EP52 | Creating Sustainable Leadership with Erin Treacy Transcript

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Sponsor Message: Tax Planning for Physicians

Quick question. Are [music] you paying more in taxes than you should? Most high earning physicians overpay [music] by tens of thousands because their CPA only looks backward, not forward. Guilt is different. Dedicated CPAs powered by AI that work year [music] round, not just at filing time. tax strategy and proactive planning [music] for practice owners, investors, and physicians with complex financial lives. Built specifically for professionals who want to keep more of what they earn. Check out joing guilt.com.

That's [music] j o i n gt.com. If [music] you work in healthcare, you already know this. Conflict is everywhere.

SPARC Framework for Healthcare Conflict

In the O, [music] in labor and delivery, in committee meetings, between physicians, nurses, administrators, and teams that are all trying to do the right thing. But here's the problem. Most of us were never trained to handle conflict well. We learned procedures. We learned diagnostics, [music] but we didn't learn how to navigate the moments when few professionals strongly disagree.

That's why I developed the SPARC framework. Spark stands for stop, pause, ask, don't assume, reflect, and respond, [music] and create a path forward. It's a practical system [music] designed specifically for high stakes healthc care environments through keynote talks, residency workshops, and spark master classes. I teach physicians, [music] nurses, and healthcare teams how to turn destructive conflict into productive [music] conversations that strengthen teams and improve care. If your hospital, residency program, or medical conference is [music] looking for a speaker on conflict, communication, and leadership in healthcare, [music] I'd love to work with you. You can learn more in the show notes because in medicine, conflict is inevitable, but handled well, it can [music] make teams stronger.

Scalpel and Sword Introduction

>> [music] >> In every operating [music] room, in every ward, in every clinic and every team meeting, a silent battle bruise, conflict, [music] negotiation, identity.

Welcome to the Scalpel and Sword podcast where I, Dr. Lee Chararma, physician and conflict analyst. Explore the hidden negotiations beyond modern medicine.

Let's trade burnout for boundaries [music] and learn the art of healing with precision and power. [music] Hello my peaceful warriors and welcome to the scalpel and sword podcast. I am your host Dr. Lee Chararma, physician and conflict analyst. Now I want to ask you a question. You've spent your entire life building a life that you love in terms of what your desired profession is, in terms of your family. You focused on this and in a sense medicine self-selects out people who are driven to be successful. But what happens when that success becomes its own high pressure system? How do we learn to lead within that system and still be true to ourselves and still be accountable for how we're showing up in those systems and as leaders? And our guest today is definitely going to help us h get into this in a really beautiful way.

Erin Tracy on Leadership and Motherhood

I'm so excited to have on the podcast Erin Tracy. Erin is a business and leadership coach and consultant who works with high achieving professionals navigating pressure, responsibility, and change at work and at home. Raised in a large Appalachian family business, Aaron brings a practical real world understanding of how communication, conflict, and accountability shape the way people lead. Her work focuses on building stronger teams, healthier relationships, and the emotional steadiness needed to lead without losing ourselves in the

process. Erin, welcome.

Hello. Thank you so much for having me. I'm so excited for this conversation. So, one of the things that we were talking about off mic that I really hope we can spend time with today is that we're getting close to Mother's Day.

We're actually recording this the week before Mother's Day and we have talked a lot about being doctors and leaders on the podcast, but I think being a mom and a leader >> is a really important role and you actually share that you work with your kids currently.

>> Yes. >> At what point in doing this with your children did you realize being in a mom in a leadership position with your children was going to help you grow as a leader? I think it was always there. I was also raised in a family business, so I had been the child and the grandchild.

