Resilience and Human Connection: Tools for Physicians to Show Up Whole with Dr. John Winkler Transcript

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Podcast Introduction and Guest Welcome

Welcome to the Doctors Making a Difference podcast where we help physicians to be empowered with the tools they need to be successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. I often find myself wondering how I can show up as a whole person, ready to go, ready to take care of my patients, well rested and ready for clinic or ER or the OR or wherever I may be working that day.

And I'll bet you felt those same sort of questions. Dr. John Winkler joins us today and he has a lot of insights and perspective. Those of you who have been podcast listeners for a while may remember that Dr.

Winkler joined us on the June 4th, 2025 episode and described the difficult harrowing experience he went through when he was in residency. And he still has some challenges in his life, but he has learned to manage stress and be able to show up in a way that is fulfilling and meaningful and helps him to be a better physician and better in all areas of his life.

So I'm excited to share this episode with you. And I appreciate you listening. I would like to welcome Dr. John Winkler back to the podcast, a repeat customer.

I really appreciate my friend John coming back for a second time. I reference the episode we released in June 4th of 2025. In that episode, Dr. Winkler talked a lot about his personal journey, some of the tragedy he went through in his personal life and a lot of the development.

John Winkleru2019s Personal Journey Through Loss

that came around that. And I really encourage you to go back and listen to that episode. John is a deep, caring individual who's in medicine despite a lot of adversity and just pretty inspiring.

I listened to your episode, but also just talking to you personally, I find you to be a really compassionate and passionate person. I appreciate you coming back on the podcast.

So my name is John Winkler. I'm an emergency physician. I've been out about 15 years now and I just really enjoy giving compassionate care and seeing people for who they are and also being seen.

There's a lot of really deep reasons why I stay in medicine and, you know, a lot of my personal Things that I've been through with family loss and struggles have really helped me at work and then a lot of the things that I've been driven to study and do through peer support work have really helped me at home.

I think it is all something that I can show up for both at work and at home because of what I've been through. Yeah, just for folks who haven't listened to that episode, if it's okay with you, John, just briefly reference it, and then I want to jump into some of the tools that you have found useful for yourself and for others.

Dr. Winkler had a real challenge during residency. His wife passed away after a really challenging illness related to childbirth, and it just led to this very long arduous journey, you know, kind of personal fulfillment and growth.

And he has been able to turn that challenge into a strength. And so would you mind highlighting that just briefly so people can kind of understand that context we're coming from?

So right before I started my internship, my baby was about 10 weeks old. My wife had sudden onset fear of abdominal pain. No idea what it was at first.

She went through an appendectomy. She went through a radical hysterectomy and they found out it was toxic shock with a necrotizing uterine infection. And she quickly developed heart failure from her sepsis and ended up on ECMO.

miraculously her body was saved through the work of incredible physicians and surgeons and hoping against hope that her brain would have survived too and she ended up not recovering and not making it into rehab and ended up passing away about a year later from sepsis and neurogenic bladder and she'd been on a trach and feeding tube for a year so I spent my internship with her on a ventilator and feeding tube and very close to brain death and then at the same time I had three small kids including a baby and so working through Residency with a team that just really came together for me and then church that just rallied around me and my kids and my family and just helped us get through it.

And then started out of residency with a new marriage, got married again. My chief here and my incredible wife Rachel took on three kids that were very young and president.

He was also a chief resident and then got a very challenging but fulfilling job at the Level 1 Trauma Center and worked all nights for five or six years.

And we just went through an incredible amount of stress together, incredible amount of hard work together to try to make it through those times.

Human Connection and Compassion in Medicine

That's why I'm so passionate about peer support and finding resiliency and meaning and being able to show up. Wherever I'm at, I had to find out for myself that it's okay to take care of myself and not just take care of others.

Cause I put myself aside for years and years taking care of patients, kids, Rachel, my wife currently. And it really had to go through a big burnout recovery to make it be okay for me to be healed also in the midst of doing all that.

Well, thank you, John, for sharing that. And again, I reference folks who want to do a little deeper dive to listen to that June 4th episode from last year.

And that. in a nutshell, you know, a really painful, long journey that you've gone through. And I think when people listen to this, we highlight, and in your individual experience, I so much appreciate you sharing it.

