Navigating the Storm: Dr. Harsha Reddy on Resilience and Wellbeing in Intensive Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Guest Background

We? You're listening to Safe Space, where we have thought provoking conversation about maintaining resilience and well-being in the unrelenting environment of the health care workplace.

I'm Marian Pereira, a GP trainee in Wales. Today I'm having a conversation with Doctor Harsh Abedi. As well as being a consultant in intensive care medicine.

He's also clinical director in medical education and clinical lead for the Acute Intervention Team, or I t and also wellbeing lead in intensive care, a role that was created soon after the pandemic.

I really hope that this conversation resonates with you. Please enjoy. Harsha. Welcome to the podcast. Thank you so much for joining me today. How are you doing?

I'm great. Thanks, Maria. It's really nice catching up with you again. Great. I wanted to start off with your early aspirations in your career. I understand that you have a pharmacology background.

Did you always have the intention to work in the medical field? I did, and I was always inspired by my dad. In fact, my brother used to tease me to say it was inevitable that I'd become a doctor because I always looked to my dad and didn't look left and right.

But I was I was a little bit hesitant after school, so I did a science degree. But while doing that, it kind of cemented my decision to join my dad in the medical field.

So, yeah. So shortly after pharmacology. The rest is history and medicine. And from an early age, from an early, point in my medical training, I wanted to be an anesthetist.

I didn't think about it as a career. I didn't really know much about it at that time, but, I seemed to gravitate towards it throughout my training because it was the most interesting aspect, and I think the rest was kind of history.

And what did you find so interesting about intensive care? I think it's the challenge. I love the variety as to my biggest kind of boon in my career is that I love going to work.

No two days are the same. I meet some amazing people by doing intensive care, especially during Covid. Being able to help them when they were at their most vulnerable.

Certainly not all the time, but at least being able to give them some solace in some form or another. I think that's an absolute privilege. And an honor to be able to do that.

And I think from a very early age, that impression of what being a doctor is about being a vocation. And I think intensive care at its best, that's what I'm able to do.

So I love that aspect of it. Yeah. I think your, personality type has always struck me as what you, what you project outwardly anyway is incredibly calm, regardless of however high pressure or stressful the scenario is.

Early Career and Path to Intensive Care

And you always come across so keen and passionate and, and, you know, highly experienced, knowledgeable, so it's a very inspiring, Well, thank you for saying that, but it's, Like I reflect, you're very kind to say that.

I remember when I was medical Asco and I was working for. I'm going to name now. Doctor Dillon, who is an awesome mentor of mine. He was a bit sad that I gave up medicine, but he was very supportive and on a ward, and, he looked to me one day and he said, do you think I know all the answers because I'm the consultant?

I said, yes, boss, I think you do your own work, and I want to be like you. One thing. And he said, no, I just, I pulse, think, and I black a lot and, I think above number, an awful lot to my ward rounds at the moment.

Some of my trainees on my Waldron's, I will hands up, say, are much smarter than me. And it bodes well for the future that these guys will be looking after us, because, But I don't see as a competition.

I learn from them, and whatever they learn from me is great. But the reason I'm calm is I think it comes with age. The more times you travel around the sun, you realize and you see the same things over again.

And that helps you with perspective and, kind of crisis management, right? Building that experience. Yeah, I think that's that sounds incredibly healthy.

An incredibly healthy approach. I know that you're the, clinical lead for the acute intervention team who provides 24 seven outreach support to the I2 unit.

What made you go for that role? So it's it was kind of thrust upon me. So I'd been a consultant for about a month, and, truth be told, the other consultants said, you've got to learn how to say no in the initial period and then pick and choose what you would like.

And again, I was blessed by one of my other mentors who gave me the opportunity. He said he's creating this critical care outreach team I t which I like to lead it up as my consultant on a project.

And I said, well, absolutely. And I thought, well, I said yes too quickly then, but I haven't really looked back because, it kind of, ties in all the things that I love about my job.

So it's the critical care aspect. But as you mentioned before, I love medical education. So supporting the team, going to their MSC, helping them do their case, their assessments and helping them do their dissertation and then seeing them as the team they are now, I think, again, I was lucky and I was blessed with that opportunity.

