Introduction to Dr. Adam Pearlman

Hey everybody! I'm really excited to introduce Doctor Adam Pearlman, MD, MPH. He's a physician in the Department of Internal Medicine at Mayo Clinic, and he's had multiple publications on satisfaction of physicians with telemedicine, incorporation of health coach into Mayo Clinic, and the outcomes for that, as well as redesigning what it means to practice medicine during the Covid 19 era with, machine learning and artificial intelligence.

Doctor Pearlman, is board certified internal medicine as well as integrative and functional medicine, and he received his medical degree from Boston University.

And, he is, before the Mayo Clinic doctor promos, the associate vice president for, the health and wellness, for Duke University health care system, for, Duke Integrative Medicine in Durham, North Carolina.

So he's got a lot of experience of, with, integrative medicine. Today we're gonna touch on multiple points. Burnout, where the future of medicine is going to go, as well as a few other points.

So very excited to introduce Doctor Perlman to you guys. Welcome to the summit. So happy to have you on. Hey, it's great to be here. Really glad to be a part of this.

Thank you. You know thank you. Thank you so much. And we're going to touch on, several things, but I really want to start with, with burnout and the manifestation of burnout.

So, you know, we know, based on study, I think it actually came from Mayo Clinic, actually, I believe it's 44, 46% physicians are burnt out. And that that study came in 2017, I'm sure is more now.

But let's talk about it like, let's let's define burnout. What is your definition of burnout? Yeah. To your point, there is evidence that, certainly during the pandemic, burnout is increased and not only with physicians, but but allied health nursing across the spectrum and of course other other professions as well.

But, you know. Sure. I think, when you think of burnout, I think a couple of things are important is sort of the, more formal ways of thinking about burnout, the idea that you're you're suffering.

I think what often, in my observation is most common, sort of this concept of emotional exhaustion, we just feel lost it emotionally. But then there's also a component of cynicism, and, and really lack of self-efficacy.

And I think it's important to understand those three, because it's a way to recognize if you can be self-aware, that, hey, wait a minute, I may be getting a little burnt out here.

I find myself doing that in moments. Right? Because I think it's important to also think about burnout as, a space that you may get into, you know, as we're existing along this continuum, right?

I mean, there's sort of a wellness well-being continuum.

Defining Physician Burnout

I think we can think about that from the perspective of our mental health. Okay. And so, I used to have a talk that I gave on this, and I made this slide up where on one end, you know, it was maybe the Dalai Lama, I think, had a picture of the Dalai Lama.

And I said on the other end, I had a picture of like a state mental institution. And, you know, most of us are not perhaps, you know, somewhat tongue in cheek at the level of the Dalai Lama in terms of, you know, our inner

peace to where we're feeling.

And, you know, I can't speak for the Dalai Lama, but, you know, just as an example and, you know, fortunately, most of us or some some are not at the point where we're suicidal or requiring hospitalization, okay.

Those are extremes. The majority of this of us exist within the bow of this shaped curve. Or, you know, having a good day, bad day, a good week, a good bad week, maybe a good year, a bad year.

But, you know, it's sort of how stressed are we in a given moment. And there is that literature that talks about burnout as sort of being on the spectrum of kind of stressed, burnt out, depressed, perhaps, but again, if you get back to the more technical definitions, you know, we're thinking about burnout really more in that respect from the perspective of how you're feeling at work.

So it was really intended to be thinking about it from the perspective of workers. I think we can feel some of those same emotions or states of sort of exhaustion, cynicism and self lack of self-efficacy within our personal lives as well.

Again, a little more technically, you know, we tend to really focus on burnout within the workplace. And as I was saying earlier. If you can keep those sort of three concepts in mind, it can be important, because you can kind of catch yourself and then maybe stop in the moment.

So I know, like when I'm having a day where I'm really feeling kind of cynical, like, what the heck am I doing? Really making a difference? And, you know, in my head, sometimes if I'm being mindful, I can kind of stop and say, okay, wait a minute, what's going on with me?

And I feel burnt out in this moment, and what do I need to do? What do I need to do to kind of get myself out of this funk? What are some factors, you think, that come to mind that, that create this manifestation of burnout that's becomes bigger and bigger?

Loads of people. Yeah. Again, typically when we think of burnout, there are sort of two main ways to think about maybe the drivers of the issue, but also the way to think about the solution.

And that's from the perspective of the individual. You know, and from the perspective of sort of the organization or the enterprise in which we work. Right.

And so, you know, from the perspective of the organization or enterprise, just to start there, I mean, some of the factors are things like work and lack of time.

