Revitalizing Through Trauma: Dr. Andrea Austin's Journey to Thriving Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to Heartline and the Episode Theme

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

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

Welcome back to Heartline Changemaking and Healthcare. I'm your host, Dr. Andrea Austin. In this episode, I'm sharing a chapter from my book Revitalized, one that feels especially close to my heart right now.

As I recover from the most significant physical injury I've ever had, a proximal humerus fracture on my dominant arm no less, I found myself drawing deeply on the lessons I wrote about, ones forged during the pandemic shaped by my deployment and refined through the writing of this book.

The truth is, this chapter on trauma has taken on a new meaning for me. The inner work I've done through coaching and therapy has made it possible to meet this moment with strength, grace, and resilience.

Lately, what's resonating most is the power of and. My arm hurts and I'm still showing up for my physical therapy. My arm hurts and I'm still finding moments of joy each day.

Take a listen to this chapter, and if you'd like to hear the whole book, you can find the audio version on Audible by searching Revitalize by Andrea Austin.

Burnout, Trauma, and Revitalization

Paperback and ebook versions are available on Amazon and IngramSpark. To learn more, head over to andreaaustinmd.com. Let's get started. Part three, the revitalization.

Could you accept the burnout? Could you accept that you're having it and that to get through it, maybe look into what you need and what would get you on the path of integrity to practicing medicine in a way that would actually feel good and in a way that you could show up as your best self?

me from Heartline Podcast, March 12, 2024. While I had experienced episodes of burnout before, the episode that occurred at the end of the pandemic was different.

Prior episodes felt temporary, and with a few tweaks, I could bounce back. This one was on a soul level and was a clear inflection point in my life. There's no experiencing life or thinking in the old way.

I was changed. During the past episodes of burnout, I turned outward. I looked for a solution that would work for someone else and tried it on me. This time, I felt a pull to go inward.

After several months, I began to feel a clarity emerge and an optimism begin to surface. Inflection point plus inner work plus clarity equals revitalization.

Revitalization is defined as imbuing something with new life and vitality. What I like most about revitalization is the re- emphasizing the past. The past is still there.

No matter how painful it is, it is integral to the revitalization process. Simply going through something terrible or traumatic will not guarantee revitalization.

Many people go through traumatic experiences, get stuck in a trauma loop and aren't able to move forward. Or they move forward without gaining the insights and the next time the new trauma occurs it's like they're going through it for the first time again.

What does doing the inner work look like? I was once asked how long it takes to recover from burnout or moral injury. I can't answer that question. I can share tools that helped me, and I trust each physician knows their life best and will take what is helpful and craft their revitalization.

Doing the work, this phrase refers to the lifelong process of taking intentional steps towards self-improvement. I want to provide definitions and discuss how different forms of assistance are available to help you do the work or even figure out what doing the work means for you.

Therapy, Coaching, and Doing the Work

As healthcare professionals, we refer patients to mental health services, but we don't receive extensive training about the various types of therapy or counseling services available.

My friend and colleague, Anna Rainville, a licensed marriage and family therapist and founder of Grounded Roots Mental Therapy, specializes in trauma.

She categorizes therapeutic approaches into two major types. The first is top-down therapy, which includes cognitive behavioral therapy, or CBT, a specific talk therapy.

Psychodynamic and interpersonal therapy are other examples of talk therapy. The second type is bottom-up therapy, which utilizes modalities that use body sensations to process memory stored in the nervous system to promote long-term healing.

EMDR is an example of this approach. Understanding these options is essential for those seeking a therapist and those providing referrals. Talk therapy has become embedded in American pop culture and featured in countless movies, podcasts, and TV shows.

In contrast, bottom-up modalities like EMDR, somatic experiences such as yoga or dance-based therapy, and art-based approaches are just starting to gain more attention.

Despite being viewed as woo-woo, the evidence supporting bottom-up approaches is growing, and large healthcare systems, including the Veterans Administration, are increasingly reimbursing and encouraging these modalities.

If you or someone you know has been trying talk-based therapy and not improving, especially if trauma is involved, it may be time for a bottom-up approach.

I also talk about coaching. The International Federation defines coaching as partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential.

Coaching is future-focused, meaning there isn't much looking back at the past. While coaching can be therapeutic, it is not therapy. Coaches don't treat or diagnose mental health disorders.