My grandfather started the business, so I knew it as the kid. So, it was really interesting to become a grown-up and add the next generation into the mix and be their boss. But it was definitely one of those you had to have conversations at work. I'm not mom, I'm Aaron, or it's a little weird sometimes to have your kid call you by your name. But word, you have to change some of those lines. We having a conversation with my kid and they're like, "Why can't you get so and so to take my shift?" I said, "Cuz you're asking mom to help you." Me having a conversation with an employee, that's their boss asking and that's not fair. and that light bulb in their own head of oh yeah it is different when mom is the boss they have to carry a certain amount of leadership on their shoulders too cuz people are going to look to them and say what does your mom want that is really interesting that you had to step into that and actually part of that differentiation of roles with you being a mom and their boss was the fact that they had to call you something different that they recognized in that work environment that they weren't going to call you mom but it it worked better, but it also kind of helped them to go, if I had busted them this afternoon about cleaning their room or doing chores that are household chores, we have to have a way, especially for us, but the people with us at work or at home, to know where the line in those two places are because we can't take the fight we had about cleaning your room or the dirty dishes, we can't take that to work or the not that we fought, but like the fight at work of why aren't you on time or why isn't this expectation met of the job that can't come home. I can't give them the second lecture. So, >> and that's so huge, right? Because sometimes, especially as leaders, if we're like saying if we translate that to maybe being friends at work with somebody and maybe you're a Yeah, I'm going to go out and have a glass of wine with you later on today, but right now we are working and so we're going to have to step into that very different relationship as workers. And I think that's hard because sometimes people have a hard time seeing that's a different relationship. But you definitely when you're working with your children, it's even more vital that the children get to see right now I'm not your mom. It's vital to the kids. It's vital to the employees. They have to know the standards are the same. They have to know that I hold one just as accountable as another as the leader of the business because then it's not fair. Then they start to go that one can do whatever they want. So there were even conversations before they started in the business. You have to understand the expectation is a bit higher for you because they're going to watch what you do >> to know if they get away with it, I get away with it. And so they also have to set a standard at a really young age. The first kid started working in the restaurants at 15. That's a pretty young age to carry a little bit of leadership and example. you've got 30 year olds in the room and they're watching the 15year-old to see what that looks like. If you make sure and treat your 15year-old that way, the others are going to go, "Oh, okay. They made her follow a standard. That must mean I I got to follow the standard, too." And that's helpful, but it's also helpful when you get home and you need to go back into parent role. I need to move back into my parent. Is your homework done? Is this ready? Is that taken care of? You have that line. We're not going to have a conversation at the dinner table about yesterday's work. You're not going to get fussed at twice or complimented twice, right? It's that same kind of dynamic you have to be really cheerful of, but it's one that certainly teaches a lot, but it also taught them a lot. They are now almost 25 and 20. So you see that maturity change too because they've already seen some of those lessons that maybe other folks haven't necessarily learned of how they have to present themselves at work. >> 100%. I I love that. When I was working with my kids, we taught martial arts together. So I was the senior instructor and they were the junior instructors. And by tradition, we call black belts Mr. and Miss. So I was Miss Sharma, they were Mr. and Miss Sharma.

Training, Delegation, and Feedback in Medicine

And as soon as they stepped into that role, those were the names that we used. And to this day, when we train

together, it's still those roles. It's Mr. and M. Actually, my son's girlfriend is now one of my students. And so, one of the things I had to tell her, it's okay. Now, when your boyfriend is on this training floor, he is no longer your boyfriend. He is Mr. Chararma. He is a black belt.

And that relationship shifts. and understanding from watching them at a very young age see that not only did I expect certain things of them that I expected from all of the certified trainees and instructors that I pushed them a little harder because I knew what they could do. And so if they were not performing at a level or doing the things that was expected of them, I was going to be harder on them. And sometimes they were like, "You were kind of hard on me today." I'm like, "Yeah, and I was." But the reason why was is because I actually know you and I'm not gonna let you slide. I'm gonna hold you to a standard and sometimes a little higher. And I think the first couple of times it was kind of like and then they started to see, okay, this is part of love. This is part of you loving me is that I am expecting this of you. It's like I'm not I don't want you to just be mediocre because I know how good you can be. But I think that also helps them because now like you said, our children sound like they're very similar age groups. I've got a 27 and a 26-y old, so these mid20 kids. But one of the things that I love is that I know pretty much every boss they've ever had in every job that they've had.

>> Your kid is one of my best workers. And I always say they started working at a very young age. They understood professionally what was going to be expected of them. And they actually learned to fill that role. And now they're carrying it out with other people. So they've got other parents now that are actually doing this for them, which I love.

>> Yeah. >> So, at what point in your life did you start to see that you had learned so much about leadership? Because it looks like you really got this at a very young age. You grew up in a family business.