You know, there's a lot of things that we're hearing from employees and not just at our institution, but we know from others things like zoom fatigue, you know, and certainly as we're seeing in this moment at the time of this recording, you know, with, yet another third surge in Covid, you know, just people are working really hard.

They're overtaxed and they're tired. There's also, concept of of administrative burden and how much time we, let's say, as physicians. But also other health care professionals, but just from the perspective of a physician, need to spend with what's often referred to as administrative burden, which in many ways takes us away from why we potentially went into medicine to begin with.

And so people began have begun to talk about burnout, as is really an issue of moral distress, because we're really being pulled away from, you know, really are calling, let's say, and spending less and less time with the patients trying to be good physicians and more time, you know, in epic or our various health records, needing to click the right buttons or do the right type of, you know, documentation so that that's really, one half of it.

And then, of course, the other side is, you know, our own personal resilience. Our own ability to even midst of what is not only a busy moment for all of us, but for most of us, a busy career, a busy life, you know?

And so we talked a lot about burnout well before the pandemic. Burnout has amplified the issue in many ways. And and I hope from a sort of take lemons, make lemonade perspective that, you know, that amplification, will lead to, you know, I think once we're through this, the worst of this, this moment will lead to, you know, really a renewed effort to try to address the issue of burnout, you know, really across the board as it relates to health care, hopefully other institutions as well.

Yeah, absolutely. You know, right before we got on, I was actually looking at LinkedIn, and a cardiologist, friend of mine, integrative fellow, is a friend of mine, shared this post about a physician, I believe as either your physician or critical care physician, putting on to LinkedIn, that, you know, if you're basically if, if you're consuming to a pandemic, if you're not vaccinated, like, you know, don't burn the hospital, don't come here.

And, and, you know, there was a hashtag, it was like it was like venting or something like that. And I you see a lot of that behavior more and more, in physicians.

System Stressors and Burnout Triggers

And so I that that scares me a bit because I do think that, that we have to show some sort of restraint on social media, but also that behavior didn't start because this person was inept or not mature, but because there was this significant emotional burnout, a significant emotional fatigue that's triggering that, that behavior.

Now this physician is literally being blasted on, on social media right now. And I feel bad for that. But how how did it how do you think it got to got to that situation for her?

Well, I think that's, you know, again, goes back to what I was saying earlier. I mean, there's a lot of stressors being put on us from the system, some of which are beyond the control of the system.

Of course. I mean, you know, administrators, our health care leaders didn't create the pandemic. And, and, you know, I know that many institutions are as included, were trying to hire people as quickly as possible and, you know, but it's still very, very difficult.

But then that gets superimposed on someone who may already have been struggling to begin with. Right. And so, you know, very often it's, it's really it's not only about the situation, but we've all dealt with stressful situations.

It's how we're able to respond to it. Right. You know, and so the perspective we're able we're able to maintain again in the midst of a very, very challenging moment.

And, you know, I've heard and seen some of those same comments. And I think they're unfortunate. I mean, on on one level, I, I understand the, the, the upset that come with all of this.

But, you know, we could argue that for multiple things, you know, we treat the unvaccinated Covid patient just like we treat the drunk driver that got in the car accident.

Just like we treat the person that lived a terrible and healthy life and developed heart disease. You know, again, our job is to treat the patients and not to not to judge, you know, hopefully to work with our public health colleagues to try to address, you know, other issues like encouraging people to get vaccinated and, and, you know, where seatbelts are not drunk and drive and live healthier lives to avoid the development of these chronic diseases that we spend most of our time dealing with.

Yeah, absolutely. I think that some resiliency can can be, can be developed. But let's talk about how that, how that even happens. How do you think, you know, we as a physician community can start developing this resiliency against burnout?

Yeah. Let me let me say this. I talk a lot about resiliency. I had done a whole series of lectures, a different one, but, like a workshop almost at a number of institutions at Mayo across prior to the pandemic.

And, and so this was even prior to the pandemic. And then when the pandemic hit, I sort of had a different talk that I was giving that was related to resiliency.

And and I am careful to make this comment because the risk is that when we talk about so this is the common that when we talk about resiliency, the risk is that we're blaming the victim.

Right. And so this is not to say oh yeah it's tough, but you ought to be resilient. And what's wrong with you. And you know that's not the message here okay.

There is a lot of work that needs to happen to make our work environments a better place for all of us. Right. And that clearly is, is, is is effort that needs to be focused.

Many of our institutions are focused on the issue of burnout on some level. As I've said earlier, I'm hoping that that will even be, more amplified. It's certainly the issue of employee wellness in general.

