Introduction: Self-awareness, trust, and healthcare leadership

Hello, my peaceful warriors, and welcome Hello, my peaceful warriors, and welcome to the Scalpel and Sword podcast. I'm to the Scalpel and Sword podcast. I'm your host, Dr. Lisa Sharma, physician your host, Dr. Lisa Sharma, physician and conflict analyst.

and conflict analyst. So, we talk constantly about trust in So, we talk constantly about trust in healthcare. healthcare. healthcare. We want patients to trust us.

We want patients to trust us. We want clinicians to trust We want clinicians to trust administrators. We want teams to trust administrators. We want teams to trust their leaders and leaders to trust their their leaders and leaders to trust their teams.

teams. teams. When trust breaks down, we hold When trust breaks down, we hold retreats, we develop initiatives, retreats, we develop initiatives, we rewrite mission statements, we talk we rewrite mission statements, we talk about culture.

about culture. But, what if trust starts somewhere much But, what if trust starts somewhere much smaller? smaller? smaller? What if it starts with one person asking What if it starts with one person asking a profoundly uncomfortable question?

a profoundly uncomfortable question? How do other people actually experience How do other people actually experience me? me? me? How do I think I show up?

How do I think I show up? Not one kind of leader I intend to be. Not one kind of leader I intend to be. What happens to the people around me What happens to the people around me when I enter the room?

when I enter the room? Do they speak more freely? Do they speak more freely? Do they not speak at all? Do they not speak at all? Can they challenge me?

Can they challenge me? Do my behaviors match the values I say I Do my behaviors match the values I say I hold? hold? hold? And when they don't, am I self-aware And when they don't, am I self-aware enough to recognize it?

enough to recognize it? Because perhaps before we can build Because perhaps before we can build trust between people, trust between people, we have to understand the person that we have to understand the person that we're actually bringing into every we're actually bringing into every interaction, interaction, interaction, ourselves.

ourselves. ourselves. And today we're talking about the inside And today we're talking about the inside work of leadership. work of leadership. Self-awareness and trust.

Self-awareness and trust. So, I got to tell you guys, I've been So, I got to tell you guys, I've been very excited for this episode today very excited for this episode today because we are welcoming back to the because we are welcoming back to the podcast one of my favorite people, Dr.

podcast one of my favorite people, Dr. Jess Buneo. Jess Buneo. I am so excited to talk about this I am so excited to talk about this conversation because she's written a conversation because she's written a book about something we don't talk about book about something we don't talk about nearly enough in healthcare leadership.

nearly enough in healthcare leadership. The internal work required to lead other The internal work required to lead other people. people. people. Dr. Buneo is a physician, an educator, Dr. Buneo is a physician, an educator, executive leader, and a retired US Army executive leader, and a retired US Army colonel whose career has

spanned colonel whose career has spanned medicine, military leadership, medicine, military leadership, education, and organizational education, and organizational leadership.

leadership. leadership. Her new book, Self-Awareness and Trust, Her new book, Self-Awareness and Trust, Leading Healthcare Teams from the Inside Leading Healthcare Teams from the Inside Out, examines the relationship between Out, examines the relationship between understanding ourselves and our ability understanding ourselves and our ability to build the kind of trust that allows to build the kind of trust that allows teams to function, communicate, and lead teams to function, communicate, and lead effectively.

effectively. effectively. And I love the phrase from the inside And I love the phrase from the inside out. out. out. Jess, welcome back. Jess, welcome back.

>> Thanks, Lee. I'm thrilled to be here. >> Thanks, Lee. I'm thrilled to be here. I'm really looking forward to the I'm really looking forward to the conversation.

conversation. conversation. >> You've literally spent decades doing >> You've literally spent decades doing this. You were a West Point graduate, this. You were a West Point graduate, you had tours in the military.

you had tours in the military. You've been in in situations You've been in in situations that are very high-stakes from the ICU that are very high-stakes from the ICU to the battlefield. So, before we kind to the battlefield. So, before we kind of get into it, why self-awareness and of get into it, why self-awareness and trust? Why these two ideas?

trust? Why these two ideas? >> Great question. So, part of what went >> Great question. So, part of what went into this book for me was the concept of into this book for me was the concept of we're not doing a good job of we're not doing a good job of communicating to others across communicating to others across difference.

difference. difference. And I was trying to really understand And I was trying to really understand what that was about. what that was about. And as I dug into that, And as I dug into that, as a dean of community, as a dean of as a dean of community, as a dean of diversity, equity, inclusion, I was diversity, equity, inclusion, I was pulled into a lot of these situations pulled into a lot of these situations where there was conflict. And where there was conflict. And invariably, the individuals involved in invariably, the individuals involved in the conflict didn't mean to be.

the conflict didn't mean to be. They just didn't understand how they They just didn't understand how they were impacting each other and what was were impacting each other and what was happening along the steps of the way.

happening along the steps of the way. And once they were made aware of that, And once they were made aware of that, once the individual across the room once the individual across the room could explain how it was impacting them could explain how it was impacting them and why, and why, it was a whole different conversation.

it was a whole different conversation. But the individuals didn't understand But the individuals didn't understand who they were, what they were feeling, who they were, what they were feeling, and how that was impacting the person and how that was impacting the person across from them.

across from them. And it changed everything to open up And it changed everything to open up that floodgate. And so that's the part that floodgate. And so that's the part where this self-awareness comes in for where this self-awareness comes in for me. I think across the board, I have yet me. I think across the board, I have yet to find a study that proves that this is to find a study that proves that this is not true. Physicians say self-awareness not true. Physicians say self-awareness is so important. If you ask them on a is so important. If you ask them on a scale of 1 to 10, how important it is, scale of 1 to 10, how important it is, they will say 9 to 10 invariably. And they will say 9 to 10 invariably. And then we do assessments of then we do assessments of self-awareness, and we do assessments of self-awareness, and we do assessments of self-perception of competence, and self-perception of competence, and invariably they're on the far end, invariably they're on the far end, meaning they're at the like zero to five meaning they're at the like zero to five range of this thing that they said was range of this thing that they said was so important. So something's wrong here.

so important. So something's wrong here. Something's happening with how we think Something's happening with how we think it's important and how we're portraying it's important and how we're portraying ourselves to others and how we ourselves to others and how we understand how we are affecting those understand how we are affecting those around us. And that deserves some time around us. And that deserves some time and energy, and it deserves to be dug and energy, and it deserves to be dug into.

into. into.

Why self-awareness is more complicated than it seems

And that's where I wanted to start the And that's where I wanted to start the book is we cannot have meaningful book is we cannot have meaningful conversations, we cannot move systems conversations, we cannot move systems forward if we don't understand our role forward if we don't understand our role in the system. And understanding our in the system. And understanding our role means understanding who we are and role means understanding who we are and how we impact others.

how we impact others. >> I love that. I love that so much on so >> I love that. I love that so much on so many levels. I think it's one of those many levels. I think it's one of those trying to talk about self-awareness.

trying to talk about self-awareness. I think one of the things you talk about I think one of the things you talk about when people say yes, on a scale of 9 to when people say yes, on a scale of 9 to 10, we need this, but it's really 10, we need this, but it's really non-existent.

non-existent. non-existent. And I'd love to know what you think And I'd love to know what you think about this. about this. It's sort of a deceptively simple term.

It's sort of a deceptively simple term. It seems like that would be a relatively It seems like that would be a relatively easy thing to get of it in terms of easy thing to get of it in terms of being self-aware. And a lot of those may being self-aware. And a lot of those may even classify ourselves, as you said, as even classify ourselves, as you said, as being self-aware. So what is so being self-aware. So what is so challenging for us, especially as challenging for us, especially as physicians and leaders, in terms of physicians and leaders, in terms of pursuing a path of self-awareness? Where pursuing a path of self-awareness? Where do we get hung up?

do we get hung up? >> Yeah, I don't think that it's actually a >> Yeah, I don't think that it's actually a simple term. I think there are so many simple term. I think there are so many factors that go into it that we are factors that go into it that we are unaware of or that make us uncomfortable unaware of or that make us uncomfortable to think about.

to think about. And so we don't do it. And so we don't do it. And I think that's part of it. The other And I think that's part of it. The other part that I think is a defining factor part that I think is a defining factor in how good we are at this is we have in how good we are at this is we have been told to be self-aware. We need to been told to be self-aware. We need to spend more time reflecting.

spend more time reflecting. And so individuals will journal and And so individuals will journal and reflect and meditate and spend all this reflect and meditate and spend all this time alone trying to understand time alone trying to understand themselves better.

