Introduction to Heartline and the change-making conversation

Welcome to Heartline, conversations with healthcare changemakers following their heartline. I'm your host, Dr. Andrea Austin. I'm an emergency medicine physician, coach, and educator.

I believe that healthcare needs to improve the quality care that patients receive and that supporting the workers is at the heart of this transformation.

Well, I am really excited today that I get to turn the mic on Dr Andrea Austin. This is our second attempt in full disclosure at this episode. We had really planned to do it for Andrea's milestone of 100 episodes of the Heartline podcast, which congratulations, that's no mean feat.

We wanted to talk a bit more about Andrea's fascinating research. I'm really excited to dive into this today on change making in healthcare, which I think is a topic that we have visited many times through our podcasts.

And it starts to really draw together some of the themes that have emerged in our own work in a more concrete way, certainly from my perspective when I've read.

Now, the other side to this story, and we'll get into, you know, that this work is hard and it's hard to maintain momentum and motivation. I think it was Andrea herself that said, you know, health care is a bit on fire right now.

And Andrea had done a really tough run of shifts when we first attempted to do this recording. And what we now realise in retrospect that we should have just taken the time to have a good debrief and some shared peer support.

which is one of my stabilising relationships and that's one of the themes that certainly emerged in her research. So I'm excited today to have another attempt at this and really look at what are the areas when this work is hard that we can use as individuals and collectively to enact the positive change that we want to see in healthcare.

Hello Andrea. Hello. Thanks for having me. It's kind of strange doing an introduction when it's not really my podcast. It's kind of a crossover, but I am really, I'm excited.

And yeah, it's just like coming home, having a conversation with Dr. Andrea Austin. And we're going to talk a bit about change today and how we enable change.

Yep, I'm here for it. I like this idea of hope as something that we co-create through really intentional and smart strategy. So using the science of change and the practice.

And I think a couple of my recent episodes have really drilled down further on how we do this in healthcare. So that I've gone on a bit of a tangent already, but the reason we didn't have, or we kind of binned our first podcast episode.

once you'd had a really rough couple of shifts. And I think I've quoted you a few times when you're healthcare, healthcare can be a bin fire right now.

And it can be really tough. And I think when you're in the thick of it, it's easy to become lost in that and we will we'll talk a bit about that but I think that's really important to acknowledge and you and I said together we probably should have had a good debrief and a peer support session and I know that's something that's become critically important to me over time but we'll also want to We want to create strategic hope.

What is working well? What can we learn from excellence? And again, those kind of pockets of bright light are things that we really look for in our podcasts.

How can we act within our sphere of control and envelopes?

Why Andrea studied changemakers and agency in healthcare

And so that is something that I want to bring in today and I think it's very relevant because you have done some really interesting research through your masters and I had the privilege of reading your thesis recently and there's so many themes that I want to discuss today.

So with that rather lengthy preamble. Tell me a bit about how your research, why you chose the theme of change and change making a couple of years ago and then take an opportunity to dive deeper into the research.

Yeah, so it's interesting going through the thesis process. And my initial draft was actually on a study about the phenomenon of learned helplessness in physicians.

And as I pulled the literature for that and began writing it up, the practicality of how are you going to study, like, hi, I identify as somebody with learned helplessness.

It's a very difficult study to recruit for. So I kind of, you know, when you're looking at the negative, and it's funny about the episode that didn't work out between us, you look at the negative and it's like, okay, what happened there?

And then what's the positive? What's the different way to look at this? So if physicians are experiencing learned helplessness, the opposite of that is feeling agency.

And so the end product of my research is not to create more people with learned helplessness is to have more people that are with the positive, the agency and the change making.

So that's where the initial idea came from. And then, you know, I'm fortunate that I have a great thesis committee and, you know, two PhDs on the committee that are really steeped in the theoretical framing.

And I'm sure we'll get into that. But it was really about trying to solve this problem of the lack of engagement, involvement, hope that we have in healthcare right now.

And I think building on what we started by saying, we don't want to be Pollyanna about this and pretend that there's not real problems, but it can be very difficult, particularly as an individual in the moment.

And you really have to go internally and protect yourself. You can only start where you are and within your own sphere and locus of control and influence.