You grew up in a big family in Appalachia. At what point did you start to see that your insights into leadership were going to be things that you could actively give other people? I think as I moved, I was the oddball in the family. I went to journalism school. I was all engineers and business majors, not a math girl, went to journalism school, a creative leftrain. So that was strange. But then starting in my TV career and immediately starting to just naturally in conversations and how things worked in the room was, wait, this is how that should work and this is how that should work and this is how you would talk to somebody and this is how you show up for the job. I had worked in the family business. The any I make the joke anytime you got two or more of my uncles or great uncles in a room together, it was suddenly a boardroom and you were in trying to eat your spaghetti before soccer and suddenly it's all of the employee things and what would be the leadership team meeting and you're like, "Oh, look, you're cool. Great." And so it was going through some of those and wait a minute, don't you just know that you're supposed to fill in the blank X Y or Z and you slowly start to realize no, other people didn't have that as an everyday part of life. And so you really had to be a little bit more patient and step through some of those things. And then as you hit those different kind of conflicts or critical conversations and how do you explain to somebody on the team or train somebody on the team what needs done it's oh I got this. It's easy because it was how it was done for us as we came up through that family business is how they would line up with folks and kind of come shoulderto-shoulder with an employee and have them walk through and explain something. The hardest thing as a business leader in any business is to let someone else do it, especially when they ask you a question. So, it was learning that a business leader or a parent is coaching. It's I can't go out on the soccer field and play the game for you. I can't do homework for you. I already finished fifth grade or my junior year of college or I already did that. Can't do it again. There's a rule. You can't do it twice. When my kids are very used to that excuse growing up, like mommy, you no, I already graduated third grade. I'm good. I know how to do that. I'll sit with you and walk you through that. And then the same thing at work. I'll sit with you. I'm going to come sit beside you. You don't understand how this works. I want you to start the process and when I see where the problem is, I'll jump in. And that was just how business worked in the family business and you would watch that kind of concept to figure out how things work. And so it was very much how I approached my kids with how they approached work and skills and different things growing up. And then it's work incredibly well at work, but it's so hard to tie your hands behind your back. you watch your 20-year-old or your 16y old or your 12y old move into a lane that you're like, "Oh, this is not going to end well." If they were four, you could just stop it. But now they're 14 or 24. And you can't. They have to learn it.

They have to see it because that's going to be the best result for them. They have to experience that. And so you start to realize how much of your parenting and your leadership are the same skills.

My husband and I were just talking. We have one who graduates this weekend for Mother's Day weekend. He graduates from college. And so it's having our older kids. It's like it's way harder to parent a 22year-old than it was the 2-year-old because we get no vote. It's we can see where the speed bumps are. We know where the potholes are, the edge of the road.

We can guide but we can't do. And the same thing happens at work. We can guide, we can advise, we can show you different tips, but we can't do it for you. And that's so hard on both front. Yes. There's so much that you're talking about. Okay. I just love this, but there's so much I want to get into you.

So, when you talk about this idea of I can guide you, but I can't do it for you. Doctors are horrible about this. We are horrible about this. And we are not good at letting go of a process. And as a result, we take on way more than we need to be doing. I could train somebody in my staff to do X job. I can train them to do it. And it would take minutes off my day. It would take many things off my plate to free me up maybe to do some other things. But instead of actually investing in the process of as you say so beautifully tying my hands behind my back and being there to watch them in the process and advise it which will take me longer initially, right? It's going to I'm going to have to invest in this and initially it's going to be really frustrating because I know that I could do it in three minutes but instead I want to train this person to do it. So that's empowering for them. They've gotten this really great skill.

They have learned how to do this and I'm freed up to do other stuff. But we're not good at releasing control of that process, are we? As a high achiever myself and knowing to get through a whole educational career of being a doctor, you have to be a high achiever to go through that whole process. So it's one of those we have to learn different skills than what we learned in school. So one of the ones I like to use especially with a higher tber two minutes of training can save you 10 hours of work. So if for 2 minutes today I spend with this particular employee or associate that you're working with or even maybe a med student that you are also training right if it may be a lot easier to do it for that med student but they're not going to learn anything and you're going to be back here next week doing it again.

Burnout, Boundaries, and Generational Differences

And so if we spend this 2 minutes with those hands tied behind our back and say, "I'm not going to do it, but I want you to do what you think from all of this training that you've collected." Right? You're not brand new here. All of the training that you have, I want you to show me what you can do. And then when we get to where I see a thing and then so often you kind of stand there and your hands are behind your back and you're like, "Yes, yes, yes." And you just giving that approving sign and they realize one, they probably knew the answer.

Obviously, not as well as you because you have more experience and you've already done that procedure or that kind of test or that experience that you've gathered in all of these years. But you start to realize and so do they that they have gathered a lot of that experience and it's come to them and so you may get through the whole thing and they go yeah you had it perfectly you didn't need me but now you have the confidence a that this person that you're training or working with also has the knowledge and you're like okay yes check they've done it I don't need to stress about them they've got these things now I need to move to I need to encourage them remember Yesterday you did that thing on yourself. You go do this thing today and when you know there's a problem, come get me. And now we're building them up and making them better medical professionals and you're freeing up your time. So that 2 minutes today is 10 hours this week of redoing work, of doing it in a repetitive nature. And you've built them up. So next week when you have the next layer of work to add, they're ready to take it on and they want to show you look I can do it. I don't I'm I am listening now. You know, oh they are listening or they just needed a tweak. Maybe it was just one little thing. They hit that one spot and you go okay so what are the options here that you would choose and maybe they're close but not quite. And so you can make that slight adjustment but again you know they've been paying attention. you know they've been listening because they answered so many of their own questions or as you gave that an answer where they did have that small little hiccup they go oh yes that's right I did understand this I do remember that now and so by doing those things you help yourself and the next person that's you're bringing through that process so two minutes every day of training I can already tell you that clip right there is going to be one of the clips we use for the episode because this is so hard for physicians especially physicians you have medical students and residents to wrap their brain around that 2 minutes that you're taking to actually support that learner through that process is going to be 10 hours later on. And I think there's a couple of other really big points