I think everybody at some level can say, I've gone through some personal challenges and tragedy, or some family members of mine are struggling with this, or I look like I'm good on the outside, but deep within, I'm actually really, really struggling because difficult things in my life have made it so I can't be this.

super shiny doctor that shows up and ready to work at, because deep inside I'm dealing with some core issues that I have had so much trouble with. And so I think acknowledging that we're human and acknowledging that we have ways to grow and learn is important.

And not only just to talk about the idea that it's okay to mourn and have challenges, but also to give tools and resources to help a person go through that and not feel like you're just steamrolled by a career.

Absolutely. And for me, like the career has always been incredibly healing. I was never burned out of patient care. I was never burned out of human interaction.

That was always something that just filled my cup and just made me feel like I was whole again when I could focus on somebody else and just really be present for them.

And you know, I experienced that a lot too. I wanted to be on your podcast again, you know, before I listened to your New Year's episode, but listening to your story of all the people who took care of you and being a patient again, just really inspired me to want to share lots of the reasons I show up.

And it's that deep human connection. It's being seen as human. It's being able to treat other people as human. It's that deeper connection. I think as physicians, we can, maintain professionalism, but that doesn't mean we don't have to show our human side.

It doesn't mean that we don't have to deeply connect with our patients and show them that we care, because when we do it, it heals both of us. And when you talked about being a healer and not just a diagnostician, I think that's crucial to the art of medicine and to what helps us to recover.

For me, a good shift is when I have a deeper interaction with somebody. When I am able to see what they're really worried about and connect with them on a deeper level and show them that I really care and they get it and they feel it.

Uh, it's kind of you to reference back to the New Year's episode. When I talked about that stuff, that stuff, I really believe like if we show up for our patients and it's not just my job, like you have a really unique job as a doctor.

And when you show up and you're there to help somebody with your expertise and your skill, but also your whole self to say, how can I help you right now?

You're in the spotlight. This is about you as a patient. It means everything. Like your whole world hinges on that moment. And so it's not just going through the motions.

It's such a unique job. It really is, and you're put in such a position of vulnerability and trust when you're a patient. And then, you know, when you're a physician, like it is such a privilege to be in those critical moments with people.

I'm going to get really emotional because I just want to share a story that's just really the heart of my why in medicine, why I still want to show up.

And I know you referenced the 2 a.m. ER patient. I've worked nights for years and taken care of plenty of 2 a.m. patients and Some have completely changed my life, like the person I shared on the last podcast with alcoholism and found out that he was an alcoholic because his sister died and he just had trouble working through that.

I had a 2am story actually the night before my wife's funeral. My daughter, who I think just barely turned four at the time, she caught a GI bug the night before the funeral and she had been vomiting for about 12 hours straight.

and we ended up in the ER and she got some Zofran and as kids do, once they get medicine, they perk up and smiling and happy and the doctor on that night actually became a very good friend and I ended up working for that group.

And he just sat down and talked to us and got to know us, found out I was in residency and just said, you know, I really enjoy working, but these slower years sometimes because you get to sit down and talk with people and really get to know them and connect with them.

And I can't tell you what a difference that made for me. He never knew that it was my wife's funeral the next morning. He had no idea the difference he made in my life.

And I think it's hard as physicians, we don't often get to see the difference we make in life. So you mentioned that people trust their physicians when they get to know them.

They have little interactions like that, might be a minute or two, might be deeper like you had with your surgeon. But it makes a world of difference to people trusting physicians and trusting medicine, where sometimes at the crossroads of their most crucial moments, most vulnerable moments, artist moments.

And it is such a privilege to be there with people at those moments, whether it's beginning of life or end of life or anything in between that they're just really worried and vulnerable about.

Yeah, you know when we live at kind of a funny time where people talk a lot about distrust in medicine, distrust in public health, distrust of institutions.

But it is really interesting when you talk to individuals, they really trust their physician individually, like they would do anything to defend and respect the person who's kind of their main go-to physician.

And I think Like what you mentioned, the way forward on this is to continue to have those interactions where you develop trust and be interested in the person and be invested in the outcome.

And when I'm a patient and I hear that, I can tell somebody actually cares what happens and I'm not just kind of, you know, onto the next patient and just fitting somebody's algorithm, it helps.

And the biggest challenge is time, you know, the hardest part. But even if you just take a second and sit down and look them in the eye and shake their hand and just say, hey, I'm so-and-so and it's really nice to meet you today for a second, even just taking 30 seconds to be human with them, it really does help.

