Episode Introduction and Guest Background

Welcome to a special Heartline Echoes episode where we revisit some of the most impactful conversations from Heartline changemaking in healthcare. This rerun isn't just a replay.

It's an opportunity to reflect, reconnect, and reignite the ideas that continue to shape the future of healthcare. Whether you're hearing this for the first time or returning for some fresh insights, let's dive back into this powerful discussion.

Enjoy. Welcome to Heartline, Changemaking in Healthcare. I'm your host, Dr. Andrea Austin, a board-certified emergency physician, physician development coach, and educator.

After years on the front lines, I've learned that real change in healthcare starts within. Each episode invites you to explore the inner work that unlocks clarity and bold leadership, because healing systems through changemaking begins with following our heartlines.

I am thrilled today to have my friend and colleague, Dr. Maria Sturchler, who's double board certified in palliative care and emergency medicine, and also an immigrant and first generation college graduate.

She achieved her calling as a physician in a non-traditional pathway. She's an experienced former educator. She earned her master's and doctoral degrees in mathematics education and educational leadership respectively, while teaching full time.

Her doctoral dissertation addressed the gender gap in STEM fields and rekindled her desire to become a physician. Previously an avid runner and cyclist, Maria was a three-time Ironman competitor.

These days in her spare time, she enjoys hiking and biking with her husband and children. Her passions include mentoring pre-health study students, empowering women in leadership STEM and medicine, and improving access to healthcare in marginalized communities.

Maria, my goodness, it's been way too long. I'm so happy to see and hear you. Thank you so much, Andrea. The honor is all mine for being here. I really appreciate you inviting me.

This is so wonderful. And for our listeners, we are catching Maria on her lunch hour while she's doing palliative care. So you may hear a siren going by or some other sounds that are very familiar to us as physicians.

So I'm going to just go with it because I'm really happy that our schedule is finally coordinated that we can talk on the podcast. Absolutely. This is incredible to finally get to hear your voice.

So we had a few hints about your story, but I'd like to hear a little bit more. How did you go from having a PhD to wanting to go to medical school? It just seems to me like you had this whole career and it was so much work, and then you pivot and go to medical school.

Can you tell us a little bit about that decision? Absolutely. It's a common question I get, especially when I meet trainees because their whole training path is ahead of them in their career.

And for me now, it's retrospective and I look back and I see the serendipitous moments that got me here. Most people don't know this, but even though I come from a family where there are no physicians or medical professionals, I knew when I was two or three years old that this is my calling, to be a physician.

And everything I did in my life, whether it was checking out books from the library about the human body or

participating in electives related to science and STEM fields or pursuing the pre-medical magnet in my local public high school, all things were pointed to a path as a physician when I got out of college.

And my first day of university, I got talked out. of the field. I had a math professor who told me that I just wasn't going to make it. He felt that my skills weren't there and my own inadequacies of course were ringing loudly in my head and imposter syndrome is something I can definitely relate to because I've had that probably for most of my life.

I still struggle with it on some days. And so I moved to my second choice major, which is education. I've always had a passion for education.

Choosing Medicine After a PhD

And I feel that education is something that I still tell people is a liberating force for most of us who are fortunate enough to secure an education in our lifetimes.

It can completely and radically change your life and your quality of life if you're so fortunate to be afforded an education. I wanted to give other people the gift of education.

And so I majored in elementary education, as you mentioned. And when I graduated, it was in the middle of the winter, I had AP credits from high school.

And so I graduated a semester early from college and there were no jobs in elementary education. And so I got stuck teaching at my old high school. which was wonderful because I loved it and my principal was still there and he remembered me and he hired me on but the only position he had was in mathematics.

So I became a mathematics teacher not of my own will and desire but out of necessity for paying bills upon graduation and Again, this is where I mentioned serendipity plays such a role in my life.

I grew to love math by teaching it. I grew to understand it finally. Something I'd avoided in my life and the thing that had caused me to drop out of pre-med was now becoming something I did on a daily basis and helped other people to grow to love and understand also.

And so this enabled me to get to a point where I understood math so well that I started contemplating, wow, what if I had been able to do this, you know, as a pre-med, if I'd been this good at math, that professor never would have been able to talk me out of my dream job because I would have done it regardless.

And I shared these feelings with some of my administrators at the school I was teaching at at the time. And they were so, again, serendipity, so kind and encouraging and supportive and sponsoring of my dreams that they told me, my principal in particular said, you're fired basically next year.