about what you just said that really are so powerful. The first one is that it's not just the 10 hours, it's the 20 years of having them go forward and being out in clinical practice. You're not just growing a medical student's rotation, you're growing a future colleague. And so that 2 minutes you're investing has much much larger ramifications than even the 10 hours is already massive, right?

But then you think about that 2 minutes being the next 10 years of their career. Wow. Okay. Let's put that in math of how many patients they're going to see, how many colleagues they're going to support. This is big math, right? I'm like you. I've done just enough math to get through math. and the encouragement that the person who's leading you cuz let's a med students looking at a doctor and going that's where I want to be. They see that as the goal. So if they hear back from you you've got this I believe in you. You just did it without me. Now I need you to do that on the next three patients and then come back to me. That encouragement too. How much learning does that open up for them of the next thing you need to teach them? What's the next layer on top of that?

So, it's really helpful. And as a prospective patient to that med student that's a future doctor, I'm really going to appreciate that they had that because it is going to teach them so much and take care of me and other patients or other family members. >> Absolutely. The other thing that I love about this process that you're talking about, and I think this is such a big topic right now in medicine, medical education, is that when I came through in the 80s and 90s, the rule was see one, do one, teach one. You watch this thing once and then you were expected to go do it. You were not going to get feedback for it. The only feedback you might have got was negative. If you did it wrong, you were going to get feedback, but if you did it right, you probably didn't. And then once you've done it once and hopefully did it okay, then your next job is go teach somebody else. And the only feedback you probably get would maybe be at the end of the rotation. Maybe you get your written or you get your grade, but you were probably not getting a lot of especially positive feedback as you were going through this learning process. And that was how we grew up. And it was one of those things that I don't think my generation or at least for me anyway, I didn't question that process. That was just the process. and I accepted it. But the learners who are coming in now, they question the process. And the way that they learn is not the way that those of us who are teaching them learned. So what you're talking about in terms of doing this, we're going to take the two minutes. I'm going to watch you and then at the end of it, I'm going to say that was really good. That was really good. I would tweak X or Y, but that was fantastic and I really like how you did that. And so now I'd like you to go do X. And what my generation has to learn is that is how we teach this younger generation. We give them shortterm ongoing feedback. We don't give them feedback at the end of the rotation. And in giving them that shortterm feedback that is how they have learned and it's what they expect from the process. It's a matter of us understanding that. And so instead of hear when I hear conflict between attendings and medical students, I was talking to an attending Friday, literally having this conversation about I don't know what to do with this new generation of medical learners. I don't know how to teach. And so when you're talking about doing this very specific process, this is the kind of thing that people in meded really need to embrace right now to help them understand this is imperative in how we teach this next generation. Because if you go back to the way we learned and the way we were taught, we knew just it was plow through, get through, at the end there'll be a grade. That was what our kids have learned is they've learned by watching us be burnt out. They've learned by watching us make ourselves exhausted. They've learned all of those different things. They don't want that.

So they've also, you know, and we do talk about it a little bit and you still see it in a lot of places that participation trophy mentality. So we do want to switch from that because that's not going to be helpful in any field.

But really in medicine, I do not want a participation trophy doctor. That's not the doctor that I want. Right? Nobody does. But we do have to find the ways that we can get through to that new generation. And if we lose them in the process of this semester or this term or whatever, we've lost them and we wait till the end to be like, "Yeah, you're doing a great job." They'll be like, "What?" You know, you they're gone. They're already because they aren't staying in those spaces. They need to know where they stay in. That's part of what they're doing. And so by being there there to show up in those minutes, those micro minutes, those are the ones that really need and in the same way in the reverse.