themselves better. And when they do that, they understand And when they do that, they understand how they impact themselves. They how they impact themselves. They understand how they are feeling inside.

understand how they are feeling inside. But their blind spots are growing But their blind spots are growing through this process instead of through this process instead of shrinking.

shrinking. shrinking. And we need someone else in at least one And we need someone else in at least one person involved in this process if we're person involved in this process if we're truly going to gain the self-awareness.

truly going to gain the self-awareness. And when I'm talking about the And when I'm talking about the self-awareness, I don't mean I know how self-awareness, I don't mean I know how to soothe myself. I'm talking about how to soothe myself. I'm talking about how do I affect the world around me? How can do I affect the world around me? How can I make a difference? How do others I make a difference? How do others experience me on a day-to-day basis?

experience me on a day-to-day basis? That's the part where we need help. That's the part where we need help. Because by definition we can't do it Because by definition we can't do it alone. And this is like the heart of alone. And this is like the heart of narcissism. It's the heart of imposter narcissism. It's the heart of imposter syndrome. We don't understand how others syndrome. We don't understand how others see us. It's sort of a funny story. When see us. It's sort of a funny story. When I was an intern, I had switched over I was an intern, I had switched over from being a psychiatry intern to a from being a psychiatry intern to a combined internal medicine and combined internal medicine and psychiatry intern. I was a mess and psychiatry intern. I was a mess and terrified all the time. I was constantly terrified all the time. I was constantly waiting for someone to say, "You don't waiting for someone to say, "You don't belong here. You don't know what you're belong here. You don't know what you're doing." doing." doing." And one day on a psychiatry rotation, And one day on a psychiatry rotation, one of the psychologists who had been one of the psychologists who had been there forever walked up to me in the there forever walked up to me in the middle of the hallway and he stood in middle of the hallway and he stood in front of me and he said, "You're not front of me and he said, "You're not pulling the wool over anyone's eyes." pulling the wool over anyone's eyes." And I got like And I got like terrified and he said, "You know exactly terrified and he said, "You know exactly what you're doing and you're doing just what you're doing and you're doing just fine." fine." fine." And it was like exactly what I needed to And it was like exactly what I needed to hear in that moment because I was so hear in that moment because I was so unaware of the fact that others thought unaware of the fact that others thought I was doing okay or that I was carrying I was doing okay or that I was carrying my own weight and wasn't leaning on my own weight and wasn't leaning on others too much. And it just took him others too much. And it just took him saying that one phrase to me saying that one phrase to me for me to believe in myself enough to for me to believe in myself enough to keep going forward.

keep going forward. >> Oh, that's beautiful. And I think it's >> Oh, that's beautiful. And I think it's so interesting because in that moment so interesting because in that moment that person knew that was something that that person knew that was something that you needed to have your awareness raised you needed to have your awareness raised to. That you needed somebody to open to. That you needed somebody to open your eyes to that. And I love how you your eyes to that. And I love how you talk about blind spots as you're talking talk about blind spots as you're talking about building this process of about building this process of self-awareness, which is actually a very self-awareness, which is actually a very complex process and I'm really glad you complex process and I'm really glad you said that because I think on some level said that because I think on some level we think it should be easy we think it should be easy for us to become self-aware and it's for us to become self-aware and it's truly not. And as we sort of are truly not. And as we sort of are engaging with these blind spots, engaging with these blind spots, we actually are able to not only address we actually are able to not only address them, but we can see how they play into them, but we can see how they play into conflict. I did last year's part of a conflict. I did last year's part of a health policy fellowship a 360 health policy fellowship a 360 leadership assessment. I had never done leadership assessment. I had never done this before. Where you have to give out this before. Where you have to give out these questionnaires or email them to to these questionnaires or email them to to your direct reports and your superiors your direct reports and your superiors and all sorts of stuff. So, I sent these and all sorts of stuff. So, I sent these out to people then part of my my world out to people then part of my my world is martial arts and my two lead is martial arts and my two lead instructors are my children.

instructors are my children. So, I also gave this 360 to my at that So, I also gave this 360 to my at that point 27 and 26-year-old son and point 27 and 26-year-old son and daughter.

daughter. daughter. So, when we had our executive coaching So, when we had our executive coaching session with our small group and they session with our small group and they put our results up on the little slide put our results up on the little slide projector so I could see, I knew who was projector so I could see, I knew who was what. I knew exactly who are my what. I knew exactly who are my employees, I knew which ones were my employees, I knew which ones were my children. And so, they're going through children. And so, they're going through this with

me and what was really this with me and what was really interesting is some of the stuff that I interesting is some of the stuff that I thought that I was good at, I was like, thought that I was good at, I was like, "Oh, I think I'm really good at X." My "Oh, I think I'm really good at X." My children were like, "Yeah, she's not so children were like, "Yeah, she's not so great at that." Now, you want to get great at that." Now, you want to get humbled? Have your children call you out humbled? Have your children call you out on your blind spots.

on your blind spots. That's how you get humbled. And after it That's how you get humbled. And after it was all over, I don't think I ever said was all over, I don't think I ever said to them, "Hey, I saw you called me out to them, "Hey, I saw you called me out on that." What I did is I made a on that." What I did is I made a conscious effort to work on those conscious effort to work on those things.

things. things.

Understanding blind spots, self-compassion, and personal values

When I was with them, I was like, "I When I was with them, I was like, "I want to get better." And I think this is want to get better." And I think this is one of the things about the people like one of the things about the people like the person who called you out in the the person who called you out in the hall and gave you that wonderful boost hall and gave you that wonderful boost up.

up. up. >> up. That >> up. That sometimes as people open up our blind sometimes as people open up our blind spots, we don't really maybe even to spots, we don't really maybe even to tell them, "Hey, thanks for blowing up tell them, "Hey, thanks for blowing up that blind spot." But, what we can do as that blind spot." But, what we can do as a measure of thanks a measure of thanks is be actionable and intentional about is be actionable and intentional about working on it.

working on it. >> Yeah, I couldn't agree more. And the >> Yeah, I couldn't agree more. And the interesting thing about this is all of interesting thing about this is all of these skills you're not born with them.

these skills you're not born with them. You're not born understanding how you You're not born understanding how you impact the people around you, right?

impact the people around you, right? This is all stuff that we can work on. This is all stuff that we can work on. And so, when I'm talking about And so, when I'm talking about self-awareness, I'm talking about every self-awareness, I'm talking about every stage of it. I'm talking about stage of it. I'm talking about reflecting with the help of others. I'm reflecting with the help of others. I'm talking about understanding when you talking about understanding when you need to take a step back, whether that's need to take a step back, whether that's a step back for a minute or an hour or a a step back for a minute or an hour or a day or a year. But, understanding when day or a year. But, understanding when that happens. I'm talking about that happens. I'm talking about understanding how to have some understanding how to have some self-compassion and when you need that, self-compassion and when you need that, and understanding how and understanding how the grace you give others, you don't the grace you give others, you don't give to yourself.

give to yourself. And you're not aware of that in real And you're not aware of that in real time until someone points it out. And time until someone points it out. And then our like you were talking about up then our like you were talking about up front, the importance of understanding front, the importance of understanding our biases and how they're affecting our our biases and how they're affecting our behavior. Cuz in general, our behaviors behavior. Cuz in general, our behaviors are often the opposite of what we say we are often the opposite of what we say we believe.

believe. believe. Which is the worst possible situation. Which is the worst possible situation. So, we have to understand our biases and So, we have to understand our biases and then the last part of it for me, then the last part of it for me, which I think really goes into scenarios which I think really goes into scenarios where we're stressed. And where we're stressed. And in the military, we're under chronic in the military, we're under chronic stress. In medicine, we're under chronic stress. In medicine, we're under chronic stress. And then there's these acute stress. And then there's these acute bursts. And we have to know what our bursts. And we have to know

what our values are when we're not stressed, so values are when we're not stressed, so that when these bursts of stress come that when these bursts of stress come through, through, through, we can stick by our values. We can know we can stick by our values. We can know what it means to live by them in hard what it means to live by them in hard times because we've solidified them and times because we've solidified them and decide what's non-negotiable decide what's non-negotiable when we're not stressed.

when we're not stressed. And so, all of that to me is And so, all of that to me is self-awareness. And none of that are self-awareness. And none of that are insights you're born with.

insights you're born with. They're insights you need to work on and They're insights you need to work on and you need to work on with others. you need to work on with others.