You can work as an adjunct, you can work part-time, but you won't be coming back full-time. You're going to go do your prereqs. And I was in the middle of doing my dissertation for my doctorate in education.

So I started my prereqs at the same time I was writing my thesis. And here we are today. Serendipity and just wonderful mentors and sponsors in my life have helped me to reach my dream of being a teacher and a doctor.

Wow, that is such an inspiring story, but also such a heartbreaking story. What would you say to that teacher, or we interact with people all the time, and I wonder if that teacher even remembers saying that to you, but what would be your advice for all of us that are interacting with people and making comments like that?

It's unfortunately something I hear again, a lot of trainees and even my fellow colleagues tell me that they had someone in their life who at some point discouraged them from their dreams or some aspiration that they had.

And fortunately, most people are strong enough in themselves that they can deflect these comments that can be

very painful to hear. Cause you're right.

It is very painful. It's a very painful story. Although now I use it to inspire others because I know at some point every single one of us, no matter how the most successful person you can imagine in your mind has certainly been discouraged at some point in their life.

And so if we all teach each other and especially those coming up behind us and the youngest among us, that you are going to hear something about yourself that isn't positive and someone isn't going to like you or support you or believe in you necessarily at some point.

But if you have the right people around you, you can definitely overcome those inadequacies, those feelings that are provoked by those comments. As far as what I would say to him, in some ways I would thank him, Andrew.

It wasn't great in the moment. It was definitely one of the most painful days of my life. Being told that, I can remember it vividly. And I can remember how I felt for the weeks and months after that moment.

It was awful. It was something I had to reckon almost existentially with myself about, am I really this person that is supposed to do this calling that I thought I had?

But now I would thank him because I have gotten to do so many things that I wouldn't have ever been able to do if I had gone straight through on the pre-med track.

The people that I've met, the family I now have, the partner I now share life with, none of that would have ever happened if I'd gone straight through.

So maybe it was the universe's plan for me or destiny or God or whatever it is that we each believe in that kind of dictates our destinies. But I would thank him because in a way he gave me something very rich and very full, which are the appearances that I've had.

But I also struggle with the fact that I know he affected other people in the same way, I'm sure. And maybe those people didn't have such a nice ending to their story.

They didn't get the second chance that I got. So I always tell people who are in these very important roles, whether it's a physician or whether it's a teacher or counselor or any of us, anybody who's got somebody looking up to them, and we all do, I always try to be positive and spread those good vibes to other people.

And I always try to lift people up because you never know when you're catching someone, if you're catching them on a day where they're particularly vulnerable or sensitive to comments or feedback, you know, and it's important to give honest and direct feedback to help people grow.

But it's also couching that in a way that helps them get empowered and not feel helpless or feel inadequate. Yeah, I think that's such an important message.

And you know, it's so bizarre to me because math isn't really that important to be a doctor. I mean, as long as you can do basic algebra, you can be a doctor.

So it's just so unfortunate to me that I think sometimes we have to remind ourselves that, you know, we're only seeing people our view is very limited a lot of times with these interactions.

So sometimes we say something and it's really not that informed. And I really think about that now with residents. I can think back to a situation where I was very hard on a particular resident a number of years ago.

And looking back on it, it's like, it really wasn't my place to have such an outsized voice. I could give feedback about an observation, this is what I saw, this is what I'm concerned about in this particular interaction, but I don't have the whole pie.

That's what committees and the way we have feedback for residents is designed. So I'm a lot more cautious now when I give feedback. I can only really tell you about this one interaction or this one shift that we worked and I'm not really going to try to extrapolate that into your overall performance.

That's so wise. That's a really good way to approach it. And I totally agree with you because I've definitely had that feeling sometimes where I work with someone and I'm like, oh gosh, this person's tough.

But like you said, it's a very limited perspective. We're only seeing that person in this sort of role they're in and it's very limited time that we're spending maybe it's a bad day, maybe they just had something happen that morning.

And that sort of perspective and way to approach people has helped me a lot taking things less personally when people aren't the kindest or aren't the most thoughtful or courteous or considerate to me in a moment.

I try to say to myself, well, maybe their mother just got diagnosed with cancer, maybe their dog just died, maybe they just, you know, had a fight with their partner or maybe, you know, who knows?

Like we all have all these battles we fight on a daily basis that people aren't privy to. And so I think if we all take that approach, like you are Andrea with your trainees and with your colleagues, so being a little bit kinder and not as my mentors have taught me, don't climb the ladder of inference so quickly.

