Episode 3: Physician Wellness by EM Dr. Jenny Castillo and IM Dr. Sima Pendharkar #podcast #health Transcript

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Introduction and wellness overview

Hello and welcome to the clinical canvas stories from seasoning doctors. This is a podcast series where we share our physician experiences in healthcare. I'm Dr. Sema Pendarker, an internal medicine doctor >> and I'm Dr. Jenny Castillia, an emergency medicine physician.

>> And the opinions that we share here today are limited to our own opinions. they do not reflect the opinions of our employers or any other organizations or institutions. So, welcome. Today we're going to be talking about uh wellness or well-being within our journeys uh both from an internal medicine perspective and an emergency medicine perspective. First of all, let's kind of define what wellness is. Well-being is how would you define it for yourself? I would say that you know well-being is being in a life situation or circumstance where you know you can take care of your own health. You know you're having a positive contribution to the community and you know you have a sense of joy and fulfillment and satisfaction that comes um through your life while maintaining of course your own health and being engaged in sort of a larger community. Yeah, that sounds like pretty much what I think of it is as well being as you know previous episode I described myself as being the director of wellness for our emergency department. I really did a lot of deep dive into kind of like the research of well-being. um I was doing a lot of projects around well-being and within the department and also externally and so there was you know like this trajectory of well-being within emergency medicine and medicine in general I guess where it was you know first starting about talking about uh individual wellness like you know being more resilient you know doing more meditation you know bringing your stress down and then it kind of transitioned to where well-being meant more of a systemic issue Mhm.

>> You know, like for institutions, you know, creating an a work environment that was actually supportive and helpful and and making changes systemically so that they it would be not have a negative impact on people's wellness.

Systemic vs individual physician well-being

I think that's continued definitely because I think our institutions, healthcare institutions need to have a lot of changes in order to help with the well-being of the providers. But uh I also think that there's a combination you know so there is part of us you know that we have to take care of right >> that I think as physicians uh we are not so great at doing >> partly because you know like you had mentioned in a previous episode that residency was what Duke Marines >> Yeah. like Yeah. Yeah. you know that's very very instrumental in setting your brain up to what you are expected to do right you know that that is not a subtle hint yeah >> so I think you know we also have to take ownership of our own well-being >> as well as systemically making changes within healthcare in order to make the whole environment a better place to work in >> absolutely yeah I think for me personally When I was 15, uh, my first cousin died by suicide. He was actually a pediatrics resident in India. And obviously I was, you know, devastated and upset by that, but I didn't really realize sort of the connection, the deep connection that would have to my own sort of life story. But then when I did my residency, actually, one of my close colleagues, he was also a pediatrics resident. He died by suicide. And I think uh that was sort of when I was able to make that connection, you know, that like, hey, some of these atmospheres are extremely toxic and like you said, we have to sort of put this in our own hands in the sense that as an individual physician, you know, absolutely your colleagues hopefully are going to be looking out for you, helping you, but at the end of the day, you have to be the one that goes home and you feel comfortable, you feel good, you feel settled and that sort of thing. And you know, I think that that was a wakeup call for me in residency that really kind of got my attention. And then after that, I went on to I would say um equally toxic work environments where, for example, I would watch my other colleagues come into the office and break down and cry because they were so stressed. And so I started just kind of wondering and thinking about things a little more. And then when I went on to other positions where other colleagues also died by suicide, one of my friends, Dr. Techni Leong and I came together and we actually decided to do um a scoping review. And so we

like, you know, looked at all the literature and the cases on physician suicide where it had been reported and we did publish that and tried to kind of um put our heads together in the community of physicians to raise awareness at least at the very least. And yeah, I think that hopefully progress is being made, but I do think at the end of the day, it's important for each physician to sort of consider how that fits into their own life. And I have had doctor friends even recently, as recent as yesterday, um, somebody called me up and said, I'm really unhappy with, you know, my current position. And I think my biggest advice related to wellness is don't be scared to pivot. You know, there's so many different things.

Personal experiences with suicide and toxic training environments

And I think a lot of these situations where people harm themselves are connected with feelings of hopelessness, you know, and I think that that's the bottom line is that you should never feel hopeless, you know, and if you do feel hopeless, that's probably when you know that you need to get some professional help cuz I think everyone has a lot of options, you know. I've even considered at times maybe I should pivot and become a full-time dog walker.

I mean, maybe I'll do that when I'm 70. I know. I can hear. I understand that. >> Just like you said that you had sort of fantasized about being like part of the cleaning staff. >> Right.