This is awesome. Okay, so one of the This is awesome. Okay, so one of the things you just talked about I really things you just talked about I really want to talk about because I do think want to talk about because I do think this is such a common thing. The idea this is such a common thing. The idea that we have on the values that we hold that we have on the values that we hold that we may or may not be conscious of.

that we may or may not be conscious of. This might be the low voice of up here This might be the low voice of up here or a parent this sort of playing is a or a parent this sort of playing is a record in the back of our heads that we record in the back of our heads that we maybe unconsciously don't realize are maybe unconsciously don't realize are dictating our actions, but we've never dictating our actions, but we've never spent time actually trying to understand spent time actually trying to understand them.

them. them. But then it manifests But then it manifests when we are honored like you said this when we are honored like you said this burst of stress this very very difficult burst of stress this very very difficult situation and these things start coming situation and these things start coming out and it's like where the heck did out and it's like where the heck did that come from? I don't have no idea why that come from? I don't have no idea why I said that. And then of course after I said that. And then of course after it's over we have guilt and shame that it's over we have guilt and shame that we carry around with us because we had we carry around with us because we had this outburst and we don't understand this outburst and we don't understand why did that come out of my mouth? I had why did that come out of my mouth? I had no idea.

no idea. And then we walk around with the guilt And then we walk around with the guilt and shame. But and shame. But what I would love and I would love to what I would love and I would love to know what you think about this is that know what you think about this is that as people are in this little phase of as people are in this little phase of guilt and shame when they've had this guilt and shame when they've had this how do we move away from the guilt and how do we move away from the guilt and shame because guilt and shame is not a shame because guilt and shame is not a productive place to be at all. And when productive place to be at all. And when you talk about having this being able to you talk about having this being able to exercise the grace, I have been thinking exercise the grace, I have been thinking about a phrase all day today of letting about a phrase all day today of letting myself off the hook. I have had that in myself off the hook. I have had that in my head all day today and as I have my head all day today and as I have tried to let myself off the hook, I have tried to let myself off the hook, I have been trying to be conscious of letting been trying to be conscious of letting other people off the hook.

other people off the hook. Because once I started to look at like Because once I started to look at like you said, oh my gosh, I really don't let you said, oh my gosh, I really don't let myself off the hook very often when it myself off the hook very often when it comes to a lot of things. But the thing comes to a lot of things. But the thing that's bad about that is I manifest that that's bad about that is I manifest that on other people.

on other people. >> Yeah. Yeah. >> Yeah. Yeah. >> So I have to see it myself and a lot of >> So I have to see it myself and a lot of times unfortunately it is conflict and times unfortunately it is conflict and those shame interactions that make us those shame interactions that make us step back.

step back. Can we Can we have these interactions and instead of have these interactions and instead of rolling into shame and doubt and shame rolling into shame and doubt and shame and fear, can we roll from this and fear, can

we roll from this experience into a pursuit of experience into a pursuit of self-awareness?

self-awareness? self-awareness? >> Yeah, only if we are willing to be >> Yeah, only if we are willing to be vulnerable with others. vulnerable with others.

That's what's required. That is the That's what's required. That is the bottom line for this. So, I am a huge bottom line for this. So, I am a huge Brené Brown fan. Early in my career, Brené Brown fan. Early in my career, when I was reading a lot of her work, when I was reading a lot of her work, she always says, "Shame cannot survive she always says, "Shame cannot survive the light." the light." And I thought this was fascinating, and And I thought this was fascinating, and I applied this so much to various times I applied this so much to various times in my life where I was in a shame cycle, in my life where I was in a shame cycle, and it just kept getting more and more and it just kept getting more and more painful and worse and worse until I painful and worse and worse until I opened my mouth and told someone about opened my mouth and told someone about it.

it. it. And then they say, And then they say, "You know what? That exact same thing "You know what? That exact same thing happened to me, and I felt shame.

happened to me, and I felt shame. But then this is how I got better, and I But then this is how I got better, and I bet we can get you past this really bet we can get you past this really easily, too.

easily, too.

Moving beyond shame through vulnerability and trusted relationships

But it requires you being willing to say But it requires you being willing to say it out loud to someone else. it out loud to someone else. So, you have to be willing to be So, you have to be willing to be vulnerable with someone else, and you vulnerable with someone else, and you have to have someone that you really have to have someone that you really trust enough to be vulnerable with. And trust enough to be vulnerable with. And then that person has to have the then that person has to have the strength to be honest with you.

strength to be honest with you. Not tell you what you want to hear, but Not tell you what you want to hear, but be honest with you. be honest with you.

And that's the key to overcoming this And that's the key to overcoming this guilt, shame, perfectionism cycle that guilt, shame, perfectionism cycle that we let ourselves fall into.

we let ourselves fall into. And the interesting part of what you And the interesting part of what you described a moment ago is letting described a moment ago is letting yourself off the hook allows you to let yourself off the hook allows you to let others off the hook. That is exactly the others off the hook. That is exactly the self-compassion cycle.

self-compassion cycle. We build some self-awareness. We know We build some self-awareness. We know that we have to be kinder to our own that we have to be kinder to our own selves, and then we get more confident selves, and then we get more confident as we are kinder to ourselves, and it as we are kinder to ourselves, and it does allow us to have more empathy for does allow us to have more empathy for others. And then this starts this others. And then this starts this beautiful good cycle. Like, I think in beautiful good cycle. Like, I think in medicine we talk a lot about bad medicine we talk a lot about bad spirals. In critical care, we talk about spirals. In critical care, we talk about the triad of death. Yeah, like there's a the triad of death. Yeah, like there's a lot of badness that spirals down, but lot of badness that spirals down, but this is a great spiral where if we can this is a great spiral where if we can be kinder to ourselves, we develop more be kinder to ourselves, we develop more insight, we develop more compassion, we insight, we develop more compassion, we have more empathy for others, and that have more empathy for others, and that feeds itself. We all start feeling feeds itself. We all start feeling better about each other, and we're all better about each other, and we're all more willing to share our shame with more willing to share our shame with others around us to let it go away, to others around us to let it go away, to let it melt away.

let it melt away. Cuz as soon as we feel it and don't Cuz as soon as we feel it and don't share it, it just grows and makes us share it, it just grows and makes us feel terrible about ourselves.

feel terrible about ourselves. >> Yeah. >> Yeah. >> Yeah. >> We have to share it with someone for it >> We have to share it with someone for it to go away.

to go away. >> Absolutely. >> Absolutely. >> Absolutely. And I think that's one of the things And I think that's one of the things that in medicine like we tend to be so that in medicine like we tend to be so siloed. We tend to be very lone wolf siloed. We tend to be very lone wolf unfortunately. I think this is one of unfortunately. I think this is one of the ways in which we've seen that really the ways in which we've seen that really impact medicine as a community is that impact medicine as a community is that we have kept ourselves locked in these we have kept ourselves locked in these little closets and we don't have a little closets and we don't have a chance to shine the light. We don't have chance to shine the light. We don't have a chance to let other people in and so a chance to let other people in and so we just sit in that little closet with we just sit in that little closet with our shame and like you said it grows and our shame and like you said it grows and grows and grows and grows and then it grows and grows and grows and then it sort of explodes out sort of explodes out against ourselves, against our patients, against ourselves, against our patients, against our staff, against our against our staff, against our colleagues and it starts to have this colleagues and it starts to have this awful ripple effect. So yes, we want to awful ripple effect. So yes, we want to break that cycle. We want to break that break that cycle. We want to break that cycle but it's like come in and sit with cycle but it's like come in and sit with me in my little closet and you know, I me in my little closet and you know, I don't want to sit in here by myself. I don't want to sit in here by myself. I want to come in here and I want to tell want to come in here and I want to tell you and then you all of a sudden someone you and then you all of a sudden someone tells you, "Hey, no, no, no, it's okay.

tells you, "Hey, no, no, no, it's okay. I've been through this too. I had this I've been through this too. I had this happen too." And all of a sudden it's happen too." And all of a sudden it's like, "Okay, I'm not the only person on like, "Okay, I'm not the only person on the planet that's done this." the planet that's done this." Okay, now I can talk about it and I can Okay, now I can talk about it and I can learn from it.

learn from it. One of the things that you mentioned as One of the things that you mentioned as part of building this beautiful part of building this beautiful self-awareness is inviting other people self-awareness is inviting other people into this process.

into this process. How do we go about How do we go about finding people to help us build this finding people to help us build this self-awareness? I was very blessed to self-awareness? I was very blessed to have the 360 experience but not every have the 360 experience but not every physician is going to be able to access physician is going to be able to access something like that. So how would something like that. So how would somebody start building this team if you somebody start building this team if you will?