It really does help you feel better overall because you don't take things personally and you're overall just a more positive person and nicer to be around.

So it's kind of a win-win. I love that. Well, I want to pivot a little bit to your time in residency and doing emergency medicine and how you ended up in palliative care.

So it's a little bit of read my mind, but I think you know where I'm going. Yes.

Feedback, Kindness, and Perspective

And almost everyone, you know, it just happened today actually this morning in the ICU. One of the ICU doctors was like, hey, Maria, I just found out you're an ER doc.

What's up with that? And it's sort of the perspective a lot of people get when they hear that I've mixed our two fields, emergency medicine and palliative care.

They seem really different on the outside and in some ways they are. but they're a lot more similar than meets the eye. But I think that's why my work is so rewarding because when I signed up for emergency medicine residency in medical school and I was thinking about what I was going to pick, I said to myself, you know what, that's the place where I've been able to help.

the most people on the worst day of their life. That's what I want to do. I am cut out for that. I am cut out for dealing with drama and crisis and stress and making difficult decisions in a challenging situation.

So that's what I did. And I loved it. And I love my training. And again, this morning when we were talking in the ICU, I was telling them how I miss doing that full time sometimes because I miss the procedures and I miss You know, seeing so many people, helping so many people in one shift, it's just, I don't know, emergency physicians are some of the unsung heroes, I think, in medicine because they work really hard.

They put their heads down and they scrap together whatever resources that they have at their disposal to get impossible jobs done. But palliative medicine is this field where I do get to help people on the worst day of their life very often as well.

And not only them, but their whole family and their friend network and the staff that's taking care of them. I take care of all these people sometimes when, you know, patients have gotten a terrible diagnosis that's life limiting and

they've never thought about their mortality before or what their life means.

And I get to process that with them. And I get to occupy a very special and vulnerable space with them where they contemplate their entire existence and their family does it with them sometimes or their friends.

Sometimes they're doing it alone and I get to be the only other person that hears their story and their feelings about their story and what they're going to do with that story from here on forward and here on out.

And so it's a really special job because I have the bandwidth and the tools to really listen to people, which is something that medicine doesn't afford many physicians anymore.

And so I love it. It's something I used to do as a resident. I get in trouble for it all the time. And I'm sure if any of my mentors or my former colleagues are listening to this now, they probably are laughing and shaking their heads because they remember I would get in trouble all the time.

Maria, you're spending too much time in that room. Maria, why are you talking that patient again? And sometimes I'd get dinged on my vowels for doing, you know, quote unquote, social work.

But emergency physicians are primary care doctors, social workers, case managers, sometimes family members of patients because they're alone. So it's something that's been great.

I've been able to put together all the passions that I came into medicine with the skillset that I have as an emergency physician and help make decisions really rapidly in some cases where there's acute crises and be a little more slow and thoughtful about it when I have the time and the patient has the time.

But yeah, I don't know if that answers the question fully, but That's my take on how it works. Yeah, I know it's absolutely beautiful, but I do want to dig in a little bit on what you're doing now.

And so you did emergency medicine residency and then you went into the palliative care fellowship. Do you do any emergency medicine shifts right now? Full-time emergency medicine, no.

I do emergency medicine shifts, but as a palliative physician embedded in the ED. But no, as just the ER doc on shift, on call, no, no more of that. Unfortunately, COVID played a bit of a role in that with the timing of everything in my fellowship and in my training.

And then partially this work has really pulled at my heartstrings in such a way that it's just all encompassing now for me. And I really love it. So I want to just take a moment to kind of dig in.

When you left emergency medicine, and I know we've talked about this a little bit, what is happening in emergency medicine that ultimately you've decided that it's not in line with your boundaries and it's not workable right now?

That's the multi-layered question. I think initially when I took the fellowship position, my vision was to split my time somehow, maybe not perfectly even 50-50, palliative and emergency medicine shared, where I had a vision where I'd work some ER shifts in an ED somewhere in town, and I'd work part-time in palliative care.

And I started my fellowship in 2020, in July of 2020, and from residency. And so at that time, as you all I'm sure vividly remember, we were in, I don't know what else to call it, but the COVID dumpster fire, I guess, all of us in the world together, because nobody knew what this virus did, how it behaved, what the natural progression or course was, any of the epidemiology.

I mean, we were all just frantically trying to help people survive it and also not die from it ourselves. And so at that time, I was also pregnant with my first child.