>> Right. No, I I uh I definitely agree with that. Um agree with what you're saying. I think it's very important to figure out what works for you. Mhm.

>> Um and I what I found in in being the when we we took the ideas of emergency medicine well-being that I was creating within our department and tried to expand it throughout the rest of the institution >> it was very different for like a surgeon uh what would be well-being for a surgeon what would be wellbeing for an OB/GYN radiology you know it's because they have different stressors different day-to-day activities you know like >> saying you know like a family medicine physician who's in private practice and seeing you know 40 50 patients a day right is a very different stress than say standing at an operating table for 10 hours focusing on you know a heart or something right so it's and affects their body different affects their mind different >> and so it has to be very personal but it also it can also be very like uh especially dependent >> right >> as to what would be a a good well-being.

There's no one thing that fits for everybody. >> Right. Right. And I think one of the other things I did early on in my career when I was in some of these institutions where I felt like, you know, they were overworking people was I would join committees and then I'd try to do sort of different quality improvement patient safety projects that sort of like you mentioned earlier, that's kind of like you're taking on more and more work. So that may not always be the best solution. Um, but the other thing that sort of came to my mind as we were talking was I think that sometimes if you define your entire existence by one thing, then that can also get people in tricky situations because for me personally, I think that any at any point in my life, I want to feel comfortable and I want to feel like I can walk away from something because that alleviates that sensation of desperation. And you never want to be putting yourself in a situation where you feel so dependent or desperate to be attached to a certain title or oh gosh I have to be an associate professor. There's a lot of other things out there that would probably bring just as much joy. So I think that training your mind >> to have that type of >> Yes. I definitely uh when I left the high desirable academic situation that I was in, I felt like I was jumping off a cliff like jumping into this like abyss of unknown, you know, like I didn't I really felt like I didn't realize how attached I was to >> being an emergency medicine physician, being in an academic s situation, you know, just having that external validation of like, oh, when I, you know, you're a cocktail party or you're at, you know, friends gathering and what do you do? Oh, I'm emergency medicine physician. And then, you know, the response would be like, oh, that's really cool. I can't believe you you do that. That must be really hard. What was the craziest story you had? And, >> you know, that's a real like ego boost, right? You know, >> and when I left, it's like I didn't have that. I didn't have that external validation. I didn't have that >> that I had to find that >> validation for myself, right? you know, and that's very very different. And I didn't realize how attached I was to that to being and how much of me was being an emergency medicine physician, >> right?

>> And now being kind of having some separations from it, I realized that there's there's so much more of me >> Exactly. >> than I had even known or even realized or remembered. I probably knew it when I was younger, but forgot about it. >> Right. And um but having to remove myself from that situation in order to be able to see all that was really helpful.

Identity, career pivots, and leaving validation behind

>> Yeah, I agree because you know when I was on in my first job, I was on the faculty at UCSF. So that felt pretty nice to tell people, oh yeah, I'm on the faculty at UCSF cuz it's a prestigious place. It was a highly coveted type of position, you know. And so when I quit and then just moved to the other side of the country without a job, it was kind of like jumping off of a cliff. But for me it was very um exhilarating and liberating you know because I was in a position that was difficult. I wasn't happy either. And um so for me to just walk away from that and wash my hands of that uh it felt good. It felt liberating. It was my choice. And I did I remember you know getting some criticism from my dad who felt like I should be in the same job for 40 years and that was the marker of success. Mhm.