will? will? >> Yeah. Well, I talk about one of the key >> Yeah. Well, I talk about one of the key factors of developing trust or becoming factors of developing trust or becoming trustworthy, trustworthy, trustworthy, however we want to look at that, is however we want to look at that, is extending trust to others first.

extending trust to others first. And that means revealing parts of And that means revealing parts of yourself. And I didn't realize how yourself. And I didn't realize how powerful this was until I got powerful this was until I got comfortable enough to do that. And how comfortable enough to do that. And how that started for me, I was gay in the that started for me, I was gay in the military for years. I was gay before military for years. I was gay before don't ask, don't tell, during don't ask, don't ask, don't tell, during don't ask, don't tell, after don't ask, don't tell.

don't tell, after don't ask, don't tell. But, when don't ask, don't tell was But, when don't ask, don't tell was first repealed, people were afraid that first repealed, people were afraid that it was going to come back. And so, it was going to come back. And so, people were afraid it was going to get people were afraid it was going to get ripped from under our feet, and anything ripped from under our feet, and anything that we shared was going to get us that we shared was going to get us kicked out of the military the next day.

kicked out of the military the next day. So, we were still really scared. But, I So, we were still really scared. But, I decided I had enough brain, I was in a decided I had enough brain, I was in a comfortable enough position where I comfortable enough position where I could be the person that could start could be the person that could start sharing how I felt with others, and what sharing how I felt with others, and what was important to me with others. And so, was important to me with others. And so, I was doing a presentation one day where I was doing a presentation one day where I was asking people to create a slide I was asking people to create a slide deck for a mentorship program, and I deck for a mentorship program, and I showed my slide. And my slide had showed my slide. And my slide had pictures of my wife and I. It had my pictures of my wife and I. It had my research interests. It had my research interests. It had my professional interests. It had that I professional interests. It had that I loved critical care, but also loved critical care, but also psychiatry. Like, all these things about psychiatry. Like, all these things about me. And I didn't even really think about me. And I didn't even really think about the fact that I had put this picture of the fact that I had put this picture of my wife and I on this. But, about a week my wife and I on this. But, about a week later, someone grabbed me from their later, someone grabbed me from their office and pulled me in and said, "I office and pulled me in and said, "I have to tell you something." And I'm have to tell you something." And I'm like, "What is it?" I didn't know him like, "What is it?" I didn't know him very well, nothing. And he said, very well, nothing. And he said, "You know, I have to tell you that "You know, I have to tell you that because I saw your slide last week, I because I saw your slide last week, I went home and proposed to my partner.

went home and proposed to my partner. We've been together for a decade, and it We've been together for a decade, and it never occurred to me that I could be in never occurred to me that I could be in the military and be married to my the military and be married to my partner until I saw your slide." So, it partner until I saw your slide." So, it was that little bit of being willing to was that little bit of being willing to put it out there from me that allowed put it out there from me that allowed him to then be vulnerable with me. So, him to then be vulnerable with me. So, when people see you do it, that's the when people see you do it, that's the key. And then it starts a cycle. And key. And then it starts a cycle.

How leaders can build trust by sharing their authentic selves

And once you know that you're willing to once you know that you're willing to share something, people are then going share something, people are then going to come to you, and it just forms these to come to you, and it just forms these relationships in our work environments relationships in our work environments for these things that we felt like for for these things that we felt like for years we can't talk about.

years we can't talk about. >> Right. >> Right. >> Right. >> We think, "Ooh, not appropriate for the >> We think, "Ooh, not appropriate for the work environment." But, if we aren't work environment." But, if we aren't revealing parts of ourselves that are so revealing parts of ourselves that are so important to who we are in our work important to who we are in our work environment, environment, environment, then we can't be there for each other then we can't be there for each other fully, like we need to in medicine. And fully, like we need to in medicine. And I think we really, right now more than I think we really, right now more than ever, need each other.

ever, need each other. We really need each other. And so we We really need each other. And so we have to be willing to share our have to be willing to share our vulnerabilities, especially as we get vulnerabilities, especially as we get higher in rank, be willing to share more higher in rank, be willing to share more and more. And when I say rank, I'm not and more. And when I say rank, I'm not talking military rank, I'm talking talking military rank, I'm talking academic rank, I'm talking professional academic rank, I'm talking professional positions, hierarchical rank in any positions, hierarchical rank in any environment. As we get more comfortable environment. As we get more comfortable and more established, we have more and more established, we have more leeway to share more with less risk. And leeway to share more with less risk. And so it becomes incumbent upon our leaders so it becomes incumbent upon our leaders to be willing to do that.

to be willing to do that. >> That's beautiful. I mean, I was going to >> That's beautiful. I mean, I was going to cry. Just the fact that you shared that cry. Just the fact that you shared that slide changed that person's life. The slide changed that person's life. The way that you opened the door for that way that you opened the door for that person is so cool.

person is so cool. >> And then him telling me that then >> And then him telling me that then changed how I taught and presented. Like changed how I taught and presented. Like I made a point in every presentation I I made a point in every presentation I gave that year to mention something gave that year to mention something about my wife, or something about my about my wife, or something about my living situation, or some mistake that I living situation, or some mistake that I made so that someone else in the crowd made so that someone else in the crowd would be more comfortable.

would be more comfortable. And that was a huge learning point for And that was a huge learning point for me, too. me, too. >> I really love this, and I think this is >> I really love this, and I think this is really important. I think this is really important. I think this is important as part of what you're important as part of what you're offering us in your book, but I also offering us in your book, but I also think this is important as educators. I think this is important as educators. I really want to drill down on this.

really want to drill down on this. When I have medical students, and I just When I have medical students, and I just thought about it as you were talking, thought about it as you were talking, when I have medical students, one of the when I have medical students, one of the things I always tell them is as you are things I always tell them is as you are rotating with other faculty, rotating with other faculty, one of the things that I'm going to do one of the things that I'm going to do that might be different from other that might be different from other faculties, I'm going to share with faculties, I'm going to share with you a you a lot of the mistakes that I've made in my lot of the mistakes that I've made in my career, a lot of the things that I've career, a lot of the things that I've screwed up on, a lot of the things I had screwed up on, a lot of the things I had to learn from, and I had to learn from to learn from, and I had to learn from the hard way.

the hard way. And one of the reasons I'm doing this is And one of the reasons I'm doing this is I realized as someone who's being I realized as someone who's being educated as a medical student resident, educated as a medical student resident, a lot of times when I was on service a lot of times when I was on service with other attendings, I got highlight with other attendings, I got highlight reels.

reels. reels. They would tell me the cool stuff that They would tell me the cool stuff that they'd done, which don't get me wrong, I they'd done, which don't get me wrong, I love hearing about your hero moments. I love hearing about your hero moments. I do. I love hearing those stories. Those do. I love hearing those stories. Those stories are great. They make you want to stories are great. They make you want to run through a brick wall. It's run through a brick wall. It's fantastic.

fantastic. fantastic. But, maybe those aren't going to be the But, maybe those aren't going to be the moments that I'm going to learn from. moments that I'm going to learn from.

And more than that, as an educator, as And more than that, as an educator, as I'm teaching you, I do want you to trust I'm teaching you, I do want you to trust me. I do want you to feel like that I'm me. I do want you to feel like that I'm invested in your education.

invested in your education. So, a lot of what I would do with them So, a lot of what I would do with them is like, let me tell you this mistake is like, let me tell you this mistake that I made. Let me tell you this. Let that I made. Let me tell you this. Let me tell you. Oh, let me tell you. Oh, me tell you. Oh, let me tell you. Oh, here's a patient that I did this on.

here's a patient that I did this on. And one of them actually said is like, And one of them actually said is like, you're probably the first person who's you're probably the first person who's ever said that you're intentionally ever said that you're intentionally telling me the stupid stuff that you've telling me the stupid stuff that you've done. It's like, because I had to learn done. It's like, because I had to learn to be intentional about it. And I think to be intentional about it. And I think as you do self-reflect, you realize that as you do self-reflect, you realize that all I'm telling my little medical all I'm telling my little medical students is all the the good stuff I've students is all the the good stuff I've done. That's done. That's great for me, but that's not doing great for me, but that's not doing anything for them. And it's not anything for them. And it's not certainly building that relationship.

certainly building that relationship. And I always say that one of the things And I always say that one of the things I valued in terms of investing that way I valued in terms of investing that way is that my medical students, even from 5 is that my medical students, even from 5 or 6 years ago, will still text me. Will or 6 years ago, will still text me. Will still, "Hey, this happened. Hey, I did still, "Hey, this happened. Hey, I did this. Hey, I just want to let you know." this. Hey, I just want to let you know." How do you build that relationship? Like How do you build that relationship? Like you said, you build it by being you said, you build it by being vulnerable. How do we become vulnerable?