Coaching assumes that the client can fully manage their own life and through the partnering aspect of coaching, the client can unlock solutions to be more fulfilled and address life challenges.

Do you need a coach or a therapist? This can be a difficult question to unravel. When in doubt, I'd recommend starting with a therapist. The rate of PTSD in healthcare workers is about 40% and 30% of healthcare workers meet diagnostic criteria for clinical depression.

Given the rates of mental health conditions, if you have any concerns, others have expressed concerns to you, I

highly recommend contacting a therapist.

In addition, as my therapist so brashly stated, we all walk around with our own bags of shit. I've yet to meet the person with the perfect childhood, from parenting to schooling to friendships.

No one escapes life. Some experiences can lead to maladaptive coping mechanisms. While you may meet no diagnostic criteria in the DSM-5, that isn't the bar we're trying to reach.

We're talking about thriving, not simply the absence of illness. Sadly, if you don't choose to do the work, hospitals and state medical boards refer physicians to extraordinary punitive programs rooted in a culture of shame.

I highly recommend reading If I Betray These Words by Wendy Dean and Simon Talbot. They highlight the story of a physician on call nearly every day and night who is maligned by his organization and eventually referred to a physician health program.

The way he was treated in an intensive residential program was cruel. He ultimately committed suicide. I encourage physicians to reach out for help well before any state medical board or formal actions from employers get involved.

Once an outside entity is involved, it takes away the autonomy of the medical professional to choose the approach they prefer and at a time and financial cost they are comfortable with.

Addiction also occurs among doctors, and this can vary from substances such as alcohol or opioids.

Lifequakes, VUCA, and Hard Conversations

In addition, shopping, gambling, and even internet usage can become an addiction or have addictive behavioral patterns. Addiction therapy is beyond this book.

I acknowledge it because it's a real problem, and doctors face a unique stigma compounded by the ease of access to controlled substances. Even if it doesn't progress to an addiction that meets clinical criteria, many of us spend money in ways to offset the emotional pain of doctoring.

I know many miserable doctors. Returning to Dr. Tal Ben-Shahar's framework, this is living in the hedonism quadrant. It's a fun place to live in. I have designer shoes, purses, and first-class memories to prove it.

If those items are within your budget and fulfilling, go for it. There was a phase in which I consumed uncomfortably as it was a reward or treat because I worked hard.

I deserved it. Or on bad days, my job is terrible and I deserve these fancy things. In the book, Your Money or Your Life, Nine Steps to Transforming Your Relationship with Money and Achieving Independence by Vicki Robin and Joe Dominguez, they share that however much money you make, you have to subtract the money you spend to survive doing it.

For example, if you hate your job and need to take quarterly all-inclusive vacations to keep yourself going back, you need to subtract those vacations from your salary.

I'm not against travel. I love it. And later in this book, I'll talk about therapeutic travel, a more embodied way to travel that doesn't have the hedonistic or escape edge that some travel has when we're miserable in a job.

When done in a way in line with your values, boundaries, and priorities, including finances, travel is a great way to continue growing as an adult, enrich neuroplasticity, and connect with people.

As I continued my personal and professional revitalization, I didn't feel the need to make huge designer purchases or constantly travel. I found myself more embodied and okay with staying home with less stuff, knowing I already

have a beautiful and very comfortable home.

Let's return to the question, coach or therapist? For me, it's both. Different times in my life have required more support from a therapist or a coach.

The most important thing is to find coaches and therapists who are well-trained and experienced and keep your interest at heart. For example, in a session with my coach, I kept returning to encounter with a bully.

She stopped me and asked permission to give advice and then recommended I bring this past trauma up with my therapist. As I made strides with my therapist and discussed how ongoing support looked, she agreed that a group coaching program for physicians would be a great source of ongoing development.

It would be a way to continue to do the work. For me, I still check in regularly with my therapist as we determined at least for now, I work in a high stress job with ongoing exposure to trauma.

and at least monthly sessions are good for me. It helps to have one place to go and be assured that what I share is confidential and I can cry and process the complex parts of life and doctoring.

Coaching is particularly beneficial when you feel that you need a change and you're unsure about what you want or need. Maybe you're feeling bored or otherwise unfulfilled by a job.

or change gets thrust on you. Perhaps you're being tagged with a new project or running into an interpersonal or team challenge that is new or particularly difficult.