And as I've shared in other forums and in other presentations, and Andrea, you're intimately aware of this because I shared a lot of it with you, I was going through fertility treatments to have this baby.

And so this was a very expensive and very hard fought little fetus I was carrying. And so I checked out of the ED when COVID broke out and it got really scary.

And I said I would make up my missing shifts from residency once on the back end, once I'd had this child, because I didn't know what it would do to her.

And with Zika and what we went through with that, I couldn't risk it.

From Emergency Medicine to Palliative Care

So I picked her above all else in my life at whatever cost it would cost me. And I was fortunate enough that my program director and my fellowship directors were super gracious and wonderful people and allowed me to put my family ahead of everything else in my life.

So I did. Then I went back into emergency medicine with a different perspective and during the time of COVID. And so again, as your listeners are probably much more aware than I am, ED shifts took on a whole new life.

You couldn't eat for 12 hours. You had an N95 plastered on your face with wounds in your nose and cheeks from the metal strip. You were recycling said N95s because we ran out of PPE at some point.

And so on and so forth. I don't have to reiterate all the struggles everyone went through with COVID in the ED, but they were numerous. And I'll say this much, trying to beg people to give you work when there was no work to be had and facing those sort of challenges on the shifts themselves as a nursing new mother, post-Cessarian section, was not a picnic.

And so, you know what? That kind of turned me off. That was kind of phase one of me shutting down with EM. Time went on, I got through fellowship and I still worked urgent care because there was work to be done in urgent care as I had started that moonlighting during residency.

And so I continued that. Then I got my position as a palliative care physician. And emergency medicine is a beautiful field and we do incredible things that no one but an ER physician can understand.

But the quality of life is also one that nobody but an ER doctor would understand how hard it is. And when I got some semblance of routine back into my life, I have to say that as, again, a new mom and a healing human with a very scarred body for not just pregnancy reasons, but before that, I put a lot of miles on my body with Ironman and things like that.

The physical nature of the work and the demand on the mind and body overnights and all the other things that go with that shifting of diurnal rhythms and stuff like that.

It was really hard for me. I'm getting close to 40 years old and each year I get closer, a toll of the recoveries is harder for me. Cause I was not always a night owl person.

I liked staying up, but I'm not an, I don't think well at three o'clock in the morning. So yeah, just a combination of all those factors. I think COVID started it.

I was forced out and I couldn't get any moonlighting shifts. And so that took away from my skill set. And that was kind of the third big piece I was going to touch on is being away from emergency medicine during that year where we had that total rearrangement of people not coming in anymore, physicians and practitioners being cut shifts because nobody was, you know, the volumes were so low, nobody was coming in unless they were truly dying, that nobody wanted me as a moonlighter.

Nobody wanted me as a per diem. And so I lost a lot of my skills that I was practicing on a daily basis. And doing emergency medicine when you're rusty doesn't feel good.

I don't want to put my patients at risk and I didn't want to put myself at risk, you know, malpractice and litigation, things like that, just because I wanted to be cocky and continue to carry that title of full-time ER doc.

That perfect storm, those things all kind of work together, Andrea. And that's kind of the long answer to your very short question of why I eventually bowed out is, you know, duty to myself, duty to my patients and being the best ER doctor possible.

And I wasn't that anymore after a year out, not having my skills in use. and then duty to my family. It was a better fit for me to proceed in the path I was on.

And it was just as rewarding, if not more so in some ways. So here we are. Thank you so much for sharing that. And it's not lost on me that I was a little bit intrusive, but I did it with the goal that I know a lot of physicians are having similar thoughts and similar experiences.

And there's so much shame around potentially moving away from something that was so integral to your identity and You know, we can all think back to the beginning of residency and thinking that we're on a path that this is what we're going to do for the next 20, 30 years.

And then to pretty rapidly, when you look at the span of a career, decide actually, this isn't going to work. And it's courageous to do something different.

And I hope that your story inspires people. I've talked to a couple of physicians that have told me by the last year of residency, they 100% knew they weren't going to be able to do the specialty that they were just about ready to finish.

They ultimately got board certified in that specialty, but did something like you and pivoted, whether it was fellowship or not, into something else. So I think it's really important for people to hear that.

It's never too late or too early, quite frankly, to change what you're doing. Absolutely. I'm the poster child for that. I took 10 gap years before med school.

When students hear that, they're like, oh, I can, I'm not that bad. So that's why I'm very, no, I appreciate your quote unquote intrusiveness. It's, I don't think it's intrusive at all.