And it doesn't often add more time. I mean, sometimes it does, but most of the time it doesn't.

Trust, Vulnerability, and Meaningful Patient Encounters

Just the sitting down, the eye contact and you know, all of my work in peer support and the counseling that I've done with my kids, with my wife, with all of the peer support training I've done, that's really helped my patient interactions to help them feel seen and cared and to feel like I'm validating what they're really worried about.

Yeah, you know, we've all been in these cases, but I had one not too long ago where an individual came in, never met the person. It was through an ER setting and it was kind of hard.

It was really an end of life scenario and the family and the individual, the patient really had never thought about like end of life planning. And it's kind of hard to be thrust into that.

And when you're in the ER, especially you're in those situations. But just sitting down for, I think it was no more than about five minutes, just to be like, hey, where are you from?

What's this like? Oh, that's interesting. Tell me about your journey just a little bit. And it didn't really take long. In fact, I think it greased the wheels for future discussions, just getting to know him.

And the individual passed away within just a few days in the hospital. And as a doctor, I knew that was likely to happen. But when he presented, he was full code, full everything.

And you want to make sure you give people the chance to honor life and preserve it, but there's also a natural end to life. And when somebody has a life-ending disease, it's important to sit with them and talk through it.

And it was interesting with that interaction, just like you've experienced as an ER doctor a lot, instead of feeling resentful or mad that, oh, that Dr.

Crane, he really told us that it was hopeless. Instead of that, there were tears of gratitude and joy and thank you for taking the time and this meant so much to us.

And it really characterized the entire experience of that family and that patient in the hospital. Not because anybody did anything different or special.

The outcome was the same, but the person felt like, oh, I was an individual. I meant a lot to that team. They cared

for me. And so even in that difficult chapter of life, I think it made a lot of difference to sit down.

It wasn't anything fancy. Just sit down and ask where you're from. What's it like? You know, what do you like to do? You can't go on an hour, but really five minutes was all it took just to sit down and look somebody in the eye.

And it was a fulfilling experience for me too, to realize instead of me just delivering bad news, I'm part of this person's experience. And I think it meant something to them.

And I know it meant something to me instead of the person that is on your service that you're like, Oh, no, I've got an extra person to round on. It's a person whose relationship is really meaningful now.

And I appreciate that. that's awesome and I just want to thank you for leaning into that and making that difference because it is a skill that's got to work on and you got to develop and it doesn't take anything heroic it doesn't take any big extra skills but it does take trying to be present and really caring and leaning into those conversations.

I had plenty of people throughout our journey were very good at it and other people who were just very cold once it came to, oh, she's not going to get better or she's going to pass away.

And those people kind of hide from those situations and really still left alone and abandoned compared to other people who really lean into that. And you feel like, man, this person's going to be really important to me for the rest of my life.

I may not have ever seen them again, you know, But that person is part of your story. I think about those doctors who cared for me and my journey and they may not remember me and they might be like, oh yeah, there was that one guy that we operated on a couple of years ago that had a big tumor and yada yada.

But for me, they're part of my journey. I remember them. I'm thankful for them. I write about it in my journal, and it's a big deal that they did it. It's huge, and they made a huge difference for your family, too.

Huge. Those are really sacred moments, I think, in life. And it's just something that I feel very privileged to be about. That's, I like in the journey of medicine to climbing the summit and those are some of the beautiful views with a lot of heartache and sorrow along the climb and maybe a little bit of healing that comes from those views when you do lean into it and you don't turn away from the view.

You know, one of the things I was thinking about with this, I think when you go through it a lot, particularly when you don't have long-term relationships of trust, it is hard because you're faced with what is somebody's crisis again and again and again, and it becomes almost a routine or like, oh, here's another one.

I can't show up. I've been doing this also for 15 years post residency. I can't do the level of compassion described if I'm just exhausted and frustrated and if part of me is really broken.

And so one of the things you've done is to teach not just the concept of resilience, but actually how to go through these things and take the challenges of a career and your family and a life.

instead of just being little parts of you to try to bring it into the whole picture to say I'm the same whole person when I show up here at work as I am when I'm with my family or I'm at my church or I'm with my community.

You want to be able to say these parts of me complement one another and are helpful And I'm not just play acting at work to try to be this nice person, but really I'm broken so deeply inside that I can't really feel genuine compassion.