I can speak from my perspective at Mayo has clearly been amplified by, you know, the pandemic and the recognition of how difficult this has made life, both at home and at work for all of our employees, our physicians.

But again, I go back to kind of what I said before. I mean, in the midst of this or while we're doing the work, we still need and owe it to ourselves to take care of ourselves and to be as resilient as possible, and that this about the way we are at work or versus the way we may be at home.

It's also recognizing that, you know, work life balance is really work life integration. And so, you know, being resilient physically, mentally, spiritually is really about our lives.

It's not, you know, solely about good doctors or able to to do what we want to be doing in our work lives. And, you know, the words are easy to say. The application is more difficult.

It's things like, we need to prioritize self-care and, you know, probably, as I say, that, I mean, half the audience wants to read to the camera and go like, yeah, and you've heard that 100 times.

So, you know, it's how to do that. I mean, I know for me, as someone who spends a lot of time talking to my colleagues, to my to the public about these kinds of things, certainly to my patients, because I do a lot of medicine and, you know, talking like this, I've actually been looking at the literature around habits and habit formation.

And, you know, how do we make some of these changes? We've brought in health coaching, into Mayo, both for employees and certainly for patients, so that, you know, sometimes someone needs a coach.

You know, we often feel like, hey, we're physicians. This is something that's health related. We should have all the answers. You know, it's not necessarily true.

First of all, we didn't learn a lot of this stuff in medical school anyways. And of course, you know, like other medical conditions that we might develop as human beings, you know, we would see some other doctor, we wouldn't expect ourselves to treat ourselves, you know, by and large.

And so, you know, often we do need to reach out for help. And I would say, particularly as we're talking about burnout, it's sometimes that health is professional help, right?

Sometimes we're on that spectrum that I talked about that we really do need to talk to an aide, a psychologist or someone to be EAP, our employee assistance program.

Maybe we need a psychiatrist. Part of our issue of the culture of medicine, at least historically, is not very open to us admitting that we're vulnerable, that we need help.

We know that not only physician mental health issues, but things like suicide is, is, a real problem. And so, you

know, many institutions are increasingly aware of that.

And so I just want to emphasize that because a lot of times it's not, you know, I really need to do more yoga. It's I need to speak to a psychologist, need help.

But again, fortunately, you know, for the majority of people, you know, that they're typically more at a place where they need to do more to care for themselves.

And it doesn't necessarily need to be medicalized. So, you know, that is things like prioritizing self-care. And that's easy to say. But but finding ways to, to find that balance, you know, a lot of that starts with habits.

And, and, you know, what I often talk about is and I don't, you know, I guess because we're kind of riffing here, I'll go into this for a minute. I mean, it's sort of, you know, like there's some really strong books you can read, that can give you some new insights.

I mean, it's things that may seem intuitive when I say them, like starting small piggy backing habits. You know, so, you know, if you're like, I just want to start to take five minutes to meditate, I'll use that as an example or write, you know, or ten minutes to walk.

You know, when I'm trying to put that into my day. Well, maybe you can do that 5 or 10 minutes before you brush your teeth. So you sort of piggyback that habit with something you normally do.

I know one thing I do to try to work in more self-care. You know, for me, I mean, if I don't exercise, I'm, I'm toast.

Building Resilience Through Habits and Self-Care

So, you know, I'm in the habit of getting up early enough that I can can exercise and get to the gym before I go to the hospital. A couple of things have had to happen with that.

A I've got to go to bed before my wife. So for watching the show and like, you know, it's on Netflix and there's another show coming up, she knows it's, you know, I got to go do my wine down routine to ready to get into bed as I get up earlier than her.

But similarly then in the morning I do. And this is in the sort of habit literature I remove friction. Right. So if you want to if you want to create a good habit or implement it, remove friction.

If you want to get rid of a bad habit, you know, add more friction. So, you know, in case of a bad habit, it may be if you're hitting the snooze button, you know, move the alarm clock across your bedroom.

Okay? So you have to get out of bed, walk across the room, hit the snooze button. In the case of removing friction, you know, for me, when I get up before I go to bed at night, the clothes are laid out in the car, the gym bags in the car, in the bathroom.

I normally get changed. My wife's to sleep, you know, I've got the gym shoes or the socks plopped on top of them. I've got the gym shorts and a t shirt so I don't get up and go.

What time I going to wear today? I basically can do. And this will be for some older viewers. I do like a George Jetson for those you saw that talk to.

