How One Emergency Physician Is Taking Back Autonomy, Wealth, and Joy Transcript

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Episode Introduction and Host Welcome

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.

Hi, welcome back to the podcast. Let's move into part two of my interview with Dr. Murdad Soleimani. If you didn't listen to part one, I would encourage you to go back and listen to that.

Dr. Murdad Soleimani is the Assistant Medical Director of Temecula Valley Hospital Emergency Department, where we work together. And he's also a well-being champion of the hospital.

He has a very interesting life journey. He immigrated to the United States from Iran as a teenager, worked as a nurse, and later became an emergency medicine physician.

So in part one, we talk a lot about the challenges facing physicians and how Dr. Soleimani really values gender equity and being an ally in specific behaviors.

Rethinking Physician Wellness

that he does that really empower women in the department. And then in part two, we're going to get into more about physician wellbeing and his experiences being a physician entrepreneur.

So, glad you're here. Enjoy the episode. Whenever you talk about wellness, you always equate it to like, Hey, are you working out? Are you eating well?

But you know, there is of course, physical wellness, there's financial wellness, there's emotional wellness, there's spiritual wellness, and all these things that are a pillar of of a person, of a human and a physician.

So those are the things that we need to be aware of. A lot of our colleagues, I mean, believe it or not, they still live paycheck to paycheck because there was no one to tell them how to spend their money, how to invest our money.

You know, they come out of residency, they've been poor for years and they go buy the biggest house or the biggest car. Is that a smart thing to do? You know, so financial wellness can put a lot of strain on people if they're not financially well.

So there are other aspects that people have to realize and have to try to focus on. Absolutely. And I can definitely think of many physicians that I've worked with, especially emergency medicine, that your compensation is shift based.

It's like, Oh, I'll just pick up another shift or two or three. And. that is not sustainable. And they're frequently the people that I see that are most burned out that are working.

And the other thing too is, and we've talked about it on this podcast, shifts are not the same as they were 10 years ago. I think shifts across the board, I don't care where you're working at in the United States or my friends that are listening in Australia and New Zealand are saying the same thing.

The patient volumes are higher and the patients are sicker. So every shift that we go into for the most part is you're kind of going into a house on fire.

So I think people do need to recalibrate like how much do you really need? Why are you having to work so much? And what is that doing for your longevity in this field?

Yeah, totally. It has definitely changed. I've been basically working in healthcare since I was about 14 years old. And when I started volunteering in the ER for four hours, I would never leave the ER because I loved it so much.

Building a Med Spa and Plan B

I would stay there for like 12, 16 hours if I was just volunteering, just helping out and pushing stretchers and so on and so forth. But yeah, things have definitely changed that we need to definitely take a break.

We do not work as many shifts and see what's enough for us. So. Well, I think that's a great transition to talk a little bit more about your role as co-owner and medical director of Neo Med Spa and certainly a theme that we've seen on the podcast as we come to the end of season one.

It's every single person we've had on this show, not by design, does something else besides their clinical specialty or what they were trained in. So I'm wondering if you could walk people through how long you've been having the med spa, what led you to that, why you're doing it.

It's really interesting. I've always wanted to own my own med business. I personally think that emergency medicine is a young man profession. I mean, I'm still in my early forties and I still have a few years left, but I don't want to be doing this when I'm like 60 or 70 years old.

So I need to have a plan B. I need to have a passive income, if you may. So my wife was really funny. She was like, so you went to all these years of residency.

You are doing what you want to do and now you want to do something else. And I was just telling her, it's not for now, it's for like five years from now, it's for 10 years from now, but you have to build something.

I mean, I mean, for me, I built it from scratch. I literally built it me and my business partner, who is our female PA that I work with in the ER. She's an incredible person to begin with.

And I would have not been here without her help and her intelligence and patience. And I can't say enough about her, but so we just start with one bottle of Botox and.