vulnerable. How do we become vulnerable? It takes that step of courage to maybe It takes that step of courage to maybe let the mask drop, let the persona drop, let the mask drop, let the persona drop, and actually be who we are and actually be who we are intentionally. That's hard.

intentionally. That's hard. >> Yeah, it's really hard. This past year, >> Yeah, it's really hard. This past year, one of my colleagues, and a Dr. Gail one of my colleagues, and a Dr. Gail Hascherello, we wrote an article about Hascherello, we wrote an article about shame-informed mentorship. And it's shame-informed mentorship. And it's exactly what you're talking about. So, exactly what you're talking about. So, we talked about, you know, what makes we talked about, you know, what makes our learners prone to shame experiences?

our learners prone to shame experiences? Are there previous life experiences? Are Are there previous life experiences? Are there previous things that have happened there previous things that have happened to them in the learning environment or to them in the learning environment or before that that are going to make them before that that are going to make them prone to shame?

prone to shame? And then, what are we looking for when And then, what are we looking for when we see their shame spirals? How can we we see their shame spirals? How can we become aware of it? And for women, that become aware of it? And for women, that tends to be saying, "Ooh, I should have tends to be saying, "Ooh, I should have done this. I should have done that. I done this. I should have done that. I should be different. I should be better.

should be different. I should be better. I should be as good as her. I should be I should be as good as her. I should be as good as him. Those sorts of things as good as him. Those sorts of things start coming out. For men, they tend to start coming out. For men, they tend to get angry or silent.

get angry or silent. And so, again, like we know gender is a And so, again, like we know gender is a spectrum. It's not absolute at all. It spectrum. It's not absolute at all. It tends to be more of a masculine trait to tends to be more of a masculine trait to when I feel ashamed, I'm going to lash when I feel ashamed, I'm going to lash out at someone else or I'm going to out at someone else or I'm going to completely withdraw.

completely withdraw.

Shame-informed mentorship and learning from mistakes

And so, as mentors, we have to look for And so, as mentors, we have to look for those responses so we can break it down those responses so we can break it down and then so we can help them navigate and then so we can help them navigate that shame response by doing exactly that shame response by doing exactly what you're saying, which is what you're saying, which is tell them when we made this mistake. So, tell them when we made this mistake. So, we talk about maintaining a CV of we talk about maintaining a CV of failures.

failures. failures. So that we have this list in front of So that we have this list in front of us. So, when someone comes to us and us. So, when someone comes to us and says, "I just almost did a chest tube on says, "I just almost did a chest tube on the wrong side." I can say, "Well, you the wrong side." I can say, "Well, you know what? When I was a fellow, my know what? When I was a fellow, my attending had to run in the room and attending had to run in the room and point out to me that I was on the wrong point out to me that I was on the wrong side of the chest." And I can honestly side of the chest." And I can honestly say that to them because I have this say that to them because I have this list of things that have list of things that have made life difficult for me, that have made life difficult for me, that have caused shame spirals in me. Why should caused shame spirals in me. Why should they

have to feel alone in that?

they have to feel alone in that? It just isn't right for them to have to It just isn't right for them to have to feel that way. So, that's a big part of feel that way. So, that's a big part of it for me is how do we create these it for me is how do we create these scenarios where we can show people that scenarios where we can show people that they are indeed not alone. We all make they are indeed not alone. We all make mistakes, which again comes back to this mistakes, which again comes back to this idea of self-compassion. One of the idea of self-compassion. One of the beautiful tenants to me that has helped beautiful tenants to me that has helped me the most of self-compassion is this me the most of self-compassion is this idea of a common shared humanity, idea of a common shared humanity, meaning we all make these mistakes. I'm meaning we all make these mistakes. I'm not unique because I messed up. We all not unique because I messed up. We all do it, but we don't think other people do it, but we don't think other people do it because they don't talk about it.

do it because they don't talk about it. That's it. It's not something that as That's it. It's not something that as you're cruising in the doctor's lounge, you're cruising in the doctor's lounge, someone's going to say, "Oh, let me tell someone's going to say, "Oh, let me tell you what I did wrong today." You're not you what I did wrong today." You're not going to do that.

going to do that. But you build a community or you build a But you build a community or you build a very close-knit group of people. I have very close-knit group of people. I have my two residency colleagues that I can my two residency colleagues that I can text and be like, "Okay, I got to tell text and be like, "Okay, I got to tell you what I did." And one of the good you what I did." And one of the good things about having people like that, things about having people like that, like Shed, is I trust them to tell me if like Shed, is I trust them to tell me if I did something wrong, if I really I did something wrong, if I really royally messed up, is royally messed up, is yeah, that's what you did. And sometimes yeah, that's what you did. And sometimes it is me saying, I know that I did not it is me saying, I know that I did not do this well. I know that I made this do this well. I know that I made this mistake. This is how I'm going to learn mistake. This is how I'm going to learn from it. This is how I'm being from it. This is how I'm being accountable to it is I'm telling you accountable to it is I'm telling you this is what I did. And then the person this is what I did. And then the person who's just sitting there talking with who's just sitting there talking with going, I love you. I still love you.

going, I love you. I still love you. It's fine. It's fine. You're still a good human. You're still a good human. It's going to be okay, and you will It's going to be okay, and you will learn from this. And sometimes that's learn from this. And sometimes that's the only thing you need somebody to say the only thing you need somebody to say to you is like give me a big hug and go, to you is like give me a big hug and go, you're still okay. You're not a bad you're still okay. You're not a bad person. Sometimes that's all that person person. Sometimes that's all that person needs to hear. Sometimes that's all I needs to hear. Sometimes that's all I want to hear is like you're not a bad want to hear is like you're not a bad person. You really are okay. And I think person. You really are okay. And I think that's again how I'm building trust with that's again how I'm building trust with individual people that I trust the most individual people that I trust the most with my life and my career and having with my life and my career and having that level of vulnerability. And I'm that level of vulnerability. And I'm really glad you said that.

really glad you said that. were relationships that I were relationships that I had to reach out and trust that person had to reach out and trust that person first. That I had to really drop my first. That I had to really drop my guard first, which is really hard to do.

guard first, which is really hard to do. But then the payoff of doing it that But then the payoff of doing it that first time, and then you feel the love first time, and then you feel the love and you feel that response. I think we and you feel that response. I think we got into last time talking about got into last time talking about psychological safety. Ever since I think psychological safety. Ever since I think we first had that conversation, I have we first had that conversation, I have had more and more people really delving had more and more people really delving into this topic, and this goes hand in into this topic, and this goes hand in hand with exactly what you're talking hand with exactly what you're talking about in the book.

about in the book. >> Yeah. >> Yeah. >> Yeah. Yeah. Yeah, it's completely true. And I Yeah. Yeah, it's completely

true. And I was thinking about that as you were was thinking about that as you were talking about I had talking about I had someone has to point it out to me or I someone has to point it out to me or I have to admit that I made a mistake and have to admit that I made a mistake and then I have to be willing to take then I have to be willing to take accountability. And I think the nice accountability. And I think the nice thing about this is what makes it so thing about this is what makes it so simple for others to trust us and to be simple for others to trust us and to be willing to give us feedback is just one willing to give us feedback is just one time.

time. time. We have to prove to them that we did We have to prove to them that we did something with their feedback. something with their feedback. Right? You have to ask them for it. And Right? You have to ask them for it. And then be ready to accept it when they then be ready to accept it when they give it to us. But then show them how we give it to us. But then show them how we change our behavior. Just one time.

change our behavior. Just one time. It was worth their risk to tell us It was worth their risk to tell us because we changed something as a result because we changed something as a result of it. So, the more often we can show of it. So, the more often we can show people that, great. But, it only takes people that, great. But, it only takes one time for someone to say, "Huh, one time for someone to say, "Huh, I can trust them. I can give them I can trust them. I can give them feedback. They want it feedback. They want it and they're going to change their and they're going to change their behavior because of it." behavior because of it." >> Yes.