But I think some of the work that you have done in building on some of my recent episodes with Dr. Pidja Studisic and Dr. Don Berwick about organising and method immobilisation, I think it was Don who said, you know, you don't do this work alone.

And so that is what I find fascinating about your research, because it pulls a lot of these themes out in terms of how you actually go about this. If you're starting as an individual thinking, I want to make a difference, I want to enact and find my agency.

So I might strip it back because you've given us a bit of an insight as to why this is important and I think anyone who knows you knows that this is a core area of interest and it's your passion and mission.

What do we mean by a change maker? And you may talk about change agents because you talk about this in your book as well. Yeah, so I chose the term changemaker very deliberately.

And it's a term that was developed in kind of a random website link, PDF. It's not published in a peer-reviewed paper. But the author described a changemaker as somebody who makes a change that's for societal good.

And where I feel very strongly about where healthcare needs to go is coming back to that framework of, you know, at the end of the day, why does healthcare exist?

It exists to take care of people. And I think part of the reason a lot of people are suffering from burnout and dissatisfaction in the workplace is they don't feel like healthcare is doing its sole purpose, its actual role to take care of people, or at least it's not doing it in the way we think is best.

Change agent, there's tons of change agents running around healthcare right now. There's people that are making changes that don't necessarily align with societal good, that don't align with the triple aim or the quadruple aim.

So to get at the inclusion criteria for our study is needed to be a change. that was in line with the quadruple aim, which any listeners of your pod will know that that has to be something that was good for individual patients and patient outcomes, that is cost conscious.

And the quadruple aim adds that it's good for the healthcare professionals working as well. So that was the framework we used for finding the change makers that we studied.

I think that's important because aggressive change for change's sake is really unsettling. I've used the word aggressive there, but I think I was once told not to use the word change because it is very aggressive.

Intentional change with purpose to do good and to align with the mission, that is different.

Defining changemakers and the study design

I think terms like Progress and evolution are maybe a bit more gentle, but there's definitely a learning anxiety and I have felt that when new change projects have come into my world and professionally and I have resisted very strongly.

So we might visit that as we go through and the kind of challenges. So you've decided that you're going to focus on this as part of your research and this was a qualitative research project.

You have some great co- and mentors and supervisors on your team and I've had a recent conversation with Dr. Josh Hartsell and some of his work in the book will come up no doubt in our conversation.

So how did you identify your study participants? Yeah, so we used that they had to have done a change that was in line with the quadruple aim, and they had to actually enact it.

It couldn't be a good idea. It had to be something that happened. And it was word of mouth, as a lot of these studies are. So we used primarily my network and Dr.

Josh Hartzell's. We did choose physicians. And we also chose physicians in the United States. And I went with that because I wanted to make sure I understood the context of the change.

And I just didn't feel like I understood, at least when we were writing this proposal. You know, if I had to go back and do it again, I don't know if that would have been such an important part of it.

Certainly there's lots of room for more studies. But I did want to do physicians particularly because I do feel like they face some really unique challenges with being changemakers.

I think one of the things we haven't talked a ton about is, you know, to be a physician and to know that medical knowledge is doubling approximately every three months.

And there's a lot of tension to stay clinically relevant and certainly fear that if I'm not keeping up on my clinical skills, I may make a mistake. I could hurt somebody.

I could get sued. So I think there's a lot of physicians that may want to be more involved in change making, but feel that tension of, well, I have to work X number of shifts, I have to do this much, else I'll lose my clinical skills.

So I really wanted to understand physicians that were successful in change making and that were able to ride that wave of being a physician in particular.

What do we know about this so far? What literature exists already on this topic and anything in healthcare specifically? Yeah, so really interesting. When you look at change agents or change management in the health care context, most of what will come up is things related to quality improvement and more describing how to specifically enact a change.

You'll find papers that will tell you about Cotter's change framework, which I see you shaking your head. You can't graduate with an MBA without learning about Cotter's.

So you'll see papers that describe using Cotters and applying it in a health care context. But really, there's no rich description of any study population like ours that were in this study.

There is some description of change makers, or I think they use the term change agents, in the medical education space that were able to successfully enact curricular change.

There's a lot of opinion pieces like, you know, hey, healthcare is really broken. You know, we need to make change and we need to teach residents and fellows how to do that.