Why Questions Matter in Teaching

If they are troubling, if they are doing something that you're worried about, they need that micro feedback in the

moment to know where to make the correction. Not at the end of the semester. Remember back three months ago when you did X? That was wrong. It's not helpful. But also go back to that parenting concept. You don't punish a kid for what they did last week. You punish them. We punish right now or we celebrate right now. Those are the two things we have to remember. It comes back to those same things. Use that skill that you used at home. You would not punish your 16-year-old for wrecking the car 3 months from now. They wrecked the car. We deal with it today. And so we need to do those things with anybody who's working for us or a med student or any of those spaces. We need to be doing it in the moment. It doesn't have to be harsh. It doesn't have to be like a full party with streamers. But if we're having all of those micro conversations, we're going to learn way more about the people that we're working with, but also what motivates them and what they're really good at. So, we know what this person needs more of our time in and what they need less of our time in because that's the things they're catching. >> That's I love that. I love that so much.

And I love how you phrase this as a micro conversation that and I think that's a really important point to emphasize because especially I think in the clinical situation, people will sometimes see I don't have enough time to have this conversation with the student right now. I know I need to have the conversation. Like you said, this course correction or praise or whatever it needs to be needs to happen in the moment in real time. And I think a lot of physicians are hesitant to do that because they feel like this is going to be 10 minutes out of my day. No, it doesn't have to be 10 minutes out of it can be 30 seconds, but those 30 seconds can be really valuable in helping that learner see what you're seeing because again, they don't have the benefit of your experience. They've only just started doing this. You've been doing this for 30 years. They don't have the benefit of that. There's one thing you brought up that I really want to get into because I think this is one thing that this younger generation coming up is really good at that we are needing to get good at and it's the recognition of how leadership and burnout intersect. We are not good at it. Many of us are in leadership positions and to be perfectly honest I think if you're a professional in any sphere of reference in your life you're a leader. Congratulations whether you thought you had the title or not. So is that something that you also see is this intersection of expressing leadership and burnout? >> Yeah, I think one of the things that Gen X has certainly taught our millennial, Gen Z kids was we worked ourselves to death. And so we weren't there for a lot of the things that our kids wanted us to be there. They saw us stressed. They saw us burned out. They remember what that conversation was like. like you all need to put your phones down in a gang chore.

Meanwhile, mom or dad saying it while typing on their phone or returning a phone call or their smartwatch going off. And so what they learned from all of those things is they don't want that. And so what they connect to that is being the leader means being that. >> So they are trying to find ways to keep themselves from being in those same spaces that they saw their parents in because they saw what it looked like. And I go back to my kids saw my burnout because I certainly went through it and had no idea that's what it was until well into the situation. But, you know, they saw how hard I worked at work, but they also got the purview that I was sitting at home at midnight working on next week's schedule or doing accounts receivable or doing so they saw what business ownership was that it really was a 19 and a half hour day. Yeah.

>> of that. And some days the only time I saw them was at work cuz by the time I got home they were in bed or off to whatever. So they have learned that's not what they want to be. But somehow we're mad at them for learning that and drawing those boundaries, which is where Gen Z really and millennials too really draw those boundaries. They're like, "No, my workday is X. My personal time is this." you cannot message me, I will not return phone calls. And they've drawn those lines and that's why. So, we can't really be mad. But if we're having those micro conversations along the way, when we do get to one of those important kind of generational conversations, I need this out of you. If and we understand that we can even approach them with maybe why are you approaching this in a different kind of way or your schedule does need to be harder folks of whether med students or doctors or whatever there's on call and there's crazy schedules and there has to be some flexibility to that calendar which is really hard. So having those conversations about how you manage that being a professor that's teaching med students, they want to know how do I parents my kids and show up for my on call weekend and where where are those lines?

People-First Culture and Servant Leadership

And so talking to them about them even in those micro conversations are going to be so much more helpful. But

you may also learn some things from them. not just being the teacher. You may become the student and go, you know what, this is where I need there. That's really smart. Maybe we do need to redraw how I do my day or how I function in my own world because we're learning those things from them. And I'm so glad you said that because I do think that's one of the things I love about working with medical students is I feel like I not only do they have such passion and true love for the patient. That's one of the beautiful things about having medical students is they are very much invested in the process for the right reasons. And if you're having a bad day and you feel like you could slam the door, you've been around a medical student for a little bit, it's okay, this is a reason I'm here. And I think it's really important to have that relationship with them for that. But I think the other thing is that somewhere between, and I love how you talk about this because we did create this burnout situation by not setting our boundaries and by working ourselves into the ground. And they did see us do it. And I love how you said that because when you said that, it's like, of course they think the way they think. They don't want to be us. Of course they see this. And so they are doing what they perceive as the right way to prevent that from being them.