Now we're here. We have been in business for past three years. We have a successful business. And yeah, so I want to own my own business. And at the end of the day, Some people might not like this phrase, but I feel like we're overpaid burger flippers because we're so hard for someone else, you know?

And it's not our business. And when you learn more about the business of medicine, I know this is a podcast that everyone can listen to. We have given up the control of our own profession to others.

And I'm trying to sort of like take over at least the business of medicine and try to have a piece of it for myself that I'm in control of it. And, you know, I can direct it.

the way that I like to be directed. Cause now we're being so, you know, basically busy with all the metrics and I don't know, door to doctor time and door to discharge time and you know, all that door to EKG time.

And it's just that they're all keeping us busy with those things. And then, you know, we don't have control of our own profession. If you can read between the lines, the last one reason I went to owning my own business.

Yeah, I think you hit on a really important point. And I think for not just emergency medicine, certainly that's what you and I know best, but the old model was physicians own their own practice.

And that's becoming more and more rare as there's more and more corporatization of medical groups. And it was certainly something that I wasn't aware of or even thought I'd care about going into medical school or even in residency.

You're so, I think, at least for me, I was so focused on learning the craft that the business of it really didn't seem to matter that much. But now, you know, the longer you do this job, I think a lot of us are wanting that autonomy back and to have more say over how we interact with patients.

Autonomy, Corporate Medicine, and Leadership

And I've mentioned it before, I have an emergency medicine friend that started her own functional medicine clinic. And I think it's beautiful because She got tired of taking care of a lot of what we do in emergency medicine, just how disordered health is in America.

And she wanted to go upstream and get to the root of problems. And she also wanted to do it in a way that felt safe and ethical. I think a lot of us feel that there's extreme pressures with how much time we can spend with patients.

And if you build your own medical practice, you get to design What is right? How much time you spend with somebody and how much you charge for that. Exactly.

I mean, if you guys, I'm sure this is not new, everyone knows about this, but we get fraction. I mean, as far as the compensation is concerned, you know, we get a fraction of what we bill and the rest of the, what we bill gets disappeared in the corporate world.

That could be for billing or administration fees or hospital fees. And, you know, to me, that's just. not, first of all, efficient and that's not correct because we are the ones who are delivering care.

We are the ones who are carrying the burden and the liability. We're there on the front lines and we make a good living. I'm not complaining about that part of it.

But again, we can have a better quality of life if we are able to earn a little bit more for the hours that we're there, then our whole wellness is going to get improved.

So you don't have to work as much. You still have a better quality of life. You know, it's just goes hand in hand. So you're taking control, you know, and I feel like we're in the era that we became physicians, the people who were physicians before us.

I mean, a lot of the emergency medicine groups were like democratic groups, but now they don't even exist anymore. Because our predecessors, for whatever reason, sold their democratic groups to these corporations.

And now we're working for these corporations. And it's a shame. I'm not saying the corporations are all bad, but at the same time, we have lost part of our autonomy.

And I think that's going to be the question of our time. I'm very active in the American College of Emergency Physicians, and this is a constant area of conversation.

I don't know if the corporate medical group is ever going to go away. There certainly is an argument for efficiency that can occur when you scale things up.

What I'm really focusing on now is if the corporate medical group isn't going to go away, then we have to ensure that they're practicing ethically and we have to stand up for our patients and we have to stand up for ourselves.

And physicians, we have to regain our leadership. We have to be leaders. Exactly. I mean, that is so important. I think we actually do a very good job where we are working at.

We have been involved in different areas of leadership in the hospital. Again, we are very fortunate to be working for a group that, you know, they have been created to take care of the physicians and they support us being involved in a hospital.

So it's really important that you have that backing, you know, by whichever group you're working with. We are involved in like, for example, the sepsis committee, the wellness committee.

We're on the week we've been the chair of medicine and we hold a lot of different positions in the hospital. And that helps all of us, not only our group and helps our profession because other specialties realize what we do.

I mean, we are the heartbeat of a hospital. I mean, you cannot call a hospital without an emergency department. And sometimes that gets lost in translation because other specialties to take the spotlight, but we are extremely important.