It's, you know, I'm an open book and I tell everybody I talk to that because if anyone can learn from my life experience in any way or make their life better by not repeating any of my mistakes or I don't know, gaining a new perspective from what I've been through.

I'm happy to share it. Like I said, I want to lift up the people around me and behind me and in front of me if I can. And you touched on something that brought something else to mind.

There are a lot of people in our field, and you asked me what's wrong with emergency medicine, and I talked about what was wrong in it for me, but there are things that in our field are happening around us that we have no control over, and it's taking away the fire in a lot of ER physicians' hearts and minds.

You know, the corporate stuff going on, don't even get me started on that, because I talk about it with my team a lot, because they're not aware of some of those things that are going on because they're not ER physicians.

And it's happening all across medicine. Some of the violence that we've talked about, Andrea, you and I, being attacked on shift, that's something no other professional is going to have to face some of the things that trauma and EM physicians face on shift, getting attacked physically, verbally, emotionally by the people that they're taking care of.

Hey friends, Andrea here. There are moments in a doctor's life that mark you forever. And for me, they often involve travel. It's where I connect with awe and wonder that help me see my life and my career differently.

The Heart of Medicine in Uluru, Australia, July 29th through 31st, 2026, is a retreat that is an immersive soul-level experience at one of the world's most sacred landscapes.

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Learn more and register at coachingfordoctors.net.au or you can email me at andrea at andreaaustinmd.com. And then some of the practices, different groups are doing different things.

And I think some of them are not sustainable. And like you said, it's driving some people out. Some people are cut out because their biology fits the bill.

And some of us, like I kind of alluded to, as we get older, it's harder to bounce back, or maybe the overnights aren't as great. And so that's why some of the older doctors end up kind of senioring out of it.

They pass it on to the younger ones, things like that. I think a kind of a reworking of medicine is coming up on the horizon. And I don't know what it's going to look like.

But I think if more and more physicians keep leaving, as we've noticed is happening after COVID, we're going to have to re-contemplate how medicine is practiced in this country.

And I think emergency medicine is in the midst of that right now. We're kind of reckoning with our best practices, so to speak. I heard one of your other guests on your podcast talk about hazing.

And yeah, it seems like a lot of medicine is that we just do things this way because that's how it's always been done. And you have to prove that you're tough enough, whether it's healthy or not.

And yeah, maybe it's time to rethink a lot of this stuff. I definitely don't have all the answers, but I found a way to still get down into the ED and interact with and greatly support my acute care practitioners on a regular basis, still be part of that environment.

But of course, you know, I'm not driving the ship anymore, which like I said, I do miss sometimes, but it's a wonderful collaborative atmosphere that we have at our hospital with the ED team and our palliative team.

And so I'm just thriving in it because I get to put my feet in both worlds every day and it's really fun and it's really rewarding. So let's talk a minute about that because I do think it's a pretty innovative thing.

I have the benefit of being friends with you and Dr. Natat, who's been on the pod as well. And so I'm a little bit familiar with what's going on at Scripps, but can you explain how palliative care is integrated into the emergency department?

Because I certainly hope this spreads like wildfire across the country. And I think emergency medicine physicians really, really want palliative specialists in the emergency department.

I love hearing you say that because that's what I've heard on our end. I'd be honored to share about it because we're really proud of what we've done so far and we're very new at it, I think.

So what we do is essentially we've been able to secure enough FTE at our site. We've been allotted it to try this out as a pilot program. to have a physician on our team dedicated to being embedded in the ED five days a week right now.

And if it continues the way that it's going, I think it'll expand further. But in essence, one of us is dedicated to the

ED. We check in with the ED docs in the mornings when we arrive, and they're starting to get used to us.

Why She Stepped Away from Full-Time EM

And they even admitted to us recently during a meeting that, you know, they didn't really know what to do with us at first, because they weren't sure what we were going to be helping with, but they thought it was kind of crassly a waste of time for them.

But sooner rather than later, they started to realize that when they had patients who would, for example, come in from hospice and have uncontrolled symptoms like pain or dyspnea or anxiety, we were there.

And we're the experts in that. And so we help manage that. We integrate with case management on a regular basis, social work, all the other interdisciplinary teams in the hospital.

So we cut that workload out of their day. Again, they don't have to play social worker, case manager, and all this other stuff. They can do their job.

And so if there's acutely ill patients that they need to focus on, we help handle the hospice bounce back. We help handle patients who come in with newly diagnosed stage four cancer.