>> And um again, I have the type of personality where I can say that I don't do things to impress people, which is good. And so I sort of didn't care. I'm sorry if my dad hears that. But I that wasn't my standard. And so I was lucky for that because like I said, that is my viewpoint in life is that I don't mind walking away from something at any given time if it's not serving me. Like if I'm not going to be happy. Of course, I do try to um you know, be conscientious of other people's feelings. It's not like I'm going to quit on the spot or something like that. But, you know, within limits, I do think that it's better to acknowledge your true feelings, you know, because it'll lead you to the right pathway. I think >> yes that's a lesson that I'm learning now because I was very much not that way and I was like okay well I have to do this this and this because I know that's what expected of me and that's what um you know as opposed to hey is this something that I really actually want to do or is this something that I really feels good to me in my body right >> um and I'm learning that lesson now >> well that's great late than never I mean and I do wish that there was some type of a course that can be sort of a mandatory course for med students where they would sort of discuss these types of um it's almost like an occupational hazard type of course, you know, like an analogy that me and my friend um Tiffany had come up with when we were doing the research was that you know when you're going into construction, you have to wear a hard hat to protect your head. And so when you're going into medicine, I think as a physician, there should be some other metaphorical analogy of a hard hat that would cover your whole body, you know, sort of you have to kind of shield yourself and protect yourself from all the energy that you're getting in various clinical scenarios. And there's probably a whole other layer of things that in theory that you could do. >> Yes. I mean I actually when I left I realized I had built a suit of armor that over the 20ome years that I was doing emergency medicine that I created you know piece by piece >> you know certain cases that I could never forget and were still ingrained you know I I really believe trauma is is becomes part of your body and you're carrying it and and that suit of armor became so heavy that that was the that was the thing I didn't know how to take those pieces off at other times, >> right? >> I just was carrying it 24 hours a day, 7 days a week, 365 days a year, you know, like and it was just it just became too too heavy. And now >> again, having some space, I am slowly taking those pieces off, right? >> And realizing that the armor wasn't just kind of protecting myself against the intensity and the trauma that I was seeing and experiencing. It was also not allowing me to be able to be myself.

Like it was hard for me to actually share who I was and and my feelings and feelings to other people or you know emotions >> because it it was it guarded myself >> from letting it out >> as well as guarding myself from others.

Building armor and reclaiming authenticity

So right >> I don't have a answer as to like how to do that necessarily but just be mindful you know if you are finding yourself building a a suit of armor per se be mindful of taking that off at certain times so that you are able to experience your own emotions and be able to you know communicate that and and experience that with others. >> Right. Right. And I would say that for me um sort of one of the healing aspects has been actually formulating my own practice in a way has been very like sort of liberating and I feel like it's allowed me to sort of share a voice in the sense that I think in a lot of traditional institutions I felt like I was silenced a lot when you're talking about um sharing who you are and your opinion. I'm not scared to share my opinion, but it was made clear in a lot of places that it wasn't welcome, you know, and even if it was helpful to the patients, you know, I was silenced in various situations. And again, it's not healthy for people to be sort of oppressed in that way. And you know, historically speaking, I think it's I might be sort of one of the first people in the in in um prior generations that's been able to voice my opinion freely. And I think that means a lot. And I carry that with me in the sense that I want to make sure that I'm doing things in a way that makes sense to me, that's authentic and genuine to my true voice.

And I truly feel um lucky that I'm in the position to do that because I know that often times you know people have certain kind of you know limitations and they're not able to do that. So >> Right. Right. And uh do you have family that's that are physicians? Were you the first of your >> um I know that for generations you know for example on my mom's side the men had been physicians and the women hadn't you know so I think I'm definitely the first female physician on either side of my family. And I remember telling my grandmother on my mom's side and she sort of questioned me and said, you know, is that something you can really do? And I was offended at the time because I thought it was like a personal attack, but it was more of like a a sign of generational trauma and oppression I think that women had faced.

>> And so, um, did your grandmother is she >> she's no longer here? Was it she never that you became a doctor? >> No. No, she never she never did. But um I'm sure she would be um happy about it. >> Yeah.

>> And surprised. Surprised in what sense? I think just in a sense that you know in India back in those days and probably traditional hierarchies I don't think women were going out they were doing what they wanted to because they had certain roles to play in that sort of thing. So, you're taking the the the step not just of doing becoming a doctor, but also being like, well, you know, I have a voice. I have an opinion. Um, I have a way that I want to actually live my life and actually creating that. >> Absolutely. Yeah. That's what I strive for and I do feel like why historically that's why I've been so quick to quit certain jobs. you know, if I was put in a corner or made to feel like I was going to have to do something that opposed my ethical, moral values, then it was a no for me. And like I said, I acknowledge the fact that I'm lucky to be in that position because not everybody can just quit their job and move to New York City. >> Right. Right. Right. Out of plan.

>> So, is there something that you do regularly that helps with your like on like a daily hourly I don't need a a minute thing to help with your wellbeing? Yeah, I would say like my top three or four things would be, you know, waking up and meditating. And then um I feel like caring for my cat and my dog is part of my wellness routine. I enjoy it. Being outside, being active physically. I try to do those things every day if I can. And um yeah. How about you? What do you do for your wellness?

>> Well, personal I have a question though. When did you start meditating? Like >> it's been I'd say I'm doing it consistently now for a couple of years.