Yeah. And the clothes would come on him. Right. You know. Okay. Exactly. So, you know, I remove friction. So that way I can try to get some sleep, but not, you know, be real efficient in the morning when I get out the door.

And and that's really where life now, I didn't really think about it anymore. It's kind of like, oh, yeah, it's night time to kind of lay my clothes out, get rolling.

Yeah. Frictionless. You know, remove the friction. Yeah, yeah. And I do the same, you know, for my kids to pre-pack their backpacks for take me to school in the mornings to make sure everything's done so we can not be in a crazy rush to, to get out the door.

Yeah. One of my favorite books is the Atomic Habits by. By James Clear, actually, yeah. He talks about all that stuff in there. I didn't come up with this stuff.

I read his stuff. You know, there's there's the do. Yeah, there's a lot of really good books out there. You take little snippets away and you see how it fits in your life.

Yeah. And, and I think it's also important to, for, like, especially during, like, a meditation process to really understand it internally, like, what's valuable for me today.

What are some, what is what are what is one way I can have, you know, today for myself. And that's that's truly been something that's really valuable for me, especially during the pandemic era, especially right now.

I say pandemic era, like it's going to end. But, you know, during the during the current current situation. Right? And so I, I think with resiliency, you mentioned something earlier that I actually didn't know what you meant, but maybe you can clarify a little bit.

You said, work life integration and not work life balance. What is the distinction between the two? Again, not. I first read this in a Harvard Business Review article, quite frankly.

So not not my term, but when I liked it really resonated with me. In the article, they talked about the fact following a practice a few years ago, but, I think this came from that article, but the part of the problem with balance is it implies 5050.

And, you know, the reality is certainly for us as physicians, but for many people, it's not that you're spending 50% at home and 50% at work. And when you think about it that way, you're almost setting yourself up to fail.

You know, that may or may not resonate with people. What really resonated with me was this idea that also, you know, increasingly it's not about, oh, I'm at work from whatever, even 7 to 7, and then I'm home, you know, the rest of the day I mean, there's this level of integration and hopefully you find ways to make that work as a two way street.

So, yes, you know, maybe emails or eating in and, you know, you can read the literature or don't do emails here or there. You know, I do that stuff. I mean, I lecture on this stuff and, you know, I find what works best for me, you know, and for me when I'm on vacation, if I look at all my emails go and the idea of me coming back to 300 emails is so unsettling that I've found that rather than check them all day, you know, even when I'm on vacation, I say, all right, you know, I'm no one's doing anything.

I'm up at 7:00 in the morning having my coffee before the kids get up, you know, and we're taken to the beach. Let me clean the emails up. You know, this idea of how do we integrate?

You know, similarly, I mean, I don't know, I'm at lunch in 90 to make a dentist appointment. I make the appointment. I mean, you know, or whatever it might be, like, how do we, you know, during a workday, let's say, you know, how do we find that integration that feels best to us and, and and not, disruptive for me, the key there, what I, what I sort of learned really as I and I'll say struggled with this in my own life.

You know, I have five children. I work a very busy career. They're kind of grown now. 18 to 20, 28, maybe 29, almost by the time this is viewed. You know, always, always been busy and kind of high energy.

You know, I think what I found was one of the keys to this working well was to be able to be present. You now, people love to travel. And you know what?

I you know, for many of the viewers, maybe that's fine. Some may find that word a little too touchy feely or implies you got to meditate and you don't.

It's it's about being present. Now, mindfulness is about intentionally sort of being focused on the present moment, doing that in a non-judgmental way.

But the key is, you know, for me anyways, you know, I found then it can allow me if I can be more present. So if I'm at work, if I can be more focused on being in that moment, whether it's, speaking with that patient or, you know, interacting with that other colleague of mine and use that same approach when, you know, in the car with my son and not while I'm with my son checking emails, thinking about work or other things and vice versa, then it's a better experience for me and it's a better experience for either my patient or colleague or, you know, the other example, my son, and, and that that has been a really important realization was sort of me working on not having my mind be in work when I'm supposed to be, and I've chosen to be focused on something that is more about my personal life.

And now the good news is to the degree that that is called being mindful, that's something that can be cultivated. I mean, it's like it's an innate capacity we all have.

It's like a muscle, right, that you can strengthen and, you know, what's interesting there in meditation, things like that, mindfulness based practices are certainly a way to cultivate and strengthen that muscle, but there's no formal ways to practice as well.

And just sort of really setting the intention and being focused on whatever it may be, maybe just, you know, sitting out on a park bench with your spouse or partner and just focusing on the moment.