And I have to do all these things to pretend to actually care. You want to actually show up and care. And it takes a lot of emotional investment to do it.

But I think that it's important to have the underpinnings of that so that when you do show up in all those areas of

your life, you don't feel like you're strung out too thin.

And I'm really interested to hear what you have taught on this and what have you found to be useful in your own life. My journey has really been kind of piecemeal.

It's finding things that help me get healing in and outside of work and also just leaning into those moments. When I lean into those moments with patients, I find healing.

I am a deep believer that when you lean in and try to show your best self and you just Let yourself receive compassion for other people. It heals you just as much as it heals them.

That's something that's kind of a deep part of my why. I think it's messy. My journey and my meaning is not somebody else's. I found a lot of things that are really helpful to me.

Some other people may kind of just go past and may focus on something else that helps them more in that moment and I think you know, we're different parts of our journey of what will help us something that I Said to you before is the John and Julie Gottman's work on relationships.

I've studied this my whole life I was introduced it to an undergrad the teacher was very focused on that because she was recently divorced and she wanted to Convince everybody in the class especially young men in the class to you know learn to be good husbands and fathers and good in relationships and it's something that I really took to heart of how to lean into relationships and not turn away and turn conflict into connection and It's one thing to learn about it.

It's another thing to practice it. It's really messy when you're put in difficult situations Giving yourself some grace to work through those frustrations.

I really got a lot into mindfulness and mindfulness is something I struggled with at first because I thought it was just pretending everything was happy and blocking out the bad or the frustrating or the hard things and just letting yourself find your zen and showing up this perfect person, but it's really found out through a lot of counseling and coaching, it's not that it's really leaning into the hard things and letting your mind and body process that in a way that you can learn to trust yourself to move forward and heal from that and learn to trust your mind and your body to show up in those hard moments.

Yeah. Well, I think I'm a pretty patient, nice person until my kids are naughty and I'm at home and I think, oh, I was patient all day. And then they do something ridiculous.

They hurt each other, you know, just like kids.

Relationships, Mindfulness, and the Gottman Framework

And then you think, okay, all this veneer of adult kindness that I try to exude throughout the rest of the time is like, oh my goodness. All right. Now I am just immature adult trying to deal with these challenging situations.

And I think that that's. kind of an example we can all relate with with kids but just in general you want to be able to have these challenging parts of your life lead you to success and I like what you said that instead of shying away from challenges and say these are challenges realize that's baked in that's part of the mortal experience we're here and you're going to have challenges and instead of having that something that say that breaks me or i have to escape and just take away all challenges lean into those and say okay what are the ways that i can learn what is my brain trying to teach me in this moment and instead of having this be a weakness maybe i can channel it into something that actually strengthens me.

So I'd like to hear, how are you teaching that? I know you mentioned the four horsemen principle and some ideas associated with that. So one of the biggest things that helped, this helped me through really hard stuff, family situation, and then challenging patients, challenging situations around healthcare, waiting room medicine, working

within a big company, lots of pressures, insurance, lots of regulation, lots of metrics, has really been just trying to focus on relationships and seeing people as people and not seeing them as a frustration, not seeing them as someone who's just frustrated, angry, and mad at me even though it's the situation and I'm just in front of them.

I'm a target because I'm a physician in the waiting room or I'm a target because I come home after a 14-hour shift and kids are all going crazy and my wife's at the end of her rope and I'm caught in the middle of it and tired and hungry and try to pick up all the pieces at home and work all the time.

Seeing administrators as people, not as enemies who are forcing metrics up on us or all the regulatory stuff or other things, but really seeing people as people.

And I think that's really made my careers to step away from the fight or flight and really see a person as what's most important to them and their story and their why behind of what they do.

You know, having kids who've gone through a lot of traumatic experiences, they can. have really rough behavior sometimes and that was especially hard on my wife.

And then that lets a lot of caregiver burn out and then it seemed like the perfect storm, but just working through the Gottman method of focusing on antidotes to the four horsemen.

really kind of helped change things and things are still messy. They're still hard, still put in situations constantly that make you feel like you're at the end of your rope and you think you're a patient and good person and then you get put in situations that test you and try and push you past your limits and you got to focus on repair and healing.

So I just kind of want to go over the four horsemen real quick. I know it's a reference. You hear the horseman analogy in the New Testament. The Bible references horsemen, but they're using it as the four horsemen of psychological challenges.