We help manage patients who come in with advanced dementia that nobody knows what's going on and the family kind of dumps in the ED. I mean, we can just go on and on and on.

I mean, I could give you 10 case presentations off the top of my head. And so over time, they're starting to see our works because since we integrate with these kind of patients on a daily basis and we have the resources at our disposal because we're well versed in them, we can jump right in.

cut the patient's time in the ED so they don't suffer and their family doesn't suffer and get the patient back to whether it's home or their facility or if they do want to stay in the hospital, figure that out much more quickly so the ED physician can focus on the 10,000 other tasks that they're having to do in that moment.

So it's a win-win-win scenario because the team downstairs and the ED is loving us. The patients and the families get excellent care because the issues that they're coming in with that are specific to our field get attended to rapidly.

and the community and the hospital benefit because they're able to come in to the ED and be seen by an ED physician for needs that are appropriate to be seen by an ED physician because beds aren't occupied due to placement issues or DISPO issues or things like that when we can help facilitate.

So it's super rewarding. It is absolutely fantastic. And when the ED team sees us now, they're always telling us, God, you guys, I don't know what we did without you.

And that's the best thing I've heard in the last year. When they told us that at the last meeting we had, I hate to like toot my own horn, but. It's such a wonderful thing for them to have said because it really validated the numbers that we're seeing in the data.

I am more driven by anecdotes like that. And when it's on behalf of the entire ED team that we're so collaborative with and so interested in helping to work with and to make care better in our hospital.

was really the best compliment we've gotten. So we're very, very excited about this initiative and we've only been doing it here at our site since September of 2022. So it's, like I said, very new, but very well received so far and very successful.

I love that. I just really love that innovation that's happening to make things better for the doctors and the patients. And that's one of our taglines here is that's what we're about.

We are completely dedicated to we can make things better for doctors and patients that most of the time what is right for a doctor is also right for a patient that our interests are very aligned.

Absolutely. And if we help to reduce burnout as another side measure, again, the needy physician myself, I am so honored to be part of something that benefits my colleagues because, you know, I have to say, when I left the field as a full-time EM physician, I did have to grieve.

And I think my fellowship year helped a lot in processing that because I had to give up that title. EM position, that's so hard fought. It's so hard won.

Like you mentioned and you and I've discussed with you, the hours you put in, the blood, sweat and tears you literally put in to getting that title and to earning that position and to being trusted by the community to do that job.

is something so special and having to hang it up as early as I did in my career full-time was very painful and it took a lot of processing on my part not only my ego but you know just as an existential piece of myself that is who I was and it was hard to give up so Coming back into the fold, so to speak, in some ways, being down there in the trenches with them, helping them to offload the burnout, helping them to take better care of their patients and making work rewarding for all of us is something I really treasure.

So that's part again of why my job is so wonderful now, because I get to be in both worlds and I get to benefit everyone involved. And it's really, really fantastic.

Yeah, I will push back a little bit and it's something that I've written about is I do think we have to change this mindset around. I am an emergency medicine physician because I work in a traditional emergency department.

And we know that medicine is going to change a lot in the next 10, 20 years. So I really view emergency medicine residency as a foundational specialty that you can do and go into a number of different fields, including working in what we think of as a traditional emergency department.

But I think as people progress throughout their career, that quote unquote traditional emergency department will become a less frequent thing that people are doing mid career and later stages of their career.

I love that you said that because it's something I've struggled with some of that, almost like a survivor's guilt, so to speak. And I've talked to a lot of my colleagues offline and off the record.

And, you know, so going back, I never wanted to do fellowship. I thought fellowship was going to be a waste of time. And I wanted to get to work because I felt like I was too old to do fellowship partially and partially because I wanted to be able to pay my bills and provide for myself and my family the way I'd always envisioned.

And I couldn't do that as a resident. Long story short, and you were part of this process, Andrea, you helped me get to where I am because you wrote me a recommendation letter on the fly when I was trying to get my act together to apply.

But one of my mentors really pushed me and I finally said, okay, I'll apply and if it works out that's meant to be, here we are. But then I felt this sort of survivor skill because like you mentioned, there are people in emergency medicine and other fields who get to the end of training and go, God, I can't do this forever.

And I was fortunate enough that it worked out for me serendipitously again. This word always comes up. It's like the title of my life. Serendipitously, I got pushed into doing fellowship and encouraged and motivated and cajoled.

And I finally complied and it worked out being, you know, an amazing decision for me because it's fit great into my life. What would have become of me if I hadn't done it this way?