We need to know our boards and need to continue being involved. And as you mentioned, the corporate medicine is probably not going to go away and. There is good and bad.

There's pros and cons about everything. Choose a group that you're working with carefully. And if you want some things changed, be involved. Say something.

Don't just complain about it. That's one of the things that, again, we're going to tangent here, but I feel like a lot of people complain about things and they're not involved.

They don't get involved to change it. You certainly need to know what your foot, your mouth is, you know, the saying goes, so. 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.

Cross-Specialty Collaboration and Hospital Culture

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It's a space to breathe again, to reconnect with your purpose, to hear your own voice without the noise of the busy clinical environments we all work in.

We'll gather a small group of clinicians for thought-provoking sessions, storytelling, cultural learning, and genuine rest. Spots are very limited. If your heart has been asking for something more, this is your invitation.

Learn more and register at coachingfordoctors.net.au or you can email me at andrea at andreaaustinmd.com. And there's another podcast that I love called visible voices by Dr.

Risa Lewis. And, you know, her tagline is use your voice. And that's what we really have to do as physicians because so many of us are very busy, especially our surgical colleagues.

I think about all they have to do to keep up on the latest surgeries and the techniques. You know, we feel like we don't have the time to be involved.

It's like, if you're not at the table, you're on the menu and we really all need to take that to heart because the changes that are happening in medicine are accelerating while many different healthcare professionals also need to share their voices.

And honestly, we've seen the role of nurses during the pandemic that they've really been the champions in setting boundaries. and really calling out bad behavior from staffing ratios to other issues.

I feel like we could take a page from the nursing book about finding our voices. You know, that's so interesting you mentioned that. I mean, I really been thinking about that and I think gives them strength and unity.

They're united. And I feel like we have, as tradition, we've been competing from day one. And we're not united. And again, it doesn't matter if you're an emergency physician or you're a surgeon or you're an ENT or you're OB-GYN, we all need to be united because we're all part of the same group, basically, and we need to help each other out.

We need to protect each other and be united. Again, at our hospital, I have tried really hard to bring different specialties together and we have succeeded.

We have a lot of success stories and, you know, we were able to bridge the gap between, for example, some neurosurgery and ER, for example, cardiology and ER.

So if these doctors, their colleagues know who you are, then it's easier to talk to them. And ultimately, the patient benefit from that. So they will call you back sooner or they will trust you more, you know, if you're calling you about something.

And again, you know, Dr. Austin mentioned that at the beginning of this podcast, yes, you know, I helped you with some of our consultants, but that didn't happen overnight.

I have been working on that for five, six, seven, eight years that I've been at the hospital. So yeah, we started called a happy hour, but we started these happy hours at the hospital.

It doesn't have anything to do with drinks. It's just about getting together. And I invite all the different specialists. the orthopedics, the OBGYN, the ENTs and so on and so forth.

And we all get together and we just break bread together and we learn about each other. I mean, you guys heard about my story a little bit, but some of our colleagues have like amazing stories, you know, that their fears of what their challenges were, how they got to be a doctor.

And it's beautiful. It's beautiful to know. each other and that just brings you closer to each other and at the same time I've invited like the nursing staff into these events I've been by the security guards or the tax and and then you know if they get to know each other then the nurse is not going to be afraid of calling the surgeon if the patient is not doing well you know that happens you know being a nurse that has happened I would be fearful to call a surgeon or call an ICU attending, you know, since I worked in the ICU, if the patient was not doing well, because I thought it was my fault.

I thought I was doing something wrong and I had to fix it. But patients deteriorate because of their pathology, because of their disease process. It has nothing to do with you individually.

So if you have that relationship with your colleagues, the patient's benefit at the end. So as we wrap up, we like to ask a closing question. There's been so much change that's been happening with the pandemic and healthcare and we can extrapolate it out to the world.

Monkeypox, you know, name whatever new issues coming up. What's your advice for listeners that are feeling

overwhelmed or stress or navigating these uncertain times?