What can you see here? Or the key is whenever your mind wanders, recognizing it and just bringing it back to whatever you tend to focus on and and for those of you that find meditation frustrating at times like I do because I want to do it perfect every time I wander.

My God, I couldn't even get to ten breaths. What's wrong with me? You know, how come I can't be perfect? You know, I've had to learn from instructors and others and all the heck of a lot more than I do.

Like that's that's the curl. So every time you notice, your mind has wandered and you just go, oh, my mind wander. Let me bring it back to my breathing. Whatever.

I was going to focus on my conversation with my son or daughter or whatever. That's the curl that strengthens that muscle, you know? And just like working out, I mean, those curls can be painful sometimes, right?

I mean, but the more we do them, the stronger we get over time. So, you know, that's really where I've landed with sort of work life integration and trying to find, you know, what works best for me.

So I think I think what I'm taking away from the work life integration is that the same tools that you're using for work, you're also using for for home as well.

But it's really it's a very holistic process. And, you know, taking a pause, recognizing the triggers before you do something and then understanding why it happened and then taking care of it back.

And I do think that all these things between work life and home life is, is really the same in most of it. You know, most of us stem from our subconscious side and so, yeah, I think the subconscious side drives what we do at work and drives what we do at home and drives our behaviors on social media and everything else as well.

You know what? You know what? You bring up a great point, and I don't mind sharing this. You know, one thing I recognized a few years ago. So the kids were, you know, still at home.

So they were younger and, you know, career's really ramping up. And at one point, I recognize, you know, I was probably feeling a little burnt out or certainly overwhelmed.

I was fortunate enough to be able to work with a wonderful executive coach who helped me a lot, at a point in my life. And I think he maybe helped me to see this, but, but, what I realized was that, you know, I was really emotionally regulated at work.

I wasn't someone that, you know, yelled at my colleagues or my patients or, you know, not that we do that or nurses or, you know, whatever. I could stay pretty calm.

I, I've always had a lot of administrative responsibilities. So I have a lot of people that were reporting to me and different things like that. Not always, but certainly the majority of my career.

And then I found I wasn't as mostly regulated at home, you know, how come if someone made a mistake at work, I'd be, you know, that's a mistake. Let's try to fix it this way.

And if you know, my son spilled the milk for the first time, I was like, what are you doing? You know how many times I tell you to be careful? And I kind of said to myself, like, who are you?

Like, who do you want to be sure? Are you that person that can be emotionally regulated? Or are you the guy that yells because your son spilled the milk by mistake?

And and you know what's more consistent with my values? When and you know, fortunately, I guess for people around me, it was being that person, you know, isn't perfect but doesn't, you know, you know, just kind of yell and scream and what have you.

Work-Life Integration and Mindfulness

And so I really focused on this idea of being more consistent, again, integrating who I am. But, you know, this idea of, you know, trying to be the kind of person I wanted to be at home, at work, wherever I am.

And again, I say that, you know, recognizing that it didn't always work right. And, you know, we're all human. But it was a perspective that I found very helpful.

And I think the idea of being mindful and being able to stop in the moment and not react, but maybe take that extra half a second to respond in a way that was more consistent, again, with my values, who I wanted to be.

That was, I think, really important for me. And I, you know, like to believe was really important for my loved ones. The people around me. Well that's great.

Yeah. And like you said, you know, a lot of these things, we have to go out there and understand on our own, read books, you know, books like Atomic Habits and anything that kind of drives you, but also allocating time, you know, for ourselves to have self-improvement and growth and can and not just contributing to the public.

We're contributing to ourselves internally. You know, we have to make sure that that is allocated in and scheduled as well, rate policies. There's this book called essentialism that talks about what are the most essential, things to, to humans that we, we, we have dominate.

And, you know, there's families and careers and stuff like that, but there's, there's, there's one section that's called play, and I think it's chapter four, and this whole chapter is about why play is actually essential.

And all the studies that show that it's actually essential, for the human process. And I think we as physicians, we naturally do not like to cater to that category, because it's not our professional category.

And we kind of Pooh Pooh on on the play aspect. But like you said earlier, you gotta have some time to, you know, go go with your spouse and walk around, looked at the sky, look at the birds, whatever it is, and spend time with your family.

But, I never understood that play was actually, part of what essentially makes us who we are and human, and after I really read and understand stood that I now have calendars of play.

And and I share that with my family. Hey, this is our. This is our playtime. We're really going to do this. Like, there's no there's no phones. There's no Apple Watches. Nothing like that.