But this is really an underdeveloped area. And I know we'll get to it, but I think probably one of the most important things that came out of this paper is not only the description of the individual factors, but, you know, the call to action of this paper was the organizational actions that can be put into place that foster more changemakers.

And, you know, that's honestly what I'm most proud of and that I can't wait for that to really get disseminated into the world. I've highlighted this crucial interplay between individual agency, which we'll talk about, and the organisational support for changemaking.

So let's go back then. You start to do, and is it semi-structured interviews was the format? Yep. Yep, so semi-structured, we had like an interview guide, but then the fun part about qualitative research is you can use your intuition.

And, you know, it's funny, I never really set out to be a qualitative researcher, but I also was had a podcast and I didn't realize I was building a qualitative research study, essentially, training ground through interviewing.

So, you know, there definitely was the script, but then somebody says something and, you know, if you think of a question, you know, you want to follow it down, you had the flexibility to do that because inevitably people bring up things that you weren't expecting.

So that's the nice part of having something semi-structured. So on that, when you were actually devising your first questions, what did you draw on? Did you draw on some of your past experiences through interviewing many, many physicians through the podcast?

Was there any existing frameworks that you were able to draw onto? Yeah, so the cool part. I mean, it doesn't seem cool when you're doing it when you go through a master's program and mine, you know, to really was focused on publication and research is understanding a theoretical framework and so The theoretical framework that we used for our paper gets at this idea that no change happens without a personal transformation.

And that's Chris Argers's work that transformative learning on the individual level fuels transformational change on the organizational level. So we used that as the theoretical grounding to then start to develop questions.

The research landscape and theoretical framework

Essentially, when I looked at Cotters, you know, doctors are smart. If enacting change in healthcare was as easy as following Cotters, then we would all be doing it and we'd all be working in great systems.

So clearly, it's not just about following the steps in Cotters. And so when I developed the questions, I really wanted to understand the connective tissue between the steps and codders.

Like, oh, I'm supposed to create a coalition. OK. Well, how do you create a coalition of people around you? Like, actually, what were the steps? And what were the things that you did that were kind of individual?

Like, I'm going to read Brene Brown's book. And what were the things that the organization did that accelerated your growth? Because to be frank, like, we can't go at the pace of improving things that we're at right now, where any system is out of money.

and our health outcomes are too abysmal to go at this pace. So from my standpoint, the only way we're going to get out from underneath of this mess is that we rapidly accelerate the number of changemakers and shorten their growth curve.

that Chris Argers's work started the questions and then just pulling from other literature and, you know, really hashing it out with the thesis advisors and, you know, my team, and I should mention them right now, Annie Wildermuth, Dr.

Wildermuth, PhD, also a physician associate, also a dietitian and a leadership coach, has like an amazing background, tons of leadership experience. And then Dr.

Josh Hartsell, which they should definitely listen to Josh's episode on your podcast and my podcast, you know, retired army colonel. Prior program director, you know, just steeped in the leadership literature, both inside and outside of medicine.

And then Jerusalem, Dr. Merkabu, PhD, and her background is in emotions. So hopefully we'll have some time to talk about that and really, you know, what we found out about emotions and change makers.

Before we get into some of the results, what were your research hypotheses going into the study before you had conducted the interviews and started to draw out the themes?

Yeah, it's interesting with qualitative research. Is it inductive or deductive? We all go in with our thoughts of who are the changemakers that we've seen around us.

We didn't hypothesize what the themes specifically were going to be. We went in with really open, really we didn't even go in with the framework that we would end up necessarily with these individual and organizational.

I mean we did ask those types of questions but the study was really quite open-ended and we were just going to see what the data showed. I mean I think it's both fascinating but also quite validating to read some of these themes.

I don't necessarily find them very surprising. So I might let you tell me some of the core themes. I've written them all down here and then we can go into a couple of them.

Yeah, I mean, in some ways, you know, it's like, okay, are they, you know, what's the purpose of doing this research? We could, you know, maybe, you know, you're going to come to conclusion that, of course, all these things are really important if you read leadership books.

And I totally understand that. But I think there's some subtleties and nuances. So insatiable learning, you got to be a lifelong learner. Inspiration and sustainment in changemaking, which facilitates courage and resilience.

We can talk a little bit specifically about what we found in this population. Navigating the complex emotional

landscape of leading change. Communicating for influence.