So 12 years later, we've got a really strong team of nine. I'm the envy of Wales. It's it's been really good. I have to say, from my stint, in ITU as part of my foundation rotation.

It was such a privilege to work with your team because I felt like it was truly integrated and a multi-disciplinary approach to care. The, the nursing, team was so aggressively competent and, so, so aggressively integrated into, into the manage managing role.

And I just felt like everyone was so streamlined and in sync with each other. And it really, really felt like a joy to to work in that unit for that time.

So, yeah, I can see I can see why you were the active Wales. The. We're blessed. I had the opportunity to go to Australia and not a week goes by where I don't think about it because I had the opportunity to go to Melbourne.

And I tell the guys here that the reason I came back is it's the family. By that I mean my work family. It's the Meyler family. And I don't say that lightly.

And that really came to came to the head during Covid because I know these people. They know me.

Leading the Acute Intervention Team

We know each other's families. We know what makes them tick. And we can tell by their body language they're having a bad day. So we can give them a just a little fist bump and that makes them smile, gets them through a 12

hour shift.

And I think that alone in healthcare, in a stressful environment we work in, that's the bit that is really important to team dynamics. And I reflect as well how one of my bosses, when I said I wanted to work in Wrexham, he said, the work is the same all over the world and as I worked in Australia, the geography you get to pick, but pick the place because of people, because you can't change the people.

And that's something I reflect on with the guys I work with. And you've mentioned that Maori. They're they're what make the place special. Definitely, definitely.

That leads me on to my, my next question really nicely. As you are aware, this podcast focuses on wellbeing and resilience in the health care setting.

This is really exciting new territory not only for me with the podcast, but within the NHS too, I believe, we're seeing a real change in the health care climate.

And with respect to the wellbeing of our staff, because that is becoming increasingly recognized as not only relevant, but essential to the survival of our health care system.

You began your role as clinical lead for wellbeing on critical care. Since just after Covid. So what does this involve and how would you say it's impacted on staff wellbeing?

When I tell you you're absolutely right, Mariam. And it was, when we were having our preliminary discussions, when you're with us, I must say, I was a shame that I came to this rather late because now I've been a doctor for almost 25 years, and I've always felt early on in my career that you go into the job with your eyes open, so you know that you need to be resilient.

But what does that mean? It's only during Covid that I saw some of these guys, doctors and nurses and all the guys who came to ITU from various backgrounds on the call went up and we needed help, and you could see that they were broken so they would come out of a bay and then start crying.

And what was really telling was that after Covid had gone, they would be in the coffee room crying or they would be crying or broken. Their face looks absolutely dejected.

When we'd have a Covid patient come in knowing that they have to put all the stuff on again for their safety to go and look after them, because there's some mental exhaustion where the battery was completely empty.

And I'd never seen that in my career. Because I worked as a magical psycho before I became an anesthetist. We had some really busy takes, but it wasn't the same kind of low point that we had during Covid.

I think Covid part of the problem was it was working at a high acuity for such a long time without a break, and I think that's what drained everyone. Coupled with the fear that everyone had for their own personal safety about their family's safety.

So as as you said, I was ashamed to say I came to this late on. We identified a problem during Covid. Covid kind of lifted the lid on it. So during Covid, we made sure that there were doctors and nurses who were like Covid champions or wellbeing champions who would keep an eye out, and for staff who they thought might be struggling.

And sometimes it would be a quiet word. Sometimes it would be more of, an intervention where 2 or 3 of us would sit down and chat to that individual. Coming back to what I said earlier about us all being a family.

They were very, happy to open up to us. After Covid, I ran a few, time to talk sessions where we just brought cake and coffee and tea. And people were encouraged to just talk.

That's it. About anything but the dogs, the kids, the weather, their life, how they felt and so on. And people came

from all, all aspects of healthcare.

We had radiographers, pharmacists, student, domestic, and we all know each other because they cover it. You. So I say they're part of our extended family.

Team Culture and the Importance of Family

And when we did that, I was I was surprised to see how broken some of those kind of extended family were who weren't in the thick of things, but they were empathetic to seeing what the core staff had gone through.