My friend, Dr. Amy Virtres introduced me to the term lifequakes. Lifequakes come in many shapes and sizes and include the death of a loved one, loss of a job, divorce, or health issue.

Resources, Reflection, and Closing Thoughts

In the current world, and especially in healthcare, we are living through a time of VUCA, volatility, uncertainty, complexity, and ambiguity. Healthcare is undergoing horizontal and vertical integration, which means the entity you work for may be acquired.

It also means that doctors are caught between various competing interests. For example, you may be facing competing interests between patient safety and hospital politics to avoid causing conflict and maintain a contract that keeps your group afloat.

The pandemic was VUCA on steroids. The myths and disinformation that followed were and still is equivalent to Hold My Beer. How can we make this pandemic even more awful?

How do we navigate the buccaness of it all? We do the work. One afternoon, I called up a doctor friend and shared a vexing moment on shift. I shared that instead of stifling what I thought, which after years of doing that had caused me to nearly leave medicine, I vocalized my concern.

I had a difficult conversation with two colleagues about how I felt after an earlier interaction in our shift. To this day, I have a good relationship with both colleagues, mainly due to those conversations.

I lamented that I didn't handle the situation perfectly when talking to my friend. My voice began to quiver and I don't always deliver the message in the most Zen way possible.

She laughed and said, that's what they mean by doing the work. No one said that doing the work is comfortable or easy. Note I am a process perfectionist discussed more in the chapter on adaptive perfectionism.

Even though I got through the hard conversation, I will get tripped up by how it unfolded, wasn't perfect. Hard conversations aren't meant to be perfect.

That's why they're hard. Also, while there's a place for emotional regulation, there is a place for emotion. The goal is not to remove emotion from these moments.

It's to convey it in a way that doesn't dampen the message. Reflecting on the hard conversation, I know that my colleagues and I relate better because they saw that what happened hurt me.

I showed emotion, which was vulnerable. In this vulnerability, we found a connection. The ability to get vulnerable at that moment was built on years of work, and my ability to access vulnerability was primarily based on Dr.

Brene Brown's books and podcasts. Cautionary Note Beware of predatory coaching programs. Coaching is still an unregulated industry. There are accreditation bodies, including the International Coaching Federation, ICF, mentioned earlier with a heavy emphasis on ethical practice.

Many times, people contact coaches when they're at rock bottom. While I believe in the value of coaching, don't let it erode your financial well-being.

Read on to craft your revitalization. Reflect. What are areas that you'd like to grow more personally or professionally? Reimagine. What would support look like to grow in the ways that you desire?

Respond. What action can you take to start the process of more support on your journey? resources. Dr. Lorna Breen's death inspired me to be vulnerable and share my story in this book.

She committed suicide during the early portion of the pandemic. Her suicide was part due to her fear that her mental health condition would be reported to a medical board or credentialing committee and could derail her career.

I saw myself in Dr. Breen and knew that I could have succumbed to suicide primarily due to the stigma of reaching out for help. I am a proud ambassador of the Dr.

Lorna Breen Heroes Foundation. Check out their Take Action page for organizational and individual resources, including the toolkit to remove intrusive questions from licensure and credentialing applications.

you can find all this information at drloranabreen.org. I would also encourage you to consider becoming an ambassador. Encourage your organization to join the All In Caring for Caregivers and all this information is at drloranabreen.org.

I wanna leave you with a quote from the following chapter. It says, operation heal thyself. I was in this cocoon, kind of way, and I knew I had to get out.

I just knew it was on a soul level. I still needed to keep going, reconnect to my heart and find my essence again. This was a quote from Dr. Michelle Woolhouse describing breaking from burnout and her recovery on the Heartline podcast and a great episode to go back to from August of 2023. With that, keep following your heartline.

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

You'll find resources and ways to connect with me for coaching, speaking, or consulting. Don't forget to subscribe, leave a five-star review, and share this episode with a friend or colleague.

Until next time, keep following your heartline. This podcast represents the views of the host and guests. It does not represent the views of any entity we work for or with.

It is also for informational use only and does not replace any professional advice, including medical or psychological. If you are interested in unlocking your true potential, reach out to me.

If you're an organization interested in supporting the well-being of your people, I'd love to connect on innovative solutions. Schedule a strategy session at andreaaustinmd.com