Listening for dissent and intentional messaging. And then at the organizational level, job crafting to enhance changemaking and owning change. So, I mean, you could dive into any one of these topics.

I mean, I think the lifelong learning, the kind of growth and learning mindset stands out for me. But I wanted to talk about sustaining inspiration because I think this is the really challenging one.

And when you talk about the nuance, you are able to dive into a bit more detail about how people actually maintained motivation and I know I'll get you to expand, but part of this is, as we've said at the beginning, the mission and purpose driven piece.

But how do you sustain that, particularly as an individual if you don't have the collective and if you don't have organisational support? So tell me a bit more about the nuance of what you found when you spoke with your study participants.

Yeah, I think a lot of us have been excited about a project when it first starts, and then that wanes. And so one of the questions was about, how do you really keep that energy going?

And what people described is they would go back in their life. They would think about, why did I pick up this project? One person described, I witnessed members of my family being discriminated against in the health care system.

And that impacted their you know they had premature deaths certainly related to that.

Key themes: learning, inspiration, emotions, and communication

And so that keeps me going even though this is really hard work and I'm in another meeting or I'm staying late you know other people talked about like I was a patient.

I was somebody that had chronic pain and was treated poorly by the medical system. So digging back into that narrative of your own life and the connections and wanting to pay that forward and not only use it as activation energy, but use it as that sustainment energy.

activation energy, I like that. And it goes back to what you said about the story of self. So again, I think of Pedja and Marshall Gan's work, People Power Change, the story of self was now in that self and really is driving the purpose and the mission.

So a couple of other things that I saw, and we talked about at the beginning of this episode how our own first attempt at this fell apart, but the stabilising relationships, and I think about peer support and I think about you when I think of one of my stabilising relationships professionally, but also being able to zoom in and zoom out.

So you have to step back for self-preservation energy and, you know, kind of to recharge and redirect. Yeah, so, yeah, I mean, there were specific behaviors that people described, like I block my schedule, so literally, you know, no one can put any meetings in there, no clinical shifts, and it's my mental health day.

I write this email and it stays in the draft folder. You know, definitely this management of self, which you and I have talked about so many times, But again, like really being granular on those things, and they're all different for any individual person.

But, you know, I think we need to get to a place where people graduate medical school, certainly refine in residency how they manage themselves. Because, you know, we talked about it, you can't lead a team, you can't manage others if you're not managing yourself.

I think the other thing that I've kind of written down here that relates to that and something you and I have visited

many, many times through our podcast, this idea of job crafting and having to very consciously create your professional landscape to fit and make room for the other areas, the mission and the passion projects, the change.

I think importantly, you said, you know, a lot of your participants have highlighted the importance of compensated time for change making and, you know, facilitating their job crafting, because I still think that's the piece that, you know, inevitably we're not really getting.

Yeah, and I think back to the, I just listened to the episode you recorded with, and I'm sorry, I'm like hypoglycemic right now, but it was the dual episode where you took us with Catherine Croc, and I'm blanking on his very, yes, very famous person.

And all these people are running around your organization with these unique gifts. And it's from the fulfillment literature in healthcare they don't need a ton of a buy down.

I mean, I get it. Not everyone can be a dean and have, you know, 80% buy down. But what could happen in your organization with, you know, really small seed grants?

I mean, that was something that came up with one of the, during one of the interviews is somebody describing I was a junior faculty member and getting this seed grant.

It was like $20,000. It made all the difference in his career. And he really pointed quite a bit to that one little grant in the grant scheme of things gave him so much what he felt from the organization and then what he was able to do externally.

He used that to provide branded materials from his university to other people in a professional society. And that meant a lot to him. So I just think about that, like, you know, all the money that's spent in healthcare.

And, you know, it may not take that much to unlock the gifts of the people working in your organization. So building on that, I mean, there's somebody who's felt that their organization has invested in them and then has exponentially delivered.

You identified that organizational support was mission critical to actually be effective. Again, this is the part that doesn't really surprise me, but tell me a bit more about the mechanics of this.

Yeah, so, you know, people describe their organizations as large, bureaucratic, challenging, political things they needed to navigate, but nobody in this study described it as toxic.