And they obviously were who were affected by it. We worked with the psychologists to set up short rounds, and we worked with Melanie. Yeah, at that time is Melanie, and I think she's my co-host.

I would say awesome, I miss her, she, she I wish her well. She sadly has left, but, Oh, but she's amazing. But I'm so grateful. So, that that's been really helpful to a lot of people.

One interesting thing that we noted, though, and I keep coming back to this family idea, we started out by getting outside psychologists from Oakey Health to come and talk to the team, and the team would just be quiet because they felt outsiders were in the room, which was sad.

But then it was. It was also, I felt, a responsibility that they were happy to talk to members of the family. So then we should make the effort to talk to them then.

But Melanie was awesome. She became part of the group very quickly, so they opened up to her fantastic and I expect nothing less from her. She has such a way, of engaging people and, such warmth and such openness.

She really has a gift. Well, the work that you're doing in ICU. So inspiring. And I feel kind of bittersweet about it because I feel like it's so excellent.

And yet I really feel like this should be the baseline for all health care workers. We all do such intense, demanding work. Which is incredibly taxing, on our mental and physical wellbeing.

And these time to talk sessions would be so helpful to, to everyone if we could make mold that time. And if, if policies could be changed to allow for that, what challenges to your emotional wellbeing would you say that you've experienced working the job?

So as we, as we spoke about earlier, I feel I'm a career medic from a medical family. So looking at my dad kind of knew what I was getting into. But it was actually Melanie.

I talk to my mum and dad and my wife. After I spoke to Melanie, we did some preliminary chats before we did the Schwartz round. Because she was arranging a session about, the critical care team.

So we had a few of us on stage, and she did a few preliminary conversations with us so we could get clear in our head what our stories would be. And talking to Melanie, it really surprised me that I broke down.

And I've never done that because, I've had a few bereavements in the family and so on, and I've had some, as we all have some major upsets, but I've kind of dealt with them.

But talking to Melanie about our experiences during Covid, I had to take a minute to compose myself, and we were just talking about just talk to me about how you did.

So that was the opening question. There's this openness that I think clearly there was a lot of stuff that hadn't processed, that told me that this is important because if I felt like that with someone who felt that they could handle what the career throws at you, there are a lot of people who, and I don't mean that disrespectfully, but a lot of people who are probably hiding a lot more hurt.

So, yeah, we need to be able to give them whatever, opportunities, resources to speak. I think I spoke to you earlier about Kevin Fong, who's one of my heroes, the anesthetist in London.

He's done a lot, for intensive care and pre-hospital care and so on. But he also led he. And looking at the kind of the the wellbeing aspect for the health care professionals, he dealt with Covid and a lot of things he came up with.

I read his report. Makes sense. How you enact it? I think is challenging. But yeah. So we need the. So this was the mental health of intensive care staff.

Should be an immediate priority.

Wellbeing After COVID and Staff Support

Report. I think it was released in 2021, and I will be linking it, on the podcast. But it summarizes that, our frontline NHS staff have been suffering with, PTSD, severe anxiety, severe depression, problem drinking, even, and frequent thoughts of, being better off dead or hurting themselves as well.

So very serious. Contents and results from the report. And it just shows how significant the matter is, even even a few years on after Covid. The, the effects still linger.

It's not just long Covid that remains with us. You know, you're absolutely right. I went to, Yes. You know, we're setting up a medical school in North Wales, and I went to one of the meetings for that education, and there was a consultant psychiatrist there who, made the point that somebody had said Covid over.

And he stood up and he said, yeah, Covid is over. And now what you're going to see is a sign Army of mental health problems that will be silent. And I and that resonated with me because I, I although he was probably talking from the aspect of the general public, I was thinking, that's so true.

By looking at all the staff, I think the one thing that's probably, could be changed with Kevin's report is the tips he has applies to every area of medicine, health care, whether it's community secondary care.

The recommendations he came up with, you could take up the intensive care bit and it would equally apply. But we need to set up and listen and try and get it done.

Yeah. For sure. Would you say that, you've experienced any injustices in your career and if so, what did you take away from the experience? We've we've spoken about this a few times, so, Marion but I passionate about the civility in the workplace model.

I grew up in a different era to you, where we just accepted it wasn't great. Your day would be ruined if you were shouting that on a ward round. I don't think the learning.