Go ahead and walk through that so people can understand what that is and maybe tell people the resource where they can learn more about it. Yeah, so the four horsemen are basically four horsemen of the apocalypse that John and Julie Gottman found, that if these things were present, it had a 90% prediction for divorce.

And that's pretty powerful. It's criticism, contempt, defensiveness, and stonewalling. And those are really products of the fight or flight response. When we're in really hard situations, we want to get away from criticism.

We want to get away from anger, contempt. We want to get away from people who we feel like are blaming us in many cases unfairly. And then we want to block them out by stonewalling.

And the antidotes to that for criticism would be a gentle start. I don't think it can be sugar coating or avoiding feedback that's hard and tough and difficult conversations, but having a gentle startup and then also acknowledging the good things about people.

And one of the things that we talk about a lot is the five positives to one negative and how kids need especially more than that in order to take a negative feedback.

And having feedback is really hard. Having to address a lot of issues is really hard, whether that's in a busy ER, busy waiting room, in a very complex healthcare system, whether that's in any family, whether that's with step family, step kids, whatever it is, you're going to have lots of hard things that come up and lots of feedback that needs to happen.

And keeping content away from that and still focusing on the positive while addressing the negative is really important and it's very, very challenging and messy.

Let's circle back for a second. So what's an example? I'm just curious, like somebody's coming at you with criticism and it's so frustrating and you know, you get this idea of a gentle startup and like you said, it's more than just sugar

coating.

Are there any examples you can provide or that is part of that teaching of how to do a gentle start? Because it's easy to jump right into criticism and then have it be contempt right afterwards.

Give us an example of that. Say a patient's really angry about something, just sitting out down and just validating their frustration, anger, getting to what's behind it.

What's the concern? What are you worried about? What's your biggest worry coming here? And then trying to see them as a person and then trying to get to the bottom of it.

It's hard. It's messy. Oftentimes it's not fair. Most of the time these people are at their worst moments of their life. Right. They're not mad at you, they're mad at the system, they're mad at previous experience, they're worried about something.

I've had family members who say, my family member actually died in this very yard room and I'm really worried I'm going to die too. I've had a patient who got really scared and frustrated with the nurse for asking the triage questions after I'd already greeted her with an ambulance.

and she just yelled at the nurse for not knowing what was going on because she was busy with another patient and missed the ambulance crew and missed the intake and I was able to help the nurse and the patient reconcile and went into the room after the nurse had left crying because this patient was so mad and mean to her and I just said, I'm really sorry that I didn't get a chance to catch your nurse up on what was going on.

I said, you made her cry by being angry at her and yelling at her. And I'm really concerned about her because she's an amazing nurse and she was busy taking care of a couple other patients and she missed the intake and I couldn't catch her up before she came to see you.

She tried to see you as soon as she could. And then the patient just broke down crying and told me a lot of things she was really scared and worried about and how hard of a time she'd had lately.

And the nurse came in and they started crying together and they started hugging each other. It was just a completely different interaction. These are messy.

I've had plenty of times like this where it didn't work out. We couldn't turn it around. Patients seeking narcotics who were yelling at me, threatening me, saying to follow me home.

And those are scary situations. And sometimes you try to deescalate and you can't. And none of these ever justify violence against a doctor or a nurse.

Four Horsemen, De-escalation, and Team Communication

That's just never okay. I've never understood someone treating someone else badly because of what they're going through. But I can have compassion for what they're hurting, what they're worried about.

Just like I could have a lot of compassion for my kids' history, what they've gone through, they've experienced in life. Same thing with my wife. My wife has a lot of kindness and compassion and patience for me with what I've been through and I don't always show up the best.

No, I appreciate you going through it. So just number one, you said for criticism, we meet it with a gentle startup and then a restart. Yeah. And then contempt, you build a culture of appreciation.

Like you said, with that nurse, you know, it's so important. And this can really turn around. Not only an interaction between two people, but they can turn around an entire hospital system.

For example, we disclose with metrics and waiting room medicine and lots of demands on meeting more and more metrics just get that feeling of moral injury of do more with less do it faster and do it in the waiting room without any resources and then you know getting to know administrators and trying to work on solutions together realizing, hey, they have no way to fix this either, but they're doing their best around this or this.

I remember being on a call with a CNO in the middle of COVID when half of the nurses left and people were so frustrated and angry. And he just broke down crying in the middle of the call and said, I am so sad that I can't get more nurses.