And this is our playtime. And then when I started experiencing that aspect of it, it really translated into every aspect of my life, including the way I talk to my patients as well, which is not what I was expecting.

And so I think go ahead, sir. No, I was just going to say really, really interesting. What what sort of making me think about, so one of the areas of interest I have is, is, is that this idea that, you know, when we think about our own well-being, you know, if we say, well, what do you need to do to take care of is all I need to eat, right?

I need to exercise, you know, and I need to manage stress. Yeah. And I need to get sleep, maybe start to throw in some of those. But there are so many other things that define our sense of well-being.

Often our health status to a certain degree. And I love, you know, the idea of play. I think it's really important. But there was a nuance in what you said, too, that you make your play time with your family. Right.

I'm not saying everyone has to have a family necessarily to have kids. That's not. But the idea of connection is critically important. And I think that's another thing that the pandemic has, has exacerbated.

I mean, not only for us in health care, but for, you know, certainly our patients in general. I mean, sometimes it's it's, made created issues with too much connection, like, you know, we're stuck in the house with our kids and spouses and what have you.

But by and large, it's been the opposite. And what I mean is people are lonely. We're not able to connect the way we used to. You know, when we do connect off and we still need to wear masks, or if we're in a clinical setting, but even sometimes now, still, in non-clinical settings, and prior to the pandemic, loneliness was, was really an epidemic in this country.

About 40% of people when surveyed, you know, would say that they fairly regularly felt like a lack of companionship. What's interesting there is there's been some very interesting research that shown that loneliness is equivalent to smoking 15 cigarets a day, whereas the morbidity and mortality.

And so when you think about it, we need to play, we need time for ourselves and we need connection, you know, and and so, you know, for you certainly for me I enjoy more being I mean it's just the way I am.

I, I grew up in a large family. I enjoy being with my kids most of the time. I mean, I enjoy some alone time, but by and large, for me it's like, all right, play time means, you know, it's it's hanging out with with some family or friends. Certainly.

And again, not to say that, there's anything wrong or it's not important. It certainly is to have time for yourself. But but that idea of connection is so critical.

And we often don't think about that when we think about, you know, what do I need to do to be well, to have my best kind of life? So loneliness is equivalent of smoking 15 cigarets a day in morbidity and mortality.

I can do that is I mean, that's insane to think about. But at the same time now, if we we take the pandemic into into consideration now smoking cigarets is a risk factor for for getting severely ill goes viral infections.

But then it seems like so loneliness. Right. The isolation, the loneliness. That's that's also going to be the similar risk factors in our immune health.

Right. Well yeah. I mean, again, I there's very interesting studies looking at, you know, various sort of things like

loneliness on, markers of immune function again.

And I'm a little bit over my skis here because I don't want to give misleading or inaccurate information. But I'm sure we could pull that literature. I think it's really interesting.

We do know in general that a lot of these issues, like loneliness, like whether I'm happy or not happy, I mean, they do impact directly on on our health status.

I mean, these sort of there's so much that that goes into truly defining, really not only our health, but our own sense of well-being and quality of life.

And those things are things that often we don't ask about or, you know, very often, unfortunately, we don't have time even to delve into in a typical kind of medical interaction with our patients.

I think the more that we can think about those issues, at least to ourselves, the more comfortable we become in at times when it's appropriate. Delving into some of those issues with our patients.

And I think the more we can help them. Yeah, absolutely. Help ourselves to help our patients, you know, together. And and I think that's the true, the true character of, of just integrative health in general, I think.

Do you think that, do you think that, I mean, you're integrative help for physicians? It's just like I am. Do you think that in practicing, integrative health that it's made us, a bit more aware of what's going on in terms of, like, the social dynamic and psychological aspects of health in the public.

You know, this may not be the answer you expected, but I'm going to say it anyways. I mean, sure, when I first got to Mayo to develop this is in Florida.

They're integrated for a program. You know, when I would meet people and, you know, kind of somewhat tongue in cheek, they were saying, you know, what are you what are you here to do?

I, I was saying I was here to put integrative medicine out of business because, you know, really there's only good medicine. And the best way that we know to care for our patients, I think when we think about integrative medicine, and again, I've done integrative medicine for 23 years, you know, at this point.

So and I'm proud of what I do. And I, you know, chaired this academic consortium. I mean, again, but my point was that, you know, this really what are we all trying to do here?

We're trying to do our best to care for our patients and help them to reach their their health and perhaps life related goals to the best of our ability.

I would say that those of us that sort of identify ourselves as integrative or identified with integrative, you know, be interested in some of these concepts we tend to study the more we tend to apply them more in our lives.