I can't honestly tell you what I was shocked to chat about, but I do remember the times I researched that made to look really stupid. So that tells you in itself, was that educational?

Probably not one of my, vivid memories as a surgical house officer. I was never really interested in surgery, but I was in theater, and I felt so sorry for the registrar because on the one hand, he was constantly being shouted up from my new things.

And to be honest, at that time, I felt grateful as a new house officer that the boss wasn't shouting at me. I looked at the man and I thought, what makes you get up and come back to work?

The next day we go to theater. He shouted that again, and even at an early stage in my career, I remember feeling sorry for himself, for him thinking, this is miserable.

You've got months of this. How do you come in? Sad to say, I did nothing at that point. To my regret, to stand up

for him because that was, frankly, bullying in the workplace.

And that was 25 years ago, and that's never left me. That's the worst kind of aspect that I've seen. I'd love to find out what happened to that individual.

I hope, I hope he's a thriving surgeon somewhere who's amazing to his trainees and didn't do what is busted him. Right. I remember that one. Every time I feel slightly irritated that no, no, you should always.

There's zero tolerance. And I say that to my trainees. Zero tolerance for rude behavior at work. You keep you. Yeah, that's what's going on. Manage it and be civil.

This is the issue. I mean, I wish I could say that what you have just shared is a horrible one off. I wish, but it's something that I have experienced personally.

My colleagues have experienced personally and, the repercussions of this kind of toxic, workplace culture kind of reverberate through the NHS and not just the NHS.

I mean, it is everywhere, but it's so much more important to at least start challenging this behavior. And that's what civil is civility in the workplace does.

And, the role of allyship as well. I wonder if, you could share your thoughts on, on the concept of allyship. Yeah. So, it it's with my medical education hat on.

It's something I'm passionate about. And there are so many areas when you lift the lid on it, you realize so many areas that need support, because I'm quite privileged.

And that's by luck into the family I was born in, the opportunities I had, the mentors I had throughout my training. I personally have had very, very little bullying.

I've had really amazing bosses who sometimes were brusque but fair, and I learned from them. Whereas not everyone, as you've said, has had that kind of similar experience, which is a shame.

When I took over the job, there were two trainees who approached me and said that they felt that their workplace was both gender biased and racist. And initially, the initial thought is always, you're talking rubbish, because I trained here and I came back and I've never felt it.

But after that initial thought passed, I thought, well, what if they're right and start with that premise and take it from there? And when you work through it like that, there are so many projects we put in place, like the women in Medicine group that took off a lot of, a lot of our female trainees didn't feel empowered to carry on a career in hospital medicine and work through the issues as to what are the barriers to prevent you from doing so.

We can't change all of them, but at least we can have a conversation about it. And then we did a survey, and there was I was surprised to find that there was a lot of, on the gender topic.

There was a lot of kind of sexist speak in the workplace. And that was the time at the same time as a British, I think it's a British Journal of Surgery delivered a report about the horrific computer, very damning report, exactly that female trainees got. So, it's things like that that when you lift the lid, another aspect is imgs.

So the IMG doctors say now that you've started the conversation, they're happy to talk about it. They would say, well, I don't get as many operating opportunities if I because I sound like I do, I look like I am.

So I'm treated almost like a second class trainee.

Bullying, Civility, and Allyship

So initially it was very saddened to hear that the place I love could be so terrible and and one sided, but then it enabled us to identify problems that we could put solutions.

And so passionate advocate I think who is really supportive. I'm sure the other health education authorities are, but we've got an SAS charter brought that to the forefront and said these guys should be treated just like trainees.

We've started an EMT mentoring program. As I've mentioned to the women in Medicine group. So all of these came from that initial complaint that the initial thought was, that's rubbish.

But port, one of my colleagues, actually told me about a really good book and I think it's called I am wrong, but I'll let you know what the actual title is.

But the premises, whenever you hear something, your first thought should be am I wrong? As my perceptions of what this being said from pause, think, reflect on it and then carry on.

And by doing that, as we showed with, this initial complaint that was raised, could they come out of it? And I think that's where my approach from allyship comes, that I'm much more open minded than I used to be, but I've tried the hard way.