And I think that's really important for people to reflect on. But I do want people to leave today with a few things. And so this really, you know, felt like, I don't know, the comings together of a symphony for me and so many things that you and I have talked about.

So if your organization values insatiable learning, then you have to put some money into funding things that support insatiable learning. So whether that's protected time for getting a certificate or a seminar series, but you have to actually fund it.

When you look at inspiration and sustainment and change making, that's where coaching and peer support And that's where just culture, you know, why is anybody going to want to try to do anything in your organization and try to improve it if they don't think at the end of the day, it's a place where good things happen.

Sponsorship relies on that. Sustainment and starting change also, you've got to have appropriate workloads. If everyone's running on fumes, I can attest that many times when I've ran on fumes in my life, my creativity in problem solving goes completely down.

So if you've got big complex problems, people need to not be in a fight or flight situation. navigating the complex emotional landscape, that's about developing a greater emotional capacity.

So having programs that support metacognitive reflection, narrative medicine, Schwartz rounds. These are all things that we've talked about, but what I love about this is it's finally pulling it together.

This is why these programs matter, because these programs create more full humans with greater emotional capacity. that are going to be able to listen.

You know, one of the themes was listening for dissent. It takes a ton of emotional intelligence to listen for dissent, to be secure enough in your self-worth that I can hear that Cheryl really doesn't think this process improvement project's gonna work.

And for me to really sit next to you and try to understand your perspective and maybe you have some historical context to really do that. So these other types of programs provide that.

And there's one other thing I want to say about communicating for influence in doctors need more PR training.

Organizational support, dissent, and coalition-building

We need to start doing PR training in medical school and you know some of us got some in undergrad that you take a communications class and you have to like pitch something.

We need more help understanding how to pitch things because we think the way I was taught to not pitch something but the closest thing is let me pull a bunch of research papers and overwhelm somebody with evidence.

Well, the people in the C-suite, most of them, you know, have a business background, and that's not how they're used to hearing information. Like some evidence, sure, but they're expecting, you know, you're used to pitching things with your MBA, but that's what they're expecting.

And so if we have this huge business influence in medicine right now, then we have to understand how to break through all the noise. And that's, you know, something that we just we haven't been taught.

So I'll leave it there. Pick up on any thread. I didn't go through leveraging the system. Can we go on there next? Sure. Can I just pick up on a couple of things?

Listening for Dissent, I'd written down because Josh and I actually had a great conversation about this in the latest podcast. I like the term aggressive listening and I think he quoted quite recently as a general Colin Powell, you know, when your soldiers stop bringing you their problems, you have stopped leading them.

And we kind of, again, looking at some of the Gallup data, you know, when your most enthusiastic employees have gone silent, that you know you really have a problem.

And so did anything come out in terms of being that conduit and connector and looking to get the wider view about how people actually gathered information across an organization?

You know, I think to gather information means that you have to have relationships and you have to have trust. And so that's like the precursor. You know, as far as like scaling that, like on an organizational level, you know, If I could have a magic wand tomorrow, and one of the things I would want to happen in the hospitals I work in is 360 evals, you know, for people and also for programs.

I think there's so much stuff that gets implemented and started, and we never get the feedback piece of it. And it's difficult. You know, it's difficult.

I just trialed a new program in our sim lab. And the nurses loved it and the residents hated it. And it was really challenging for me to hear how much the residents didn't like it.

But now I know and I'm really glad that we piloted it and that we're not going to roll it out for the residents. So on

that, did anything come out in the participants that you interviewed in how they took on the dissenting voices, but also how they continually acted as the bridge between their colleagues?

Yeah, I think I have a lot of tenacity, but tenacity really stood out with the participants and that they really viewed NOAA as a starting place, but I would say that there's a way of viewing NOAA as a starting place and choosing to be manipulative or conniving.

And I wouldn't say that was anybody in this study. You can maybe bully, push things through without creating true consensus or coalitions, but I doubt the change will sustain.

So one of the things that people highlighted is when you're listening for dissent, A, it's uncomfortable and you have to have done the personal work to be able to withstand that.

B, it slows things down. It just simply, your rollout is slower when you're taking feedback. But in the end, you will create a better product and you have a real shot at sustainment.

And so that's why you have to move slower. And I can think back to a couple of times in my career where I've kind of muscled things through. And I've just been like, well, I have the title, I have whatever, and this is what we're going to do.