And so unfortunately rather than embracing where that's coming from, which is I saw what you went through and I'm sorry you went through it, but I don't want that to be me and something between, but there's still patients need to get taken care of. And I think again it comes back to this idea that one of the problems that I think sometimes senior medical staff have, and I've seen it and I've done it, is that this generation of medical students coming up, they like to question. They will absolutely call you out if they think that you did something that they don't agree with, they will say something to you about sure that what you said was right. And I was telling my husband this, would you have ever said that to an attending when you were a medical student? Even if you thought it. And he said something interesting to me. He said, I think if the patient was truly in danger and I saw something, I think I would say something. I and I probably did. But if it's just a question of maybe I don't agree with your management on X, maybe this drug or that drug, I wouldn't have spoken up. I might have said something to my resident later that I certainly would have said community attending. And this generation has has no problem doing that. And so we need to not as a culture, we need to actually embrace the fact that they are questioning >> and and sometimes the answer might be I don't know, but I'll go find out. I'll research that and I'll get back to you.

And they're fine with that answer just like patients are. But we need to actually encourage that dialogue because somewhere in between these two worldviews. There is the place where we can actually prevent burnout and still provide great patient care that exist. >> I love that anybody who is asking why. I just that's the person I want to clue in on in a group whether I'm a group that I'm working with. I'm sure as a med student the ones who are asking why. And there's the great psychology to asking why and what it teaches our brain. And it gives you that response to something. And it's if I understand why I do this, why the body works this way for a med student, why this would be the way that I should approach this, it's going to stick far better and far longer. So it goes back to those micro conversations. if I teach you why, it's going to stick way longer and it's going to have more of an impact than just do this. And then it's fill in a blank, they're like, "Okay." So, they're probably going to do whatever that thing is at 60% because they're like, "I don't know why I'm doing this. I just know I'm supposed to poke a needle in or give this pill or and they don't understand why." And so we're not doing any benefit, especially in this case for a patient. But if they're willing to ask me why, I'm going to tell them why. I teach why. So in our businesses, as we train people, if this is what you do, you do this, here's the steps, and here's why this is the step.

Simple as simple as we would have folks answer the door. And I'm like, because a restaurant is a house. You hear all the time, front of house, back of house. We don't have front of house, back house. We have a house. And in our house, we answer the door. So to get folks literally would be greeted at the front door of the restaurant. It would be the doors held open. We welcomed people in.

It's because this is a house and you don't somebody doesn't just walk into your house. They come to the door. So we're going to open it as a restaurant.

I can get 15year-olds to answer a door because now it makes sense. Yeah. They understand it. And your people all the time were like, "How do you get these kids to answer a door?" We told them why, but you told them why, but then you did something really cool and I want to get into this is that you created a culture when you said it was a house. When this is not a building, this is a business. This is a house. And when you're actually creating a culture around a professional identity, you've actually said this is our professional identity. And one of the things my office manager does, and I want to dig into this more, is that in our office, we answer the telephone. We do not have a

robo answer. We have humans answering phones. And why do we have humans answering phones? Because humans care. Robos do not. And what is the identity of this culture in this practice? We care. And this is why. So when you connect the answering the door, this is a house.

>> We are invited to go to the house. this is why you answer the door. You are connecting this behavior to a very specific identity. And I love how that manifests and people go, "How did you get them to open the door?" I gave them professional identity and they understand it now.

>> When having that answer, that person answer that phone call. It's they know who the f people up front are that are answering the phone. So, it's that person I see every time I come into the office. Oh, Sally answered. Oh, it's Sally. Thank goodness. Sally, this is Sarah. and you're like, Sally doesn't know who Sarah is really. But it doesn't matter because it's familiar to the person who's calling, >> right?