I and you're like, oh, I read that book. Like, yeah, I read that too, you know? And so, you know, we, we tend to read the Four Agreements. We tend to take a mindfulness class, and then we bring those things through our own experience.

And to a certain degree, wisdom. We bring those things to the degree possible into our practices.

Connection, Loneliness, and Well-Being

And then, of course, you know, the other sort of differentiator is, you know, we've tended to study a little more of the literature around what's the evidence for acupuncture or, you know, some sort of other sort of complementary modalities.

But but I would never want to say that, you know, integrative medicine, integrative medicine, physician sort of own the idea of considering and I know you weren't saying that I, I'm just sort of being careful to say it from my perspective, which is it's areas that are part of a good practice of medicine.

We tend to have a particular interest in and and for most of us, you know, particular expertise in as well. Absolutely. I actually agree with you. And in fact, even my facility, we actually drop the integrative title and label of something brand new, to me, which is basically we like to collaborate. It's a collaborative medicine.

We like to collaborate with doctors no matter who your doctors are. What specialty they are. We like to collaborate with you. And so we sort of, during the pandemic have this sort of, sort of mindset within, within my facility of where we practice good medicine and is collaborative medicine.

And that's the only way to do it. You know, we're not here to put anyone down. We're not here to determine superiority over another. So I, I 100% agree with you.

And as you're talking, I'm just smiling bigger and bigger. So I appreciate that. You know what? I knew you weren't implying that I just, you know, I yeah, yeah, yeah, but you're right.

I think the people who kind of we, we label ourselves historically as integrative, tend to look at other things. You know, my mom's an acupuncturist, for example. Right.

So that kind of goes to show you. So I grew up with the mindset of medicine that everything should be integrated. Anyways. So it's like normalcy for me and, and part of this whole process, and especially with the pandemic, is that all of a sudden, you know, you have the American public start talking about their immune system, like like they've never talked about before.

There's focus on mental health, like it's never talked about before. And so I think there's some positives here. And people are just kind of going into themselves.

And seeing deeper for themselves what's truly out there. So I do think that's that's certainly a positive note. And like you said, you see lemons make lemonade and that's that's the way we're going to squeeze it.

Right. And we now yeah we now have this opportunity to to also, you know, view ourselves and hey, there's, there's more to the practice of medicine than what we learn in medical school and residency and fellowship.

Right. There's there's a whole relationship aspect of this that's not really taught. But it's taught it's not really taught in a very robust skill, but it's assumed.

And I think that in this day and age, we really can't assume anything. And so I'll give you a quick example, of what I mean. So so my sister goes to, Columbia University Medical School.

She's in fourth year medical school. She's much, much younger than me. And, and one of the, the dynamics is that the way that her and her cohort of people speak about their rotations, their, their physicians is always like some, some level of burnout, first, that they see amongst the administrators, the physicians during the pandemic, right.

And they see that as as uncertainty. Right. And so a lot of these medical students are kind of going within themselves as they hey, what truly matters for me, right now.

So I think it's a great conversation for me. Am I supposed to have. But at the same time, we also see the opposite, where people just kind of wall off to themselves and be even lonelier.

So I think that the if we make conversations like this, like commonplace and normal within our physician community, we really have to show the medical students and the residents that, hey, it's okay to talk about this, right?

We want to talk about this, and we should have an an open. You agree? I totally agree, I think, you know, that goes back to something we were talking about earlier, sort of the culture of medicine.

And yeah, you know, the the hesitancy to display any level of vulnerability, you know, and, and you know, I think that's what has made it so difficult on one level for our colleagues when, when they are struggling with mental health issues and, and I also want to say that, you know, I'm concerned about the tail to this moment.

As we come out of this moment, I think to me, and I've said this to some of our, our leadership, at least this, this wave, this is sort of the third wave for us here in Florida of, of the pandemic, of Covid rather. And, you know, it's kind of like a third tour in Afghanistan.

You know, with all due respect to my armed services, to the armed services, people that serve, you know, I would imagine because I haven't been to Afghanistan, that, you know, you know, a little more of what to expect.

You know, there's always nuances. And the enemy has evolved, you know, over time. But you kind of know what to expect. And you hunker down and you do the job and you focus on mission.

And it's not easy, but you do what you got to do, and then it ends, God willing, and you come home. And as we all know, from, what we see at the VA and with many of, you know, the patients that we made treated, we've had those kind of experiences.

You know, often there is a real PTSD, you know, a tail to that, that, it can be really challenging, obviously, and require, you know, a lot of intervention.