And inevitably, it's cost me in the relationship group. And then two, those changes just haven't been as durable. Before we go on to some quick hits, based on having been very familiar with this work now and literally steeped in it, What have you taken out of it that you will do differently going forward?

Yeah, I think the two things that really stood out to me was the two sides of the coin was the listening for dissent and the strategic messaging. And that comes back to that PR element of we're in such a fast paced world right now and there's so many things coming at people.

to be really thoughtful of when you're going to enter someone's inbox, really thoughtful when you're going to enter a proposal, because everyone's really inundated, and to really try to have your messaging down, especially if you don't get a lot of shots with a person.

So the other thing that I wanted to ask, I might just spell your thinking, is on the So on building the coalition that we mentioned from Kotter's work, because it is the kind of us piece of this and that you can't do this work alone.

Did anything come out about how people found their critical allies and partners in a crime to lead change efforts? Yeah, you know, I think they they networked.

And that's something that came out of this is you can't do it alone. Nothing in health care right now. And so sometimes the networking is in your institution.

Joining a committee is a form of networking on some level. But depending on what change you're making, your networking may need to extend way outside your own hospital.

If you're trying to change a law, then you're going to need a coalition across your state. So thinking very strategically about, where do I have connections?

Where am I weak? If you want to change the way your hospital manages codes you got to get everybody that's involved in that involved and so I think that's definitely a place and then building that coalition you know from a from a human standpoint you know we all think we're the smartest people and that obviously what we're doing is right so your tendency is going to be to gravitate towards people that you know say yes and like you know agree Again, it takes so much more emotional labor and time and personal strength to really try to get at those dissenting views and to not be fragile around that and to have more curiosity and to be really focused not so much on we're going to end up with the exact thing I think it the way I want it to be about I want to preserve the relationships because the truth is change is so complex there you may be completely right.

But with the way health care is right now, an external event may sort what you need to have happen. And so if you damaged the relationships, then it was for not anyway.

So at the end of the day, what you really have, whether that change goes forward or not, is the relationships. And were you building them for the next fight that's going to come, do people feel that you add integrity throughout the process, even if you end up in different places?

Fantastic. The listening for dissent piece I keep going back to because I think, so Josh and I had an in-depth conversation about this and I had been talking to my dad last week and he was talking about a colleague who chaired a board and he would go around saying, you know, at the end of whatever topic they were discussing and said, so we all agreed and everybody'd be like, yes, and he'd be like, Well, okay, so let's stop.

Let's take a beat. Let's take a step back and think again. What are we missing? What is the dissenting voice? And I think the other example that I always think of came from collective genius, Linda Hill's book.

And I don't know if you've read that, but And I can't remember, she talks a lot about Pixar in that book, so I can't remember if this was a Pixar-specific or it was another organization, but essentially a new CEO in place, all the heads of department had come in for their weekly meeting to share, you know, whatever their division or department, how they were going, and they had a traffic-like system.

And so Green is basically, we're good, we have no problems. And, you know, I think the previous leadership had set the culture and environment where you do not have any problems.

And so everything was green and he said, I'm just seeing green everywhere. You mean, you know, this cannot be right. And, you know, I think, you know, the kind of previous culture had set the tone that you We might not be here next week if we bring, you know, an amber or red slide to this meeting.

And it took a couple of weeks for someone brave enough to have their amber slide. And then it was like, great, you know, our colleague has an issue. Let's all dig in.

Courage, integrity, and where the research goes next

Like, how can we support, how can we explore this further? And then slowly, slowly, you're getting a cultural shift. Yep. Yep. The psychological safety and we reference Amy Edmondson's work.

You know, no, no change that you really want occurs without psychological safety. Going back to the individual, I know I said we go on to quick hits, but I've got one more thing.

And I think the courage and resilience piece comes up again. And I always think about what it means to have courage as a clinician in this space, because at times it can definitely evade you.

In terms of maintaining that courage, did any of your change makers articulate that in a bit more detail? Clearly, the story itself was driving a little bit of that, how they maintained it, particularly if they had a bit of a wobbly or, you know, a negative experience or a setback.

Yeah. I mean, there were definitely people that talked about, you know, essentially standing for something and it was not the politically expedient route.