>> And they automatically put a situation at ease because it is a person. They didn't have to hit a button and get to a person or get bumped off or and so that does make a huge difference to a patient who may be stressed about test results or getting an appointment or not feeling well today. So it makes a huge impact on them and that culture also then impacts that doctor because you think about the whole process of that customer from the front desk all the way through to the physician and then checking back out again. You've already started on a positive personal connection that makes a difference for everybody through the day. >> Absolutely. And this is one of the things that you do in your work. You talk about people first culture. This is something you do as part of being a coach. What is people first culture and how can we start to create that? So for me people first it's I come from a servant leadership background but servant leadership put me in burnout pretty severely. I have three severely compressed discs and now bone degeneration in my lower back because I was sacrificing me to be the servant leader. And so I servant leadership I think doesn't teach us to take care of us and our people. So from a people first leadership standard, I'm a people just like all of the people in my business. So that lets me go I have to take care of me and take care of them. And in taking care of both of those things as one kind of group, it takes care of all of the rest of the business. If I we're sitting there, if I'm worried about a system being too stressful for the administrative staff in the office and we sit and have a conversation to figure that out, that eases time for me. That takes pressure off my shoulder. That empowers the people around them cuz every time you rush in and go, I'll just do it myself. You take the night off, I'll do it myself. So, what we actually did was take off accountability and responsibility. and we've now taught them to throw all of the piles of all of the work back to us. You had every ability to make the decision as the office manager in a in your medical practice to make a decision that maybe this patient is disruptive and we need to find a way to step away from this patient. This may be we were a practice of so many but now we're a practice of 10 more. So that changes what it needs to look like. How do we make sure all of our people are being treated well or being spoken to in the right way? What's the right process of how to hand off different things that need done in the office? So, as we approach those people and teach those wise, we are now effectively making a positive impact on the core part of the business. And as we do that, they take care of the rest of the business. I don't have to worry about how client or a patient is being spoken to when they walk in the door because my people are taken care of. So, they're going to take care of those people. I don't have to worry about did they get a followup because we've created a process and they're going to take care and make sure that patient got the follow through to you had to send them to maybe another practice to do a specialist or that type of work. They're making sure those things are happy because they're happy. They're creative. Happy creative people show up to work more. They show up to work more creative. They show up to work and they make a positive impact on the people around them. Now, we start to notice when Bobby is slightly off today. You're like, "Okay, Bobby's slightly off today." So, we know to kind of step in and there's just something. I don't know what it is. None. It's none of my business. If Bobby's off for three weeks, we're now in a in a space that it's safe for me to go to Bobby and say, "I just I want two minutes. Something's off. Just I'm checking on you because I notice." >> Yeah.

>> They may not be ready to tell me what it is. They may be ready to tell me what it is, but they at least kind of know that people around them do notice. Sometimes all that needs is they like, "Oh, people are noticing. I'm just I'm in a bad behind mood." So yeah, I do maybe they didn't realize that they were in the a bad mood or in a bad situation or they were letting something at home affect them that they don't want to have that much of an impact. So it lets them check in and move on. And sometimes it's we find out something we need to be a lot more aware of that we then can have some of those servant leadership tendencies is okay, how do we show up for you? How do we help you? What do you need from us? or do you need me to kind of give you a leave of absence? What needs

to happen? But if we're focused on those people, the rest of all of those jeans, but the stuff falls off. You're not getting texts that people aren't coming into work today or they're calling off or you're not getting the bad customer service review patient survey that's the doctor was terrible and they were horribly rude and they you're not getting those things because they're in a much better state. they feel like they're safe in their space and they are going to be able to give so much better service and so that kind of moves out.

Practical Intention Setting for Physicians

So focusing on our people but all of the people by focusing on our people inside the business the people outside the business will be taken care of as well.

>> 100%. And I I love how especially the concept of the servant leader because I do feel like physicians a lot of us who recognize it ourselves is like that's we are here to serve but we are also in this leadership position and it is very easy to get into the frame of reference is the better servant I am the better leader I am and just to give and give and there's so many phrases I can use in that you can't pour from an empty cup you have to put oxygen on yourself before you put it on somebody else. There are so many of those that exist, >> but it still comes back to the same idea. It's like at a certain point when you are giving so much >> and you talk about this on your website as well that you really can get to the point that you start to resent the role that you really start to resent where you are because you have given so much.

And so the when you're building a people- centered culture, you're talking about relationships with the people you work with, but you're also talking about the relationship with yourself. you're also talking about that relationship as being very much a part of building this person this people centered culture and I think that as leaders that as we build those relationships and people feel like I not only appreciate what you do for me I care about you as a human being and you create that kind of culture I think you will have people who want to come to work who are more happy serving who and I think patients feel that I've always said that it's like being married and if you're having a fight with your spouse and we're going to walk out of the house and no one's going to know that we're fighting saying that's not really true. Everybody's going to there's something that people are going to feel and I think patients are the same way. If you have an office that's in disharmony, the care is going to suffer, but the patients will they will know that something is off. You can feel it. You walk into any business, I don't care what business you are, you walk into a business and you can feel that they don't get along. You can feel that you don't know what it is and you don't know who's picking it who and whatever, but you just get there and you're like, "Oh, you just >> But you also go into a business and people talking to each other. You see how they talk to each other. You see them answering a door or a a receptionist answering the phone as a person and you can feel that energy, too. And especially when you're walking into a doctor's office, I want to be in an office that's a little more upbeat because it's going to calm me down as a patient. It's going to soothe where I am. So when you know those types of things are going on, you instantly know it. And so it think about it as the same thing as a restaurant. Not to equate doctors to a restaurant, but you go to a restaurant and you're like, "That restaurant has good food, but the people in there are amazing." So, I want to go back there because it made me feel good.