>> Yes. >> Yes. And I do love that you said that because And I do love that you said that because this is one of those things that this is one of those things that transcends rank and hierarchy. The transcends rank and hierarchy. The ability to receive feedback in such a ability to receive feedback in such a way and then demonstrate actionability way and then demonstrate actionability builds relationships. I'm going to tell builds relationships. I'm going to tell the story. I'm going to tell it really the story. I'm going to tell it really fast. Yeah, at Parkland, it's not just fast. Yeah, at Parkland, it's not just an ER. There's a GYN ER, psych, general an ER. There's a GYN ER, psych, general surgery, medicine. So, they're all surgery, medicine. So, they're all called the pits and each pit has a pit called the pits and each pit has a pit boss, which is generally the residents boss, which is generally the residents in charge.

in charge. Sounds terrifying, by the way. Oh my Sounds terrifying, by the way. Oh my gosh, it is trial by fire, 110% cuz gosh, it is trial by fire, 110% cuz you're a second-year resident. You never you're a second-year resident. You never know what's walking through that door.

know what's walking through that door. It's a fun time. It's a fun time. There was a charge nurse in the GYN ER There was a charge nurse in the GYN ER named Wilma. Wilma had been a charge named Wilma. Wilma had been a charge down there for 20 years. Wilma should down there for 20 years. Wilma should have been a doctor. Wilma knew more have been a doctor. Wilma knew more about medicine than most of the about medicine than most of the residents who were running around down residents who were running around down there.

there. there. Wilma could sit at the front desk, and Wilma could sit at the front desk, and I'm not making this up, she could I'm not making this up, she could diagnose ectopic pregnancy sitting at diagnose ectopic pregnancy sitting at the front desk. She would see them and the front desk. She would see them and she ectopic ectopic.

she ectopic ectopic. So, I'm down there. I'm the pit boss and So, I'm down there. I'm the pit boss and she elbows me and she says, "Lee." she elbows me and she says, "Lee." "Yeah, Wilma." "Ectopic." And I look up "Yeah, Wilma." "Ectopic." And I look up and I see this patient. She's sort of and I see this patient.

Listening to colleagues and acting on their feedback

She's sort of hunched over and she's like, so I run hunched over and she's like, so I run out there. We get her into triage. Sure out there. We get her into triage. Sure enough, she's got a belly full of blood.

enough, she's got a belly full of blood. We get her up to the operating room. She We get her up to the operating room. She does fine. Oh, by the way, after that, does fine. Oh, by the way, after that, Wilma told me everything. Wilma made me Wilma told me everything. Wilma made me look good. Anytime something to be done, look good.

Anytime something to be done, Wilma's like, "Hey, Lee, do that." I Wilma's like, "Hey, Lee, do that." I would stop what I was doing and I would would stop what I was doing and I would go do it because Wilma always took care go do it because Wilma always took care of me and as a result, the patients of me and as a result, the patients always got taken care of.

always got taken care of. I was down there for something else and I was down there for something else and I saw her I saw her do that to somebody else.

do that to somebody else. One of my co-residents, she said, "Hey, One of my co-residents, she said, "Hey, doc, that patient has blank." doc, that patient has blank." And that doc said, "Okay, Wilma, I'll And that doc said, "Okay, Wilma, I'll get to it." And went back to work. And I get to it." And went back to work. And I was like, was like, Cuz I saw it happen from my very eyes Cuz I saw it happen from my very eyes that Wilma was reaching out to her, that Wilma was reaching out to her, and rather than taking her up on it, and rather than taking her up on it, recognizing her wisdom and running with recognizing her wisdom and running with it to take care of the patient, that she it to take care of the patient, that she didn't act on it. And I'm willing to bet didn't act on it. And I'm willing to bet that Wilma never probably said anything that Wilma never probably said anything to this doctor ever again. Because she to this doctor ever again. Because she made that one overture, and rather than made that one overture, and rather than the person acting on it, she kind of the person acting on it, she kind of just brushed it off. And maybe she just brushed it off. And maybe she brushed it off because she thought Wilma brushed it off because she thought Wilma was just a nurse, which again is the was just a nurse, which again is the dumbest thing you could do. But when dumbest thing you could do. But when you're telling that story, and then you you're telling that story, and then you actually have something It's like any actually have something It's like any other disease process. You can read other disease process. You can read about it in a book, but then you see it about it in a book, but then you see it in real time. And when you see it in in real time. And when you see it in real time, you never forget it.

real time, you never forget it. >> Yeah. Well, and then if we take that one >> Yeah. Well, and then if we take that one step further and say, "Well, what if now step further and say, "Well, what if now that resident who did that goes back a that resident who did that goes back a week later and says, Wilma, you told me week later and says, Wilma, you told me about that patient and I didn't listen about that patient and I didn't listen and you were right, and I'm sorry. I'm and you were right, and I'm sorry. I'm going to listen to you every time from going to listen to you every time from now on." It would have fixed it. Just now on." It would have fixed it. Just one time she had to say it and it would one time she had to say it and it would have moved on. It's so funny, as you have moved on. It's so funny, as you were talking about all that, what was were talking about all that, what was going through my mind, so my equivalent going through my mind, so my equivalent of an ectopic pregnancy is a GI bleed.

of an ectopic pregnancy is a GI bleed. And so many times there are patients who And so many times there are patients who are pooping red blood and the resident are pooping red blood and the resident or another physician will say, "Oh my or another physician will say, "Oh my god, it's a lower GI bleed." And their god, it's a lower GI bleed." And their nurse will say, "Nope. This is just a nurse will say, "Nope. This is just a brisk stupper." And they're right every brisk stupper." And they're right every time. But we have to learn to listen to time. But we have to learn to listen to them. And it's the same exact thing.

them. And it's the same exact thing. There's doctors who listen and doctors There's doctors who listen and doctors who don't, and those nurses are always who don't, and those nurses are always going to seek out the ones who do.

going to seek out the ones who do. Because it's too high risk to tell a Because it's too high risk to tell a doctor they're wrong for a nurse. It's doctor they're wrong for a nurse. It's too high risk to tell a doctor over and too high risk to tell a doctor over and over again that they need something or over again that they need something or do something. They're going to think do something. They're going to think they're crying wolf or something of the they're crying wolf or something of the sort. So, once that happens one time, sort. So, once that happens one time, they don't listen one time, they're not they don't listen one time, they're not going to going to keep doing it.

keep doing it. >> Exactly. And then you've not built that >> Exactly. And then you've not built that trust. You've not built that trust. You've not built that self-awareness, the humility that you self-awareness, the humility that you need

to be able to say everybody on this need to be able to say everybody on this planet is here to teach me. I just got planet is here to teach me. I just got to listen.

to listen. That's hard to do unless you walk that That's hard to do unless you walk that talk. That's very hard to do. Oh, I was talk. That's very hard to do. Oh, I was talking about my kids doing my 360 eval.

talking about my kids doing my 360 eval. So, one of the things I actually had to So, one of the things I actually had to learn from that is that I'm not great learn from that is that I'm not great with that with my kids. So, when my kids with that with my kids. So, when my kids would give me a directive, like my would give me a directive, like my daughter would say to me when I'm in daughter would say to me when I'm in public places, "You're not really good public places, "You're not really good at spatially awareness in public places.

at spatially awareness in public places. Sometimes you back up without looking." Sometimes you back up without looking." And so, we were in an airport. I think And so, we were in an airport. I think we were getting coffee. And I actually we were getting coffee. And I actually was with her and I kind of stopped and I was with her and I kind of stopped and I kind of looked around. I was like, kind of looked around. I was like, "Okay, I'm going to take a step back so "Okay, I'm going to take a step back so you have space for your coffee." And she you have space for your coffee." And she went, "Mom." I'm like, "What?" She's went, "Mom." I'm like, "What?" She's like, like, like, "You're spatially aware." And I was "You're spatially aware." And I was like, "Well, you've been telling me to like, "Well, you've been telling me to do." And she's like, "Yeah, but you do." And she's like, "Yeah, but you listened." It's something as tiny as listened." It's something as tiny as that that we actually use and then that that we actually use and then that relationship, guess what? The next that relationship, guess what? The next time she's going to tell me something time she's going to tell me something and I'm very blessed to have kids that and I'm very blessed to have kids that are much smarter than I am. So, I have a are much smarter than I am. So, I have a lot to learn from them. But, that's just lot to learn from them. But, that's just one little one little penny, one little piece of investment penny, one little piece of investment that I'm putting into that relationship that I'm putting into that relationship that I know is going to compound and pay that I know is going to compound and pay off.

off. off. >> Yeah, you're putting one more marble in >> Yeah, you're putting one more marble in the trust jar. the trust jar. >> Yep, 100%. We're all sort of leaders in >> Yep, 100%. We're all sort of leaders in one way or another. But, we don't always one way or another. But, we don't always think of ourselves that way.

think of ourselves that way. And so, And so, part of building self-awareness is part of building self-awareness is realizing that we are leading realizing that we are leading wherever we go and wherever we are in wherever we go and wherever we are in that hierarchy. And that's medical that hierarchy. And that's medical student up to attending. That's child up student up to attending. That's child up to parent. That's to parent. That's front desk up to physician in the front desk up to physician in the office. I mean, that exists everywhere.

office. I mean, that exists everywhere. So, how do we help people build the So, how do we help people build the self-awareness to understand that self-awareness to understand that whether or not they think they're whether or not they think they're leaders, leaders, leaders, they're acting as one.

they're acting as one. >> Well, I'm going to take that one step >> Well, I'm going to take that one step further, which is a lot of times some of further, which is a lot of times some of our more senior physicians need to be our more senior physicians need to be reminded that they're also followers reminded that they're also followers at any given time. And I think honestly at any given time. And I think honestly that begins with basic education. When that begins with basic education. When we start teaching people about we start teaching people about leadership, we give them these terms or leadership, we give them these terms or these philosophies or these theories of these philosophies or these theories of leadership, which leadership, which just may not be helpful. We need to give just may not be helpful. We need to give them real-life examples of what it means them real-life examples of what it means and what it looks like, and we need to and what it looks like, and we need to point it out when they're doing it.

point it out when they're doing it.