And just kind of shared everything he'd been trying and Just really seeing that human side in our department really came together to support CNO and the associate CNO and trying to find solutions.

And it was hard and messy doing waiting room medicine in the middle of COVID with lots of nurses who had left nursing or went on to travel medicine. Yeah.

You know, another feature that I know is not part of this, but as I've worked in difficult situations with different frustrating administrative staff and those kinds of things, one of the things that seems to really help a lot is just communication and transparency.

It sounds simple, but We've had administrators who were not transparent and were very like top end. We're going to do this. You need to know basis only on everything.

And it didn't work very well. But we've had administrators who are very good and sat down with us and said, you know, here's X, Y, and Z factor. And they would share like, here's the dollar amounts and here's the people.

Here's how many positions we need to fill. And what would you do? And instead of giving it opaque. Just kind of glossing over kind of things like, well, you're easily replaceable.

You're just the employees and say they would paint the exact picture of this is what's going on. These are the solutions. How would you solve this problem?

And it's really helpful to get a bunch of people in the same room and instead of approaching it with criticism and contempt and defensiveness it turned into a relationship of like okay well that is a hard situation what could we do on this and get everybody kind of thinking about it and then you understand both sides of it instead of wanting to stonewall and silo and like nobody's going to break into my little world you start saying okay well let's talk about it let's understand it and it required efforts from both the administrative side and the medical staff side everybody had to kind of work together toward that And it was hard to achieve that, but it's paid off big dividends over the kind of since COVID.

Since that time, I would say like our little hospital has done very well because of breaking down some of those barriers. And the majority of those conversations now being approached with this a little bit more of an open mind and it requires the efforts on both sides, but it really can be quite successful.

And then you're working together towards a goal, not against each other. You know, there's an idea and crucial conversations of a storyline. And this has been repeated from countless other people's work.

I mean, I think of Stephen Covey seek to understand before being understood and people creating storylines about each other and lots of blame and moral entry comes from the negative storylines we make about each other.

Our patients make about doctors, their nurses, the healthcare system. stories we create about persons and administration and healthcare. But when we actually get to know each other, we learn to work together.

And there's plenty of cases where that doesn't work out, whether it's with patients, whether it's, you know, different drivers and capitalism that are really pushing things down from the top that do feel like moral injury, whether it's insurance companies, whether it's regulatory things.

Whether it's administrators that do take that negative approach and do what I say are irreplaceable, those are hard situations to work around. But I find that there is good people in every system who are willing to engage in this, who are willing not only to see you as people, but to be seen as people.

And that just makes all the difference. And when you can find those allies and break down those barriers, it just makes work so much more fun and it makes patient care so much better.

And that's part of the reason why I've invested so much in this because it makes my shifts go better, it makes my work with my teammates go better, it makes my work with hospital administration go better.

That's why I choose to teach ATLS to get to know the surgeons. That's why I show up on the MEC to talk about being involved and I think A lot of my reasons for being involved are because I do want to make a difference, but it's also because it makes my life so much better and it makes patient care so much better.

Helps me show up. That's perfect. Well, so as we kind of get closer to the end of our time, what is a superpower that you would have people show up with?

What does John Winkler do before he preps for a shift? ER is unpredictable. You have no idea what's coming in through the door. It's by definition crazy.

A lot of the ER shifts are super busy and you can't necessarily know who's coming. You may not even know who you're working with. And so how do you go to that space in your mind and your heart where you're ready for that?

Because, you know, it can be hard or right in the middle of it and you have people waiting for you and they're all frustrated and you don't have time to sit down.

And how do you kind of mentally prepare for that? So, you know, what would you tell another doctor who's facing that same stress and that they're dreading the next shift?

Take some deep breaths. We talk about the stress continuum and I shared that last time. Green is ready to go. Yellow is you're struggling. Orange is you're in a lot of moral distress.

Red is you're stuck in a really bad, negative place. Doing all the things at home to work on your relationships at home, your mental and physical health.

Doing the hard work to not shove hard things aside. I think when we're letting ourselves process hard things at home, it helps us to not to have those make us stuck.

And then we can show up in better ways at work and at home. For me, it's if I get exercise, especially walking, and then really deep connection. Whether it's at home or work, then I feel much better and the deep breathing does help.

And I've learned to not try to block things out and just to let it be and breathe through it.