>> Yeah, >> the food's good. It's solid food, but you're like, the people I I want to go back every time just to be around that positive energy versus that place and you're like, they have amazing food.

nobody in the room likes each other and you're just like it tasted great going down but somehow you still have indigestion which seems really weird with really good food but it's because of the energy you were with and so being able to create that space among your med students among your office staff are going to make a huge difference and then they're going to be able to take care of patients and patients families because let's face it you're now in multiple readings of who's part of that medical journey of anybody who's coming in and out of the office or the hospital. Those all of those people are involved.

>> I love this so much. So, we're coaching a physician. Let's say you had a physician. They were coming in for your coaching. And let's just say you had one thing, one thing that you could impart to them that you felt like would make them a better leader, a better communicator, somebody who could create a person first culture. What would you encourage them to do?

Start the day wherever you're starting your day with a touch of intention. And so I like to tell people I am not my kids are grown so I'm not dropping kids off at school anymore. So the quietest space is in my car. 2 minutes in my car. So that's where we're going to set that kind of goal for the day. I'm going to make sure I give a Y at least three times today cuz I don't you don't know how many times you normally do it if you're just starting.

So, let's make a three different times today. I'm going to This is why in that calm kind of way. That's what I'm going to do today. And then you also pull back into the driveway at the end of the day. Again, you're by yourself. And you can think back through your day and hopefully you kind of did it through the day. Oh my gosh, that was one. Look, I just wide with that med student. I just wide with the the nurse who's got to run the labs back or whoever that person may be. And so you start to check them off through the day and you get in the car and you're now in your driveway. Not in the house yet cuz we're going to break work off before we get in the house. We're going to leave it out here. But we're in the car and you're like, "Look, I get to be proud of myself. I actually did seven and only wanted three." Wow. And now I can put work down completely and walk in the house and be what I need to be inside the house for my family, for the people that I love there. And I left it alone. If we didn't get to three today, we go, "Okay, great. We're going to start right back here in this same car, in this same driveway, first thing tomorrow. Same time, same channel, same goal." And so start in those really real places. It's not a New Year's resolution of I'm going to lose 40 lbs in 30 days. And we all laugh and go, "Of course you're not." And then wonder why we didn't complete this at day three. We're like, "Look, I'm eating a milkshake and a bar of cookie dough. I wonder why we didn't lose it." Don't set those types of goals. Set something you can get to.

If it's 2 minutes today, if that's the goal, I'm going to spend 2 minutes with my hands tied behind my back so that I can free up 10 hours of myself next week. Start there. But make it something that you can actually manage. But you also don't have to chase down like a to-do list.

>> Yes. I love that. >> I think that's where we get mixed up because if you're now in a rush of 75 patients of the day, that to-do list becomes entirely too hard. Two minutes of training.

Closing Remarks and Contact Information

And it doesn't have to be all two minutes combined. You know, 30 seconds here and 30 seconds there, 30 seconds over here. And kind of go, "Oh, look, that's two down. Yay me." Yeah, that's a whole minute. And so those are manageable in that very busy, very hectic day. >> I love that and that's so actionable. I think everybody who's listening like I'm already thinking in terms of setting an intention in my car tomorrow before I get to the office what I'm going to do.

And I'm the person who loves my checklist and loves my to-do lists. So I am that person, but also like you said, I frequently find that the to-do list goes to the other end of the desk at you walk in the clinic door and that list is going. So the idea of being very intentional about something that seems like it's very small that has this very powerful ripple effect I think really speaks to physicians and especially something that makes long-term impact.

Erin, if people have questions about your coaching or if they want to reach out to you, how best would they do that? So I'm on all of the fun platforms so that way I can show up for people wherever they are. So Facebook, Instagram is coacharentracy. the website also coach andracy.com makes it simple.

I'm also on LinkedIn so people can find me a lot wherever they are and ask questions follow the newsletter. You may not be fully ready or you may not need coaching type of conversations. You may just I want to check in. Am I checking in with myself? And so that's a nice little way to do that is in any of those spaces. >> Absolutely. We will put those in the show notes as well. Erin, thank you so much for being here and thank you for your time. This has been an amazing conversation.

Thank you so much. I love doing this. This is fun. And if I know it's going to be next week before it airs, but happy Mother's Day. Happy Mother's Day to you, too. And for all of our peaceful warriors who joined us today on the Scalpel and Swords. Thank you for being here with us. And until next time, be at peace.

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