Recognizing leadership at every level of healthcare

Right? Just like I needed my attending Right? Just like I needed my attending to say to me, to say to me, "You're not pulling the wool over "You're not pulling the wool over anyone's eyes." Sometimes we just need anyone's eyes." Sometimes we just need to tell a resident one time, "You did a to tell a resident one time, "You did a great job of leading on rounds today, great job of leading on rounds today, and let me tell you why." and let me tell you why." We do a good job in medicine, I think, We do a good job in medicine, I think, of being aware of when people do of being aware of when people do something wrong something wrong and giving them feedback.

and giving them feedback. We're not as good We're not as good at seeing when they're doing something at seeing when they're doing something right and pointing that.

right and pointing that. And that's what it takes to prove to And that's what it takes to prove to someone that they're leading someone that they're leading in these scenarios. "Wow, you just had a in these scenarios. "Wow, you just had a great interaction with that patient, and great interaction with that patient, and I believe you led them to change their I believe you led them to change their behavior because you listened to them so behavior because you listened to them so well." well." well." Like that was a great interaction, Like that was a great interaction, right? Now they know they're leading right? Now they know they're leading their patient.

their patient. Or you led rounds beautifully today. Now Or you led rounds beautifully today. Now they're a leader on rounds. Right? Like they're a leader on rounds. Right? Like they need to hear it from other people they need to hear it from other people and understand the behaviors that made and understand the behaviors that made that come true, the same as if we want that come true, the same as if we want them to fix behaviors, we need to give them to fix behaviors, we need to give them specific feedback on that. What are them specific feedback on that. What are the behaviors that didn't work out in the behaviors that didn't work out in that scenario? So we do it a lot with that scenario? So we do it a lot with the constructive feedback in medicine.

the constructive feedback in medicine. We don't do a great job We don't do a great job with the "Keep doing this because this with the "Keep doing this because this is what I see when I think of a leader, is what I see when I think of a leader, you just did that." you just did that." Wow. I think even if we do that in Wow. I think even if we do that in clinical care sometimes, we don't think clinical care sometimes, we don't think of it on a leadership basis.

of it on a leadership basis. I'm so glad you said that, and I think I'm so glad you said that, and I think this is even a bigger deal in when we this is even a bigger deal in when we look at sort of the different look at sort of the different generations in terms of the different generations in terms of the different age groups are in healthcare because I age groups are in healthcare because I look at like my age group, I'm super look at like my age group, I'm super old, and when I was going for medical old, and when I was going for medical education, basically if you didn't get education, basically if you didn't get yelled at, you were doing okay. If you yelled at, you were doing okay. If you got a page that it "Okay, I'm about to got a page that it "Okay, I'm about to get screamed at. That was the only get screamed at. That was the only reinforcement you got. You didn't really reinforcement you got. You didn't really get positive or yes, you did well. And I get positive or yes, you did well. And I think our generation grew up that way.

think our generation grew up that way. So, this was sort of our positive So, this was sort of our positive feedback was no feedback, which is not feedback was no feedback, which is not great, but that was sort of our process.

great, but that was sort of our process. The younger medical students and The younger medical students and residents coming through now, their residents coming through now, their expectations are much different. They do expectations are much different. They do want that positive feedback. They don't want that positive feedback. They don't want unearned positive feedback, but want unearned positive feedback, but when they're doing something well, they when they're doing something well, they want to know. What did I do well? What want to know. What did I do well? What can I do better? My niece is a can I do better? My niece is a third-year medical student and she's third-year medical student and she's on her OBGYN rotation and she texted me, her OBGYN rotation and she texted me, she's like, "I'm getting no feedback.

she's like, "I'm getting no feedback. I'm getting no feedback. I don't know I'm getting no feedback. I don't know what

I'm doing." And I was like, "Okay." what I'm doing." And I was like, "Okay." So, I said, "Call me. Let's go through So, I said, "Call me. Let's go through this." And so, we went through it. I was this." And so, we went through it. I was like, "What do you have tomorrow?" I had like, "What do you have tomorrow?" I had the surgeries. "Fantastic. This is how the surgeries. "Fantastic. This is how we're going to prep." And by the end of we're going to prep." And by the end of that day, she's blowing up my phone. "It that day, she's blowing up my phone. "It was great. She said I did great. I'm so was great. She said I did great. I'm so happy." But, it really was a real time happy." But, it really was a real time to be able to see how much that meant to to be able to see how much that meant to her.

her. her. And probably all she did the entire day And probably all she did the entire day was suction and hold retractors. was suction and hold retractors.

But, she did it well and that positive But, she did it well and that positive feedback got her more invested in that feedback got her more invested in that educational process.

educational process. So, I think what your point is so So, I think what your point is so important and it's even more important important and it's even more important as we have older attendings teaching as we have older attendings teaching younger students being able to provide younger students being able to provide that positivity.

that positivity. >> Yeah. So, one challenge I'm going to >> Yeah. So, one challenge I'm going to give you towards that is that don't we give you towards that is that don't we all want that? Like, we're saying all want that? Like, we're saying younger generations needed or wanted younger generations needed or wanted more. Yeah, look at the the thought of more. Yeah, look at the the thought of you getting some positive feedback sort you getting some positive feedback sort of made you giddy, right? Like, we all of made you giddy, right? Like, we all want that and need that to truly become want that and need that to truly become our best selves. So, I think that's a our best selves. So, I think that's a huge part of it. But, it also reminded huge part of it. But, it also reminded me of the saying and I don't know where me of the saying and I don't know where it came from or who I first heard it it came from or who I first heard it from, but the phrase of if you think from, but the phrase of if you think that the next generation needs to suffer that the next generation needs to suffer how you suffered because you turned out how you suffered because you turned out okay, you did not indeed turn out okay.

okay, you did not indeed turn out okay. You're not good. It didn't work for you You're not good. It didn't work for you if you feel like to shame someone else if you feel like to shame someone else or torture someone else or not give them or torture someone else or not give them the positive reinforcement.

the positive reinforcement. >> Oh, that's brilliant, and I'm so glad >> Oh, that's brilliant, and I'm so glad you said that because I think that is you said that because I think that is something we all need to hear. We all something we all need to hear. We all need to receive that. That just because need to receive that. That just because that was how you grew up does not mean that was how you grew up does not mean that was the right way to grow up. And that was the right way to grow up. And like you said, we all live for the like you said, we all live for the lollipop. We love that. We want that.

lollipop. We love that. We want that. You can't find me any physician at any You can't find me any physician at any stage in their career that's like, "Hey, stage in their career that's like, "Hey, dude, high five. That was awesome. That dude, high five. That was awesome. That was a great case. I love how you talked was a great case. I love how you talked to that patient." You're going to get a to that patient." You're going to get a smile out of them. They're going to go smile out of them. They're going to go home and they're going to be happy.

home and they're going to be happy. They're going to be in the car or They're going to be in the car or thumping the steering wheel with their thumping the steering wheel with their thumbs and singing along because you thumbs and singing along because you said something nice about that. So, I'm said something nice about that. So, I'm glad you said that. I think that's such glad you said that. I think that's such >> And to push that one level further, I >> And to push that one level further, I have a box on top of the shelving unit have a box on top of the shelving unit behind me that is a red velvet box, and behind me that is a red velvet box, and inside the red velvet box is every nice inside the red velvet box is every nice note I've ever gotten from anyone in my note I've ever gotten from anyone in my medical career. And when I'm having a medical career. And when I'm having a bad day, I'll dig back in there to

find bad day, I'll dig back in there to find it. Like I always tell my students or my it. Like I always tell my students or my mentees to keep a warm and fuzzies file mentees to keep a warm and fuzzies file in their email file to anytime they get in their email file to anytime they get something positive. Like just stick it something positive. Like just stick it in there cuz you're going to need it on in there cuz you're going to need it on a bad day. Or have a box on top for any a bad day.