And they took some, you know, they took some hits for it. And really in those moments, they just focused on, you know, why am I here? Why am I doing this?

You know, going back to those personal narrative pieces. And then also just, you know, I have to look myself in the mirror. I have to go to bed tonight.

And, you know, regardless of what ends up happening, I'm not going to sacrifice my integrity on this. And I think

that's really missing right now in some pockets of our healthcare system.

You know, you and I have talked some about corporate influence in medicine and, you know, If your contract management group is asking you to do things that you know are definitely bad for patients and bad for your colleagues, you need to stand up.

You need to stand up for your people and for your patients and for your community. I think that is what separates our industry from a lot of other industries.

It's not like you know, a piece of clothing or something that's easily replaced when something goes wrong in health care. So I think really trying to develop that courage and integrity piece is really, really key.

Where does the work go next? Yeah, so it'll be in a journal soon. We'll definitely keep you updated where that is. And then I have to do a little bit of soul searching about where this research goes.

You know, do I continue it in kind of my capacity in the places that I work? Does it continue on in a PhD? I think the journey's still evolving. The study population was overrepresented with emergency physicians, and in some ways I'm very happy it was.

because we have the highest burnout. So the people that we're able to change make in our emergency physicians are particularly interesting to me. So we may do a sub analysis of emergency medicine physicians.

And I think that would be really helpful in an EM journal. And I think invited commentary to frame that, those findings. Because at the end of the day, what I really want this work to do is inspire more changemakers.

You and I spoke about this, you know, at length, but it breaks my heart. that we have colleagues that have given so much to become a doctor, and that they hate their jobs, that they've committed suicide, that they're selling houses.

It's fine if you really want to sell houses, but I would much rather keep you in medicine. And I think change-making's a really big part of that pathway.

Fantastic. All right. We've got some time for quick hits, because I want these questions. Quick hits. Let's do it. What have you changed your mind about?

Yeah, I've changed my mind about emergency medicine being completely aft. You know, I think we're in a tough spot, but I also think we're gonna come out of this.

I mean, we have to come out of this. Like, there's no other choice but to come out of this. I think we come out of it faster under certain conditions, but I am more optimistic.

And that's the zooming out of the changemaker in you that I see, because you do need to, for self-preservation, have to step back, recoup, and I see you continually stepping up then.

So, gross. Getting rid of stupid stuff in healthcare. What about is your appetite for this at the moment? What would you get rid of tomorrow? Yeah, I mean, essentially, I think there should be an edict, again, with my magic wand, that you don't get to add a new step in a process without removing two steps in another process.

You know, just constantly, okay, we're gonna add this form, we're gonna add this thing, really? Really? Like, we got to start removing some things at some point, else there really is not going to be any time at the bedside.

So I would really challenge listeners out there. And I know, like, this is the thing. Your heart's in a good spot. You want to be a changemaker. And so you're, you know, OK, we need this new thing to keep patients safe.

How can you take something out somewhere else? Because we just can't keep adding. And take two things. I like it. What is the leadership lesson that you have to keep learning?

Quick hits: optimism, simplification, and leadership lessons

Hmm, I think it's constantly feeling overextended and, you know, not being able, you have to leave enough slack in your schedule for the unexpected to come up, the unexpected that your boss is going to say, I need a solution for this quickly, and the unexpected joy.

Like, I really want to be a guest on that podcast, or I really want to, you know, give a talk at this place. So I'm trying to figure out how to leave about 20% slack in my schedule knowing that inevitably it will still fill up.

Finally, on the selfies now, my theme of the moment, what is your call to action? My call to action is simple. Be a change maker. Yeah. And you don't have to form a new organization.

You don't have to write a book. I'm talking as simple as just standing up for your colleagues and your patients when small, things. If there's a patient safety thing, file the patient safety report, send the email, speak up at your staff meeting.

Just little tiny things, you know, just don't check out. And if you're finding that you continually need to check out, and I would really ask you to take a look, you know, what needs to happen personally for you to be able to check back in.

Yeah, I encourage you to dive into any of Andrea or even my own podcast episodes over the many years where there's lots of episodes to support that personal work too.

I think before we finish, because we didn't really get an opportunity to talk about this, you did birth a book into the world at the end of last year, which is incredible.