I love that. That's so heartening and uplifting to hear of of the, the strides, that have been made, just to help the, the, international medical graduates and the doctors and women in medicine.

That is so exciting. And I think, what you said there about recognizing your privilege. In many ways, I recognize my privileges. Also, I notice as, an Asian woman, but who's been, raised in the UK, I have, I have a, an English accent, and I have, been raised in this culture.

And I think that, means that I am treated differently than my counterpart. That is, from India. And who is, who is not experienced the culture in the same way and, doesn't quite understand the nuances and the terminology.

And all of these can create sadly, conscious and unconscious biases. Yeah. Usually against, against, immigrant doctors. So having awareness of that is, is a start and then ensuring that we level the playing field and allow for everyone to thrive.

That's, that's the goal. It's interesting you say that because I've had some memories. I'm sure you have, where when I've approached a patient, you can see a look on their face.

Oh, here we go. We've got this particular doctor coming to see us, and as soon as I've opened my mouth, I can see the face change. And I've gone away.

And initially, when I was younger, doctor, I used to smile, thinking, oh, well, it's just one of those things. And I've not had bad experience. I've helped them.

They were polite, so move on. But I've reflect on it more as I've grown older because in my department we get lots of, doctors from Sri Lanka and their, fluency in English is variable.

They're really experienced doctors who are about to become consultants. So in terms of the job, they can do it hands down. And Sri Lanka is also very similar to the NHS.

So it's not an adult adaptation to NHS practice. It's just get some outside experience and then before they choose to go. But their English isn't up to it and I can see that they get a hard time.

And sadly it's not always from patients, sometimes from other healthcare staff who immediately think they're not quite as intelligent or and so on. So when you talked about, I said before, I'd be in that corner and say, well, you've not known for very long.

It's very difficult to make like a snap judgment, and you can't have your first judgment written in stone. You need to give them a time and judge them for their work and so on.

So I've been more an advocate for them lately. And again, that's from past experiences. Also, I'm always humbled and in awe of the amount of intelligence it takes to learn not only another language, but medicine and another language and practice medicine and another language.

And in a different country. I I'm definitely not that small, and I applaud and I'm in awe of anyone that is able to do that, because it takes a lot of, courage, and a lot of, compassion and, and intelligence.

So. Yeah. Yeah. So I've said that to somebody quite recently, actually, that if you had to do this handover in Arabic, could you do it? I can't that man's from Egypt.

He's done handover in English. Quite complicated because there are two patients and we all understood him. So he's done his job. He might speak a little bit longer, but we understood him.

So I used to. That was a really good example, ma'am, because that's that's what I said to, somebody who is trying to be a little bit funny during handover.

Right, right. Thank you for sharing that. A tricky question. This okay. Do you have any regrets in your career looking back? Well, I've, I've said one of them to you.

I wish I'd been more courageous in speaking up for that registrar. That is a regret. I do think about him. Not not all the time, but every now and then he pops into my head.

Especially with the job I do with medical education, that we didn't support these guys back then. In terms of my own career, I've got no regrets. It's it's interesting because with all the strikes going on at the moment, people are often talking at work.

Would you do the same thing again? I think, I must be done because I said I would. I've loved my career. They then said, would you not allow, but would you encourage your daughters to become doctors?

And I said, sure, I'd encourage them. I wouldn't discuss that. I thought, what they're getting into, it's a hard life, as you know, but it's it's a satisfying and it's a, it's, worthwhile.

It's you make a difference. So. Yeah, personally and professionally, I had no regrets. I wanted to just reflect a moment about, that registrar, that you wish you'd spoken up for.

It's so much harder as a junior, speaking up against, the consultant. Or higher? Higher professional and speaking up for, a registrar as a junior. There's a lot of nuances there as well.

Yeah. And I don't know for sure that that, that colleague would, would appreciate it either. It just completely depends on on who they are and and how they feel about the circumstances. But it's so difficult to to stick up for yourself, never mind someone else and never mind someone else who senior.

So I don't know what I would have done in that situation. And the easiest thing is to say nothing. But, there isn't there isn't a straightforward answer, unfortunately, in those scenarios, and I think you do have your hands tied behind your back when you're when you're a junior, there's so much more, power, and so much more influence that you can exert, as you progress up the chain.