And I am concerned in a similar way that, you know, we will we'll make it through this, this, this moment of Covid, but, we're going to have some work to do and that we will continue to have many colleagues.

And I say, colleagues really across health care, not just physicians who will be suffering, coming out of this.

Integrative Medicine, Collaboration, and Health Coaching

And so I hope, to the point that we both trying to make about lemonade that, you know, there'll be I'm sure there will, but, this ongoing effort to make sure that we, we do whatever we can to continue to support, each other, quite frankly, you know, because I don't think it's going to be over, you know, when, when the Covid surge is over and we can stop wearing masks right now. You're absolutely right.

And keeping the conversation alive and keeping an open, is the most important thing. Not it doesn't have to be on social media just a few amongst, you know, our our, our physician and ally health professional friends.

But keep the conversation about, burnout. But also be careful not to place blame. I think you said earlier, but, you know, understand that there are some things and there's disagreements between people and between patients and between philosophies.

But the idea is not to to you, not to be divided upon preexisting notions, but to be united amongst, amongst the the impairments of what we perceive to be self-worth.

And I think that's, that's the most important part is getting the conversation out there. And, you know, it doesn't matter if I'm speaking to a pro-vaccine or anti-vaxxer or non vaxxed or whatever you want to call it these days.

None of that matters. We all have the same struggles we all have. We all have human needs that may or may not be met, and we all should have that same level of stubborn resilience.

And the operating system is still the same no matter what type of human we categorize us as. Right. Without, you know, there's another book that I just read, Adam.

I think, again, Adam Grant, that's, you know, looks at we live in such a polarized society, an interesting book looking at, you know, how people form these opinions and trying to ultimately help us to find ways to better understand each other.

Because to your point, if we want to focus on blame, I mean, we just that isn't going to solve any of the issues that we're dealing with, you know? Yeah.

And we need to pull together even even with our differences, to, to, to find ways to, to do our best to make it through moments like this and, and continue to try to thrive.

Absolutely. So let's talk about Mayo Clinic, for example, because earlier you said that there's this health futures within Mayo Clinic, right. You said they're coaching patients as well as the staff as well.

Yeah. I mean, it's an evolving it's evolving. So up in Rochester, you know, we have three major campuses and then we have, other facilities around. But so the three major campuses are Rochester, Ford, and Arizona.

I'm in the Florida campus. So the the mothership is Rochester. That's where Mayo Clinic was founded, of course, Minnesota, I think I thought it was New York for probably up until probably was asked to come in interview.

And I was like, oh, excuse me, that assumption, you know, anyways, there's there's a share. And they, they've had health coaching, for employees up in Rochester for a number of years.

One of my interest, actually coming out of Duke, which is where I really got exposed to health coaching, when I ran the integrative program there, I really became a fan, saw it as a bit of a missing link in terms of, you know, health behavior, health behavior modification being so critical to certainly preventing but often even treating many of the chronic diseases that right intake society.

Yet who's the person that can help with that. You know, I mean so, when I had the opportunity to come to Mayo, I knew I wanted to really integrate it into our clinical practice.

And so fortunately, I, I had a lot of support from administrative colleagues and others. And so, you know, we have an order in our electronic health record, just like in order for any other allied health professional and, you know, I routinely, put those orders in more of our, of our physicians routinely ordered.

I think we've had it up and running probably, well, probably pre-pandemic, but maybe just around the time. So, you know, I would say a year and a half, whatever we're finding ourselves in now a little over, that we've had that up and running and, and we're looking at developing, as are others, of course, you know, group health models.

We have some research projects underway where we're integrating health coaching. One for our employees. We have some probably a project right now. It's, patients with lung cancer and their caregivers.

So we try to use a coaching dynamic to not only support the patients, but support their caregivers. And, and, you know, I know this is an area of expertise of yours as well.

And so, of course, you know, I think there's a lot of interesting things happening across the country as it relates to health coaching. So it's exciting to see what will happen over the next few years.

Yeah, I have my I have two coaches myself for just for me, I joke once from my left brain, once my right brain, but it's kind of true. Okay. Yeah. So, you know, thank you for being on and what a what a great conversation.

And thank you for, you know, showing your stories and your vulnerability, as well. It's something that I think that I truly admire whenever physicians, open up and be vulnerable and just share some stories.

And I think that's what's truly needed for establishing a really stronghold for the tell this, pandemic, as you were, as you were saying and I think that health care is going to progress if we have better conversations.

So thank you very much. Well, thank you. And again, it was an honor to be on here. And, I really appreciate the opportunity. Thank.