I don't know, but. I do have a sort of survivor's guilt and I've met some people who I used to work with, like I said, off the record and kind of offline.

And they'll say things to me like, I was kind of jealous of you because you did that. You got out, you found a way out. And I was stuffed here behind you or next to you or in front of you.

And I didn't. And I gave you a hard time about having the cushy schedule or the cushy life compared to me. And they admit to me, you know, it's like, because I was jealous of you and I couldn't see a way to get it myself.

And it makes me sad to hear that because that's the last thing I want to do is feel like I just got out and left everyone behind in a burning building.

But part of me does feel like that sometimes because I was really lucky. And in some ways, emergency medicine is a bit of a burning building. There's a lot of crises going on that we need to face and are being dealt with by leadership and people in charge, but some things still aren't being handled.

And I hope you're right. I hope things change radically for all of us. in the future because I think it has to. Yeah, it's a great link to the episodes that are going to come out before this one.

So if you're tuning in now and you haven't listened to the episodes with Dr. Jillian Schmitz, I really hope you'll go back and listen. And in part two of the interview with Dr.

Schmitz, we talk about a new initiative by ASAP, the American College of Emergency Physicians, to accredit emergency departments.

Palliative Care Embedded in the ED

And part of the thought process with that accreditation is really establishing boundaries. I mean, that's the word we use here, and it's a word that's been missing from emergency medicine.

You know, we've had the mindset of, you know, there's a famous book called Bring Them All In. That was our mantra. We can do it all and I can do it all, you know, with MacGyvering my way through.

I don't need this. I don't need that. And where has it got us? And more importantly, where has it got our patients? Absolutely. And it's something you have to look at on an individual basis, too.

And it's something that, again, doing the job I do now, I talk to people sometimes at the end of their life, quite often, in fact. And I tell a lot of people this, but no one really talks to me about their work or their accolades or their bank account or their titles.

They talk about their relationships. They talk about their experiences and their memories, their fondest memories, and usually it involved travel or time with family or a little boat.

And doing my work has caused me to refocus my own priorities. I already had them because I think my life experience allowed me to be a little bit more wise that way.

mind my own boundaries, both in medicine and in training, but outside of them as well. And, you know, not feel obligated to toxic requests or to negative influences.

If I felt that I owed someone something, I started to become more comfortable in my own skin to say, you know what, I don't have time for that or I can't do that.

And again, it's another thing in emergency medicine, like you mentioned, we just give and give so much and we just make it work. And in the end, you know, we aren't feeding ourselves.

We aren't using the restroom regularly. We aren't sleeping right. We aren't exercising. Sometimes we aren't doing the things that bring us joy because we don't have time or we say we don't have time.

And yeah, it's really important to step back from all that periodically and reassess what you're doing with your time because, you know, we only get this one wild and precious life and I don't know if we should be always doing the things that we're doing.

Wow, that's very powerful. I know you have to get back to seeing Toledo patients and they're so lucky they get to interact with you. Do you have any, I mean, that certainly was a great parting thought and wisdom, but anything else maybe for the physician that's starting to tear up a little bit right now and just feel like they're stuck and they're really not sure what they're going to do.

They're not happy driving into that next shift. I think that I would give them a huge hug, first of all, and getting the tears out is really important because if you keep them in and you stuff in your feelings, it's just toxic inside of you.

So get it out. And then once it's out and you have a clear mind, Sit down with whatever you sit down with, piece of paper, computer, tablet, whatever, and make a list of the things that matter in your life.

And I have my patients do this with me sometimes when they're very confused about what next steps to take in their own plan and their own life. And write down the things that matter to you.

And then write down the things in another column that you're spending time on, the biggest chunks of time, where are they going? And then it's a matter of figuring out what skills you have, what passions you have.

And sometimes this involves talking with a really trusted friend, with a family member, with a partner. There's no recipe for this, but I know I sat down in those key moments in my life when I was very frustrated and confused.

and sort of had a come to Jesus talk with myself about what really mattered and what I really wanted, and then went to my most trusted allies and shared with them what I was feeling and thinking.

And sometimes they would come up with an idea I had considered, and sometimes they would help me with an idea I had come up with. And part of this happened with me in residency.

I think my mentors looked at me and saw that unhappy person who was so frustrated she couldn't sit and spend 30, 45 minutes with a patient on a shift because there just isn't the time.

There's too many people coming in and there's too many forces around us that will not permit an ER doctor to sit there with someone for that long, even if they desperately need that time from a physician.