Which I've noticed as well, just progressing in my, in my junior training. But, it it becomes more rewarding as you climb up. Yeah. You're absolutely you're absolutely right.

Because I think I'm more vocal now because of my position and it's easier. I was I was actually telling, some of the trainees stories about when I was a trainee in Wrexham, there was a certain, who I would be, a little bit anxious

about of my boss stepped out for a cup of tea.

I was registrar then, because if I didn't move the table in the correct direction the first time, then the surgeon would shout. Whereas if the boss was in the room, he wouldn't.

And now I still do lists occasionally with that surgeon, and he never shouts of me because he's known me for 20 odd years. Which inside makes me smile.

But then I tell the trainees that, you know, you know, this is how it used to be. But that's joking aside, you're absolutely right. That's not right. Nobody should ever be made.

We do such a, high risk job. And if our performance is affected by how we are feeling stressed because of the circumstances rather than the problem we're trying to solve with a patient and our performance dense patient outcomes are poor.

When Chris Turner started his civility group, it's like a no brainer. Why did we not think about this years ago?

Career Reflections, System Pressures, and Unwinding

So that's why I'm just so. And it's great that people like yourself are doing stuff like this, because clearly, I think there will be a tipping point where, this stuff will become much more mainstream and will become much more norm, so we won't see that bad behavior.

Thank you. Yeah, that is the dream. Sadly, we felt it because I felt that it's getting better. But you sharing your story clearly is not. Well, Okay, so that gives me an inkling to how you might answer the next question.

How do you think that the NHS workplace has changed over the span of your career? Would you say it has been for the better or for the worse? In my perspective, I would say generally for the better in terms of, relationships.

So I think it is a much more flattened hierarchy. I think anesthetics has always been a little bit ahead of the curve when it comes to flatten the hierarchy.

Just because of the nature of the kind of people that do other settings. We tend to sarcastic and down to earth. Whereas I've noticed, especially with my better job when I've talked to the education leaders in other specialties, they are much more engaging with their trainees than they used to be.

The OTH post the medics generally. So the newer consultants nowadays I think are more inclusive of everyone. Not always the more so there's still a way to go in some fields.

So a changing culture, due to the changing faces? I think so, because I'm sure you I'm sure you felt that as well in your training, we didn't have much on how to speak to people, but nowadays the curriculums got a lot about team working, team dynamics, communication, all those non-technical skills.

So I do think that there was more of an emphasis on the soft skills, which, arguably the most important part of medicine, actually. What would you say, is the biggest crisis facing our health care system and in your view?

And what do you see to be the solutions? Well, the where to where it starts. So in terms of, issues, I think it's the f a rising, kind of stress put on the resources that are dwindling, both in terms of clinic spaces, theater spaces, GP appointments, wherever be the, the two year hiatus during Covid has kind of made it worse in terms of waiting list, which is now exponentially going up.

I think secondary to that, I think health care, the the staff themselves, they're burnt out. They've been through Covid, they didn't have a break afterwards and now they're faced with all the kind of the fallout as a result of Covid.

So they're now having been asked to work even harder for longer, etcetera. And there's no end in sight. So I think

those are two things the increasing need to have placed on healthcare resources, which are dwindling, and also staff wellbeing.

I think those are the top two. The answers to both, I don't know, I, I reflected on how it was in Australia. Their staff have a better work life balance.

Okay. There are things like long service leave, built in. So you're encouraged to go take three months off and go and do something else. And it's paid time.

And if you don't, so you'll actually be punished with your annual leave. So everyone sort of brainer. Take the long service leave. And when they come back, they're so energized and they're glad to be there.

And no one begrudge them that. Knowing they've got their long service leave to go as well. So they do that every ten years. I think that's a really good idea.

But it all comes down to money. I don't know how we can fund that system. I don't know, I had magic one. That's what I would, and act here. No, that's that's really useful to hear.

And, I'm always looking for solutions, and ways to improve wellbeing. I do feel that there is, a cost effectiveness to caring for staff wellbeing. Because in the long run, we're keeping staff, we're retaining them.