Well, first of all, try to surround yourself with loved ones. Have someone to talk to. If it's a, if it's a colleague, if it's your wife, you know, I mean, I personally don't like to take my work to home, but at the same time, I'm honest and, you know, I.

have many friends I can call and like if I had a bad day, I'm like, hey, you have the five minutes for me to talk to you about. So I have some people that you can talk to so you can sort of decompress.

And one of the things that really helped me during the pandemic, I guess, bought a Peloton bike. So for me, that will always help me as well. But I get a lot of strengths from community, from people around me.

Again, I'm not afraid of sharing my emotions with my colleagues and, you know, so that has helped me tremendously. I mean, we definitely lived through and living through at different times and we do need each other.

So there is a Persian poet that has a very interesting poem and he says that human beings are part of the same body. If the arm is hurting. The rest of the body is in pain.

We're all part of the same body as human beings. So try to help each other out and be there for each other. And basically I think that's my message to my colleagues.

Be vulnerable. We talk to each other and try to help each other out.

Staying Grounded Through Uncertain Times

Well, that's a beautiful way to end this episode. I just love the emphasis on human connection and empathy and taking care of each other. If our listeners are interested in checking out your Med Spa, is there a website we can direct them to?

Oh, sure. Yeah. It's www.neombspa.com. Awesome. And we will be sure to include that in the show notes. Thank you again, Dr. Soleimani. It has been a pleasure and honor to interview you, and I'm excited.

I honestly can say I'm 100% excited when I see you on shift. It like, buoys me. I'm like, oh, it's going to be a good day. My God's here. We can handle anything that comes through the door.

You're too kind. I'm touched, honored. I mean, I'm having goosebumps right now talking to you that you have chosen me to be part of your show. And again, I am a champion for all doctors and especially my female colleagues.

And we have to be there for each other, regardless of age, race, nationality, ethnicity. We're all part of the same, basically, you know, human body, you know, necessarily.

So thanks again for having me. As we wrap up this episode, I just want to tell another quick Murdad story. He was turning over to me and, you know, turnover is one of those times where if you've had a hard shift, a lot of times you just want to get out of there as soon as possible.

And he tells me this patient's story and I think a CT or something was pending. Listening to the story, I thought, oh, you know, maybe we should have worked this person up for a pulmonary embolus.

So you have a choice. You either bring it up with the person or you accept a turnover and maybe just change the workup. But I decided to bring it up and say, you know, I'm a little bit worried about this diagnosis.

And he had a choice at that point, too. He could have been like, yeah, I don't think she has a PE. That's not what's going on and moved on. He also could have said, yeah, do whatever you want, I'm leaving.

But instead he said, hey, how about we both go into the room and talk with the patient, I'll introduce you and we'll just talk through your concerns and what we think the best course of action is and of course get her input.

So we go in there, we talk with the patient and it was a brief conversation, but so patient centered, so focused on what was best for her and the collaborative nature of two physicians coming together to try to figure out the best way forward.

And it really probably only took maybe max 10 more minutes of Murdoch being there. And I think there's just so many choices that we have on a given day where we either slow down, be present, look people in the eye, including our colleagues, including our patients, and really try to make working together a little bit better.

Closing Story on Patient-Centered Turnover

It is these small moments and we've talked about that on this podcast and with my colleague Dan Dorcas on the emergency mind that culture is these small moments.

Sometimes we think there has to be some grand sweeping change. Those are great, but honestly, they are the tidal wave of these small moments. So I really appreciated Murdad taking a moment to really hear my concerns and take them seriously and then model collaboration and doing it in real time with the patient.

So I hope that gives you something to chew on, maybe inspires you to take another moment to make that turnover with a colleague a little bit better. Thanks for listening and we'll see you again soon.

Thanks for listening to Heartline, Changemaking in Healthcare. If you're ready to deepen your own inner work or want to bring these conversations into your organization, visit andreaaustinmd.com.

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