Preparing for ER Shifts and Finding Resilience

Let the thoughts come and let it go. Really come to trust my mind to help me get where I need to be. And then when you're in the moment, those hard moments to remember to breathe and just keep moving forward.

You know, the idea of multitasking is I think not true. You can do one thing at a time. You can switch tasks. quickly and learning to be resilient in your mind and your thoughts is really important too and the deep breathing really helps with that to breathe it in and let it be there and then just breathe it out and let it come and go and then focus on the next thing and keep moving forward and as you keep moving forward you feel like wow I made it through I had a very challenging Christmas and New Year's worked a lot of shifts picked up for a co-worker who had a surgery and another co-worker who had a NICU baby and then I think I worked I don't know all but two days over

Christmas and New Year's for like a 14-day stretch it was very challenging now I've got some time off and can recover but we had a very busy six-hour period where I saw more patients than I usually see in two shifts right after New Year's and the staff just came together.

The throughput was amazing. We had lots of people come down to the ER to help out house supervisors and other people and we were able to get through this and then just coming back to that appreciation piece.

I just wrote a Daisy Award recognition for one of the nurses and Just said how amazing she was at helping people and helping teams and mentoring people and triaging situations and helping move on to the next task and the next task and just coming together as a team helps in those situations, I think more than anything.

I really like what you said with avoiding the idea of multitasking, but instead saying, I'm present in this moment, and I'm present in this moment. But you have to, like at home, you want to be present when you're home, you're there, and that's all my mind is on.

And when I'm at work, I'm right here, and this patient's in front of me, and then this one, and it can be chaotic, and you have to have a rest and a break.

But to me, that's a lot more manageable than saying, I'm going to do 18 things at once. I can show up and it might be hour by hour, it might be minute by minute of what you're doing.

But you have this incredible skill set as a physician. You can do so many things. And so if you show up rested and whole and ready to go, you can do it.

But also recognize you got to have a period of rest after that level of intensity to make sure you heal and are ready. Yep, and learn what resets you, really know yourself, what resets you before, during, and then after, and taking that time to recover and reconnect.

One of my favorite things I've been doing lately is a lot of walking with my wife, and we'll just walk for 30 minutes, an hour, and just talk the whole time.

It's been much better than date night, having exercise, being outside and then deep connection that just feels like we can talk about anything. And we haven't had that a lot in our marriage.

We've had kind of a chaotic life with blended family and six kids and very challenging, busy career. Those moments just really reset me more than anything.

That's a great clue. Are there some other references or resources you would turn people to as they, you know, listen to this and say, I want to learn more.

What would you turn them toward? Yeah, I would. The thing that I'm really focused on right now is a lot of the crucial conversations around storylines and how do we work through those difficult moments and conversations.

And then also a book called Upside to Stress. Kelly McGonigal is a PhD in health psychology and She was teaching that stress is harmful to you and avoid stress at any cost for about 10 years and then came across some research that showed that people who have a different mindset about stress are actually healthier and find more meaning in life when they lean into stress and find the things that really matter to them and then change their situation or their mindset around a situation they can't change and move forward through it.

Getting stuck in things happens to all of us. Getting good at stress is very hard and we are in moments where we're pushed past our limits and we push back to our breaking points and we feel like we're terrible at it and then keep practicing.

We repair with ourselves and other people and we move forward and can learn to move through those challenges in a way that's healing, in a way that's hopeful, in a way that helps us grow and stay really close to the things that

matter most to us.

Yeah, wise words and I appreciate you sharing Dr. Winkler again. Last year came on and I felt like I walked away from the conversation having learned so much.

It gave me a lot to think about. And again, same thing. I would go forward from this saying, okay, I'm going to be able to put it all together and try to do a little bit better and find it inspiring.

And I appreciate you taking the time to not only share your experience, but some insights of wisdom and pearls that you've kind of learned along the way.

And it's more than just platitudes. It's what you're actually doing day by day. I really appreciate you doing it anyway. Thanks in touch. Yeah, same here.

And I really appreciate getting to know you on a deeper level. I love coming up to have lunch with you guys at your home and have our families get together.

And I think investing in relationships and connection, despite being busy and telling our story and telling these things like we've talked about on these two podcasts is just really important.

And I think it's very healing. So yeah. Well, thank you so much, John. Keep in touch. We'll talk to you soon. Thanks. See you soon.

Resources, Stress Mindset, and Closing Reflections

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