And, at the moment, it's just hemorrhage, isn't it? We've just got increased workload with, reduced, a reduced number of bodies. So it's just unsustainable at the moment.

It is because, you're you're absolutely right. And I think at the moment, because we're under so much pressure, we're firefighting the problem in front of us rather than looking up at, and to give you a statistic, after Covid, we lost 500 years worth of nursing experience because all those senior nurses and enough and retired and preceding that, when I'd been there for two decades, we probably lost about less than 100 years worth of experience.

So in one year to lose 500 years, well, that's telling. And we're not replacing them like for like because the nurses are new and they take a while to get to know.

And that's across all fields and branches of healthcare. It's the same problem. It's a huge loss of, of experience, and knowledge. Yeah, I could weep.

Yeah. But it's okay. We're we're working on it. We're all working on it. It's a work in progress. Yes, I can progress. Okay, so last couple of questions.

You've had a horrible day at work. People have been rude. You've ended up having to leave late. It's been raining all day. What do you do when you get home to unwind?

So, it's one of my bosses, actually, who taught me a very neat trick as part of his baker's dozen, which is the med trim course. You run. And he used to say.

And he was one of those legendary bosses that you look up to and want to be like. And he used to say, if he stressed what he did is he would cycle to work.

He'd put his clips on onto his legs, and then he'd been work mode and he's called ten minute cycle to work. And then he's already hitting the floor game face ready and heads to work.

And then conversely, at the end of the day, he puts his clips on and empties his mental bucket. So all the irritations and aggravations that he's had in work, and then he has a ten minute cycle home.

So when he goes to the door and his wife asked him how his day was, he'll be calm. And he's like, dad, husband, home face. And so that's the model I use.

So I don't work too far away to cycle. But when I'm driving to work, I listen to a podcast. And if I've had an especially bad day on the way home, I sometimes sit in my car in my driveway, just kind of declutter in my brain.

My wife's awesome because she knows that I'm doing that. So a few times, especially during Covid where I did that a lot, she would see the car pull up, but she would know what I'm doing.

Because I'd be out there for about ten, 15 minutes unwinding. And then I come in and I'm smiley and I'm dad, husband, etc. and she doesn't ask me about it because she knows that's not that's irrelevant.

And then we'll get on with family life because she just wants me to be there in the moment. And she knows that's what I need to do to be there. So that's what I do.

And you've got a system with your wife as well that you both understand? Yeah, I'm really lucky that way. Yeah. That's, it's really impressive. It's something that I've struggled with being able to separate myself from, from the work, especially if it's been a hard day.

Real world struggle, ruminating. So that's something I'm working on. And, and being able to be present once I go home and totally switch off, I can only suggest, done to your periods, that I've got a good buddy at work who's the clinical lead, you know, then is clinical lead for it? You.

We came up together, and although we have a lot of banter in our professional life, he knows from my face when I need to unwind. So he'll listen. And I don't share that outside.

And then he'll sometimes he listens. Sometimes he knows it's time to give a little encouraging word or something and that's enough. And I don't do that at home because my family life and my work life are separate.

So I don't know that maybe that's to work, but is that you trust, to just take some of the load with you? Yeah, yeah. Work buddies, short rounds. So helpful as well.

That kind of decompression at work. So you're less likely to to take that baggage home and, and just kind of spill onto your home life, which is. Yeah, not not the goal.

So my last question is, who would you suggest I interview next? Kevin Fong okay, so Kevin Fong, he's, he's inspirational. Said he's a hero of mine. But I listen to him about 3 or 4 times.

I went to an education awards, and he was the guy presenting the awards. And he did a talk then about risk, which was really good. The way he explained it.

But, in terms of that, he's a clear advocate for wellbeing and the NHS. He works at the frontline, he knows what he's talking about. He works in one of the busiest hospitals in London, so he knows all about the stresses of that.

So I think you be amazing. Guest. That would be awesome. I hope you have some means of me getting in touch with him. I'll see if I can find that. But sadly, we're not mates.

Although I do like working bodies for them, but, see what I can do. Okay, I appreciate that. Well, it's been a complete pleasure to speak with you. Today, doctor Eddie, I've really enjoyed our discussion.

And thank you so much for making the time. Thank you. Thank you so much.