible.

So for me, like if somebody asked for an opioid prescription and it's not appropriate, I'm guessing you probably get questions for opioid prescription sometimes too.

So for whatever that is for you that people ask for, and it's not ethical, it's not appropriate, and you don't want to do it. What do you do? So I mean, the answer is just one boundaries.

So recognize that that sometimes you're going to be asked to do inappropriate things. Right. And then you just have to have your boundaries and you have to stick with them and they're going to try and manipulate you.

Right. And to do those things, you're going to try and You know, it might affect your patient satisfaction score. They might write you a negative Google review.

All that stuff comes out in the wash. There have been awful stuff written about some amazing doctors. And you know what? Their schedules are still full.

Like, they're fine. Right. It's different from actually Todd Wolin, I think, created this organization where pediatricians were getting trashed in their online reviews after posting information about vaccines.

Right. And so that's a different story. This is just one singular patient who's going to write something negative about you online. Possibly, possibly.

Right. That's the worst possible outcome. You really have to stick to your guns and do what you feel is appropriate. Right. Now, how can you communicate this?

I mean, I think ultimately this is someone who needs a clear plan. This is someone who needs help. You might not be able to give them the help that they need, right?

If it's someone that's coming in for an opioid prescription, but you could just, whatever's in your power to do for that person, you do for that person because you got in healthcare to help people.

So you help that person. You make sure that you can go to bed sleeping that night that you did the right thing for this person. But don't let them get in your head about you abandoning them or something like that because your job is not, it's not a menu.

This is not McDonald's. They can just order whatever they want. Like you have an ethical obligation to do the right thing in this situation. And so if the fallout from this situation, there might be some, sometimes it'll be, or often it'll be not as bad as you think it will be.

But I think in this situation, have clear boundaries, have a clear, you know, conscience about it, and just whatever is in your power to help this person do that.

I mean, for me, you know, they ask for notes from work all the time, and certainly I'll give a little latitude in that

situation. But like, no, you're not getting a month off after your tonsillectomy, right?

You're getting two weeks, right? And and I'm sorry, I just I do the surgery all the time. This is how long it takes to heal. You might have some soreness, but you've been to work when you're not feeling 100 percent.

You're going to be 99 percent by then. And if you're not fine, I'll write you another letter. Come in and see me in the office. By the way, there's a 90 day global period.

So I'm not getting paid for that visit. But, you know, if you're going to want this extra, I'm not going to tell them that this is just going through my head.

Right. But if you want that extra letter, you know, come in, we'll have a conversation about it, we'll have, you know, we'll make an assessment. And it might be a very uncomfortable conversation.

But right, isn't that how a life is measured? That Tim Ferriss that said that, I mean, that guy is full of baloney in a lot of ways, but he said some, he said some good things, right, four hour work week and whatnot, you know, the measure of a life can be measured by the number of uncomfortable conversations you have.

So yeah, you might need to have an uncomfortable conversation. And that's okay, you're a doctor, it's part of the job. I love that message, and I've already said Brene Brown a few times today, but the quote is, don't puff up and don't shrink.

And I actually think surgeons, I think there's more of teaching that you can say something. You can hold your head high and have, this is the plan, this is what we're gonna do.

You wanna be collaborative, but I think don't shrink in these moments. You should never yell.

Resetting After Difficult Encounters

but you can say like, you know, I am really worried about your pain, but we've also had a really large or you shouldn't say, but, and so that's a trick in communication instead of, but, and yes.

And yeah, I love it. Yeah. And we need to make sure we keep you safe as we know this medication has caused a lot of deaths in the United States. So that's what we're balancing.

Or I'm not comfortable with this. I took an oath. I've said this to patients. I took an oath. And I truly feel that doing this could cause harm. And I'm uncomfortable with that.

That's really hard for someone to come back. And I don't say that very often. It is like a rare thing. But when somebody says something that's really over the top, I honestly can't think of a situation that somebody has come back at me and said, I still want you to do it or I think you should.

I mean, that pretty much is like the that I save it. And when I lay that one down, it pretty much stops whatever was happening. Yeah, I love it. I love it.

I'm going to steal that and use it myself. Stand your sacred ground. Outpatient otolaryngology. Not that often. All right. As we wrap up, what's your reset?

Let's say you come out of a room and it was an intense interaction. You did all your communication jujitsu that you have mastered over the last, I'm just guessing, I won't even say number, number of years.

Six years. As a well-seasoned physician communicator. And it was just not good. So now that next patient's waiting for you. How do you reset in between?

So sorry, 13 years in practice, six years in podcasting specifically. Yeah. So I, I, I'm not sure if this is a good thing

or a bad thing. So I will scroll on my phone.

So I will go hide for a minute in, in, well, so we don't have an office. We have like a shared space called the doc pit where all the doctors have their stations.

So we, we have two exam rooms, each doctor has two in my practice, each doctor has two exam rooms. So you're seeing the patient, the entire patient encounter in that exam room.

It's not like you bring them back to your office like in some doctors do with all the, your plaques on the wall and the fancy upholstered chair to have a discussion.

No, everything happens in the exam room, but we've got a doc pit, which is the shared office of the doctor. So I will go hide in the doc pit for a minute or two and check my email or scroll on Instagram for a minute to just get out of my own head if I've had a particularly taxing encounter and I don't want to bring it to the next encounter.

I hope my patients don't hear that I'm hiding in there because they've been waiting for 20 minutes. But like, yeah, if I need to do that, again, this is boundaries, right?

Like I need to protect my own mental headspace so that I can serve my next patient better, right? So that's if I've had like, it's not that I do that that often, right?

This isn't happening on the daily. But if I need to like reset for a second, maybe it was a, you know, a patient had an adverse outcome or I'm delivering bad news or, you know, someone has surgical complication that we're having to contend with or just, you know, a nasty nosebleed that I'm sweating and my back hurts and, you know, I've got to clean up a little bit, right?

Whatever it was, I'll go and I'll give myself a minute. I'll give myself that permission to have a minute and just scroll for a minute, right? Not ideal, but that's what I do.

But between each encounter, even between every encounter. So one thing that I have is I've got my giant Yeti of hot black tea, a little bit of whole milk, right?

It's warm and it's delicious. And I reward myself after each encounter with a sip of that tea. And so I make sure I'm staying hydrated and I make sure I'm staying caffeinated by just having a sip of that tea between each encounter, whether it was a negative one or a bad one, because it helps me.

It's my like reset from each encounter. Even if I was just taking out earwax in one room and I'm going to the next room, it allows me to just take a deep breath.

have a sip of my delicious hot tea, and then I go to my next room. And that allows me to go into the next room with a clear headspace, irrespective of what happened in the room before.

So yeah, but on those particularly challenging encounters, like, I give myself a minute. Well, this has been so much fun, and I want our listeners to listen to your podcast and connect with you.

So how can they do that? So I'm on Instagram at Physicians Guide, on threads at Physicians Guide, LinkedIn. Bradley B Block MD. Yes, my middle initial is also B.

And then Physicians Guide to Doctoring is the podcast. And we've also started the Doctor Podcast Network for doctors who podcast to other podcasters, where we'd love to have you too, by the way, Dr.

Austin. So you can find us at either place. And my website is physiciansguidedoctoring.com. So see you there. Well, thank you so much, Dr. Block.

Closing Remarks and Where to Find Dr. Block

I'm actually excited now for my next clinical shift because I picked up a few more pearls and I think communication is just one of those things we can always keep coming back to and get a little bit better each time.

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