Positive feedback, mentorship, and celebrating what people do well

Or have a box on top for any cards or notes or thank yous you get cards or notes or thank yous you get along the way. Or congratulations or along the way. Or congratulations or great job, whatever it might be. Keeping great job, whatever it might be. Keeping those sorts of things handy cuz it makes those sorts of things handy cuz it makes such a difference to remember that you such a difference to remember that you do things right when you feel like, "I do things right when you feel like, "I really messed up." really messed up." >> I love that. I have also a box on my >> I love that. I have also a box on my shelf where I keep all of those notes.

shelf where I keep all of those notes. And it is it's lovely to look at that go And it is it's lovely to look at that go back and look at that and go, "Okay, back and look at that and go, "Okay, that's good. All right." I think that that's good. All right." I think that I'm so glad you do that and that is such I'm so glad you do that and that is such great advice. So, I want to end with great advice. So, I want to end with something something something want to give people something really want to give people something really practical. At first, we want them to get practical. At first, we want them to get the book cuz the book is awesome. So, we the book cuz the book is awesome. So, we really want them to do that. These are really want them to do that. These are big concepts. These are big things we're big concepts. These are big things we're talking about in terms of building this talking about in terms of building this process of self-awareness which leads us process of self-awareness which leads us to building relationships with trust.

to building relationships with trust. So, we've had a lot of great things So, we've had a lot of great things we've talked about, but if I want to do we've talked about, but if I want to do one thing, I want to do one thing one thing, I want to do one thing tomorrow that's going to sort of move me tomorrow that's going to sort of move me along on this journey of building my along on this journey of building my self-awareness and helping me build self-awareness and helping me build trust into my relationships, what's one trust into my relationships, what's one thing I could do tomorrow?

thing I could do tomorrow? >> Yeah. So, I'm not sure this is going to >> Yeah. So, I'm not sure this is going to happen to you tomorrow, but the next happen to you tomorrow, but the next time this happens, I'm going to ask you time this happens, I'm going to ask you to do this thing. So, you to do this thing. So, you feel something's off with someone that feel something's off with someone that you're working with. Whatever that you're working with. Whatever that reason might be. You had some conflict reason might be. You had some conflict at work, you feel like you're at work, you feel like you're embarrassed because you did something a embarrassed because you did something a little wrong, or they're embarrassed cuz little wrong, or they're embarrassed cuz they did something a little wrong. Like, they did something a little wrong. Like, whatever it is. Instead of whatever it is. Instead of just directly diving into that and just directly diving into that and creating more conflict saying, creating more conflict saying, "What do I need to restore our "What do I need to restore our relationship?" Right.

relationship?" Right. And asking yourself that, "What's going And asking yourself that, "What's going to restore the relationship?" And then to restore the relationship?" And then asking them, "How do I restore asking them, "How do I restore the trust between us right now cuz it's the trust between us right now cuz it's important to me?" important to me?" And going into things with this And going into things with this restorative mindset. So, not how am I restorative mindset. So, not how am I going to get through this moment, but going to get through this moment, but how am I going to optimize our how am I going to optimize our relationship?

relationship? relationship? How am I going to optimize our How am I going to optimize our communication moving forward? So, that's communication moving forward? So, that's that idea of not only do we want to that idea of not only do we want to think about, "How do I get through this think about, "How do I get through this moment?" But how do I restore things to moment?" But how do I restore things to where I want them to be? How do I where I want

them to be? How do I optimize the relationship optimize the relationship with the person in front of me?

with the person in front of me? >> That is so beautiful. I love that and >> That is so beautiful. I love that and I'm so glad you said that cuz I think I'm so glad you said that cuz I think especially conflict in medicine with especially conflict in medicine with physicians, we like things settled.

physicians, we like things settled. We like things cured. We like patients We like things cured. We like patients post-op doing well. We like patients post-op doing well. We like patients extubated and off the vent. We like extubated and off the vent. We like those things and we tend to carry that those things and we tend to carry that to conflict as well. That we want it to conflict as well. That we want it resolved. And so, rather than actually resolved. And so, rather than actually investing investing investing and trying to bring restoration into and trying to bring restoration into that relationship which prioritizes the that relationship which prioritizes the relationship over the conflict, relationship over the conflict, that's always what we want.

that's always what we want. We might rush to close it. We might rush We might rush to close it. We might rush to go, "Hey dude, we good?" to go, "Hey dude, we good?" What if we're not good? What if I don't What if we're not good? What if I don't have a chance to tell you cuz if I have have a chance to tell you cuz if I have a conflict with somebody and I go, "Hey, a conflict with somebody and I go, "Hey, we good?" we good?" And you don't have a chance to really And you don't have a chance to really tell us like, "No, we're not good. I tell us like, "No, we're not good. I still feel like there's so much that still feel like there's so much that happened that I want to talk with you happened that I want to talk with you about. We have a ways to go before I about. We have a ways to go before I feel restored." But we don't give feel restored." But we don't give ourselves a chance to feel that like you ourselves a chance to feel that like you said in the very beginning, that said in the very beginning, that self-awareness and self-compassion self-awareness and self-compassion starts with us before we can extend it starts with us before we can extend it to somebody else. So, if we're not to somebody else. So, if we're not asking ourselves how to restore the asking ourselves how to restore the relationship, we're very unlikely to ask relationship, we're very unlikely to ask that of somebody else.

that of somebody else. >> Yeah. >> Yeah. >> Yeah. For sure. For sure. And in medicine, in For sure. For sure. And in medicine, in hierarchical scenarios, we do tend to hierarchical scenarios, we do tend to have more of retributive or have more of retributive or rehabilitative mindsets. Sort of exactly rehabilitative mindsets. Sort of exactly what you said, like we want to solve the what you said, like we want to solve the problem, punish the person, move on. We problem, punish the person, move on. We want to fix the problem, give them some want to fix the problem, give them some anger management, and move on. We're not anger management, and move on. We're not thinking about who are all the people thinking about who are all the people impacted and how do we restore these impacted and how do we restore these relationships. And I think that's where relationships. And I think that's where the money is.

the money is. >> 100%. >> 100%. >> 100%. So, Jess, where can people buy your So, Jess, where can people buy your book? book? book? >> Yeah. So, my book is available on Amazon >> Yeah. So, my book is available on Amazon and through the American Association for and through the American Association for Physician Leadership, but I'm going to Physician Leadership, but I'm going to make it easy, which is that you can just make it easy, which is that you can just go to my website, which is go to my website, which is www.jessbunionmd.com, and go to the book page and it's all and go to the book page and it's all available there. It'll tell you all available there. It'll tell you all about the book. You can find some about the book. You can find some resources. There is a worksheet about resources. There is a worksheet about self-awareness, so people can do some of self-awareness, so people can do some of this reflection and talk with some this reflection and talk with some friends about it to gain some insight.

friends about it to gain some insight. There's quizzes, there's all sorts of There's quizzes, there's all sorts of things that you can find on that book things that you can find on that book page. So, I'm going to direct people page. So, I'm going to direct people there.

there. there. >> Fantastic. And we will put that link in >> Fantastic. And we will put that link in the show notes as well, so people can go the show notes as well, so people can go and buy the book. Jess, thank you so and buy the book. Jess, thank you so much for being here. I'm so excited you much for being here. I'm so excited you came

back to especially to celebrate came back to especially to celebrate your book launch with us. This is really your book launch with us. This is really wonderful and the work that you're doing wonderful and the work that you're doing with the book and with all level with the book and with all level leadership, just so grateful for what leadership, just so grateful for what you're doing.

you're doing. >> Yeah, back at you, Lee. You're doing >> Yeah, back at you, Lee. You're doing amazing work in conflict resolution. amazing work in conflict resolution.

It's really fun to see. It's really fun to see. >> Thank you. >> Thank you.

Restoring relationships, rebuilding trust, and closing thoughts

For all of our peaceful warriors who For all of our peaceful warriors who have joined us today on the Scalpel and have joined us today on the Scalpel and Sword, thank you so much for being here.

Sword, thank you so much for being here. If this episode resonated with you, If this episode resonated with you, share it with a colleague, share it with share it with a colleague, share it with a friend. Definitely check out Jess's a friend. Definitely check out Jess's