And that mentor was wise enough to say to me, Maria, you need to think about fellowship because there's things that you can do that can cater to that need to be with patients and to support them in the ways that only you can with the skillset that you have, but you can also continue this work.

And it wasn't like a one day thing. It was a process. And so that's what I would tell someone if they're really frustrated right now is to start that process, to take the leap of considering what else could life look like.

And some people would say, well, my finances wouldn't allow it. You know, you'd be surprised. There's ways to be creative that way too, and make a different plan.

Some people would say moving isn't an option or my family routine is set, whatever it is. There's always going to be reasons that we can't make big changes in our life.

But as someone who's done it a couple of times now, you know, going from being a full-time teacher and almost administrator to being a med student all of a sudden and an undergrad, before that, at the age of 30, yeah, it's hard.

Give your ego quite the kick. And it does take you down a few notches, but it can lead to unbelievable happiness and freedoms that you can't even imagine yet.

So I would say get the tears out, step one. Step two, write down what you most want in that list of priorities. And then conversely, the list of where your time is actually going and your treasure.

And then third step, go to someone you really trust and start processing this and finding a plan because there is a way out for all of us. If we really want out of what we're currently doing, there's always another way.

Medicine is choose your own adventure. And sometimes we're just not aware of the adventures that are at our disposal. So someone has to help you see it.

And that definitely happened for me. So I know it can happen for other people. Oh, that is so beautiful. I love that. Medicine is choose your own adventure.

Oh, that's beautiful. Maria, this has been an absolute joy having you on the podcast and I'm so happy for you and the work you're doing and the patients that you're touching and the colleagues that you're touching.

I'm just incredibly thankful for everything that you do. Well, I thank you as well because that means the world. To be appreciated in what I do is what really is the biggest accolade to me.

So that's immensely fulfilling for me to hear. And a little quote that I've heard that I'll pass on with you. I think it's Brene Brown. And I think you're a fan of Brene.

She gets a lot of mentions in our episodes.

Career Reflection and Advice for Physicians

She has a quote that goes something like this and hopefully I won't get it wrong, but it's the antidote to burnout is wholeheartedness. Something like that.

And I really do try to live every day that way. And I'm not wholehearted every single day to my max, but keeping the things that I talked about here at the center of what I do and taking the ego out of it and the what's in it for me out of it and passing it on to others.

really does come back to you and it reduces any burnout in my life. I hope that's something that, you know, anyone listening can carry forward and add to their life.

So wonderful. All right. I'm going to challenge you that we're going to have you back on the podcast and I'm going to have a whole list of Brene Brown quotes that I love and why they apply it to medicine.

I've been obsessed recently with her podcast is done, which just like breaks my heart. It was my weekly therapy. But the last episodes of Unlocking Us, she talked about the idea of assuming everyone's doing their best.

And that's an idea or a concept that is, Brene Brown's not the first thought leader to say that or spiritual leader to say that assuming everyone is doing their best.

But I've been really trying to apply that in every interaction that I've been having recently, whether it's with a patient, a consultant, a resident, customer service person on the phone.

I truly try to breathe and think, what if this is their best right now? Okay, if that's really their best, and I can't deal with that right now, it's unacceptable in some way, what do I need to do to help them to get to where we need to be if this is truly their best?

I think that's beautiful. And that goes back to what we were talking about earlier about understanding our trainees and accepting that maybe someone's just having a really bad day on the day they happen to interact with you first.

And so not going off of first impressions for the end all be all assessment of that person was a huge step forward.

And it's definitely helped me be more empathic, not only with others, but even with myself.

And it's healthier because I get upset a lot less. So I think that's brilliant, Andrea. And anytime you want to be back, I am all yours, my friend. Just let me know.

This is absolutely wonderful. And I had a blast with you. Well, awesome. Well, thanks, Maria, and we'll take you up on that. We'll have you back soon.

I just love this episode with Maria, and it really highlights what we're trying to do here as Maria shared this very innovative program that Scripps is doing with having palliative physicians embedded in the emergency department.

And I hope Revitalize can be that space where we share innovations, we push back against the narrative that all is lost and that together this community can come together and share innovation, support each other, and make healthcare better.

This is designed for women physician leaders which will provide resources, support, and accountability to break through barriers, increase your influence, and achieve your goals.

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Linda Lawrence. We are very happy to have you as listeners and friends of the pod. I hope you're having a wonderful week and we look forward to seeing you again soon.

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