And we spoke a bit about it on the end of last year's podcast before the release. And so Revitalized has now been out in the world for about six months.

And if you haven't read it, get your copy. And so what response have you had? Yeah, I mean, you know, it's not flying off the shelves by any stretch. It's what I think our friend Josh describes as a Toyota Corolla launch, you know, it hopefully will last.

hopefully will last a long time. You know, I think the best part is when I get an email or a text message or a screenshot from somebody, and you know, I think that those are very personal things, right?

That somebody shares with me that, you know, hey, this passage really resonated with me. Or the way you described that, I didn't know there was a word for that.

So that's what I'm most happy for. is those very individual moments that readers open up and share what was valuable to them and that the book is resonating with them.

I hope there'll be a book on changemakers coming soon. But on that topic of other books and lifelong learning, you and I are always looking for the next book, the next paper, the next podcast.

Is there anything you've read or listened to lately on these or related topics that you'd recommend? Yeah, I read Malcolm Gladwell's Revenge of the Tipping Point.

I just love Malcolm. It's a really fast read. And I have to admit there were a lot of moments I was kind of scratching my head trying to like really understand the points that he was making.

But the biggest thing I took away from it is everything is a tipping point. And for us right now and how to link this back to change making. It can feel so frustrating that we're talking about taking care of healthcare professionals, that it's fundamental to taking care of patients.

And we feel like we've been saying this for years because we have, but we just haven't hit the tipping point yet. But that doesn't mean it's not coming.

And you know, you look at all the great work that the Lorna Breen Foundation is doing, and I'm so sorry that it took losing Lorna for that organization to birth into the world, but it's doing amazing things.

So for the changemakers out there, you know, sometimes it's slow and steady, but sometimes it is slow and then it's fast all at once. So don't lose faith that it just hasn't gotten to be a tipping point yet that people need to have health care in the United States, that we need to figure out a way to bring down costs in a way that's equitable and fair.

It just hasn't gotten to that point yet, but it doesn't mean it won't. I think that's the message I needed to hear. I need a bit of strategic hope. I'm going to keep pushing on walls and one of these days I'm going to find the weak spot and the tipping point and we're going to have a breakthrough.

I think the other thing is I've just recently joined Peda and his team and Samuel at the heart program for courageous clinicians. So I'll give a bit more information about that on my podcast and we can maybe link it in the show notes.

Book reflections, self-care, and closing remarks

And so that finding your, you know, the coalition and finding your critical friends in this work is very important. One final question, we talk a lot about personal prescriptions for professional and personal wellbeing because that can change day to day, moment to moment and at different times in our life and careers.

Where are you at at the moment and what are you working on to really look after yourself and to keep you stepping up at work? Yeah, I think what I lost during the book was my physical fitness.

I spent a lot of time sitting and writing, so I'm working my way back to that. I'm really proud that I've gone to two yoga classes each Sunday. It's becoming part of my Sunday ritual when I'm not working.

And I'm really, really excited about that, and I've felt really, really good at those classes. And then, okay, there's one other thing, and I'm not wearing the type of shirt that I can show you, but I think you saw on social media, I got a tattoo.

I got the tattoo. Yeah, we'll definitely, we'll figure out a way. But yes, I got a tattoo of the heart that's on my book. And it's been fascinating watching how people respond to it because I've never had a tattoo.

And you know, I was after my yoga class, I was in the grocery store and this woman came up to me and she goes, is that real? And I was just kind of I think I was also hypoglycemic and I was kind of like, what are you talking about?

And then she's like, that. And then we had this like really nice exchange about, you know, what it was and then the artist who did it. And so it's been kind of this like unexpected form of connection with people that I'm still trying to wrap my head around.

So yeah, yoga and tattoos. Maybe call that the name of the episode. Yeah. And I think just on birthing the book, I have a good friend who has some tattoos that really remind her of her children.

And so you have this, you know, that this book is part of you and it's such a beautiful artwork as well. Thank you. Yes. Well, this has been really, really fun.

And I want to come on your pod and interview you sometime, because I think it's nice. I've received feedback that listeners want to hear every once in a while from me in the guest chair.

So I think we need to get Cheryl in. I keep up the great work. It's you that keeps me showing up. Yay. All right. Well, thank you for being guest host.

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