It's something I've always sort of wanted to do and I'd say that I was going to incorporate it, but I really do feel like um I hit a point where I was like, I've got to do this. And so, yeah. >> And how does it like make you feel?

Daily wellness practices and meditation

Like what why is it something that you you do regularly? Like >> I do think that like again I have a little bit of a type A personality where I I always have a list of 20 things to do and so it helps sort of calm down my nervous system a little bit and gives you just that. It's kind of like turning your computer off, you know, like turning your brain off and you can just feel the difference even if you just do it for two or three minutes. And I'm lucky I live right near the water. Sometimes I'll just go stare at uh the water outside and that's very meditative, too.

>> Absolutely. So, how do you feel like if you don't do it? What do you notice? >> Yeah. I mean, if I don't do it, then it's like I automatically go into my mode of just throwing down the to-do list and just it just kind of like your mind just kind of goes and goes. >> Goes and goes. Yes.

>> Yeah. >> Cuz I asked because I I've also well, like I said, I I learned Chagong and there's definitely a meditative part on that and so I try to do that regularly as well. And I noticed as being an emergency medicine physician, I am not one to sit quietly and like you know and quiet the mind. But I think because or I realize because we it's almost like a elite athletes in the sense that >> you know you have to work at such a high level physically and mentally, >> right?

>> You need to have that offset. You need it like so elite athletes, you know, when they perform in like a game or the World Cup or you know something like that, they're working at their 100 150%. Right.

>> Absolutely. >> But they they also take time to rest. Like when they're not working, when they're not playing, when they're not, you know, performing, they are resting. Yes. Really, really resting. Resting their bodies, resting their minds. Mhm. >> And that's the same thing I think we have to do for as as physicians, you know, like when you are on or totally on, >> but when you're off, >> that's when you need to really really rest. And I'm not good at that.

>> And meditation, even though I'm it, it's hard for sometimes for me just to sit still and quiet. >> It offsets that, you know, like he says, it quiets the brain. Even just staring at something, like you said, even just staring at a tree for, you know, a minute, >> right? just quiets everything and and kind of resets you, >> right? >> Yeah. And I think the other thing is, you know, with all of the World Cup clips of people playing soccer and you see how their physique is just so amazing and you can see the sort of result of their hard work by these physiques that they have. I think that for us it's similar, but I think that it's like our brain and our conscious and subconscious mind, which are things that are less tangible. So that's why I think it's almost kind of like an invisible muscle in a way that's been worked and developed and it's really something that's valuable and precious, but it's easier to just kind of keep going. And like I said, I think that people will hit rock bottoms if they don't sort of do that self-maintenance.

>> Right. Absolutely. Before my clinical shifts now, I I arrive about I don't know 10 15 minutes early. If I drive, I sit in my car. Sometimes I drive, I sit in my car for the 10 minutes >> and do like a guided meditation just to really quiet myself and it really does help in terms of getting my brain ready for what I I have to do for that day. And I also am I do a practice where once I hit a certain point of either if I'm driving a certain bridge or if I'm take the subway a certain stop being like okay >> that part of my day is over. I'm starting a new part of my day which is like the home part. >> Okay?

Closing thoughts on rest, nutrition, and fit

>> You know, like and not carrying that, you know, having some sort of physical or visual >> point >> that triggers my brain to be like, okay, work is done >> right >> now. It's time to home. And it's taken >> years to try to get there. Yeah. It's not an easy thing to to do, but you do it every time you do it. >> Yeah.

>> And it becomes more automatic and and it just it's a subtle switch, but it's a huge switch. It's a really I think it's a life-saving measure and that's why I do think it should be like an integral tool that every physician has to implement. And then I guess wrapping up, what are your top sort of three to five wellness tips or things that you do each day? Uh definitely like quieting the brain, whatever that means for you. Nature, being out in nature is really really been I find very very helpful in helping quiet that brain. Eating well, oh my gosh, especially overnight shifts. So yeah, >> you can so want the the sugar, >> the salt, >> the quick fixes, but having things that are more like proteinbased and not the quick fixes last longer so that you are actually not doing the up and downs, that's really really helpful. >> And also like just recognizing what works for you and what doesn't. you know, what part of the job connects with your values, connects with your um your goals, and and if it doesn't, find something that does. >> Awesome. Great. Well, I think that sort of wraps up this episode, right? >> Yes. Yes.

>> All right. >> Well, great discussion. >> Good discussion. See you guys on the next episode. Take care. Bye. Bye.