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TRANSCRIPT - GR 02 09 24 "***Disillusionment as a Doorway to Growth: Professional Turning Points in Medicine***" Susan Hata, MD, from Mass General Brigham

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Internal Medicine Grand Rounds

- **MGR Audio**

  Again. Okay, so this is gonna pick up your audio, put it right there haven't been able to hear anything. I'm very sorry I'm happy to do a recap later for anyone that needs it are we? Okay? Okay?

- Great. So what? I'm just at the point where I'm pivoting from having spent some time defining disillusionment and explaining what it is, how it comes from this like threat to our knowledge and our sense of meaning and purpose. And now I'm sort of trying to argue for you. Why this matters, and what we can actually do about it and how we can move through it and recover from it. Yeah, it's okay, no problem. So I was just about to read you this quote from one of my favorite poets and philosophers. His name is David White, from Ireland, highly recommend and he says he writes that to feel that what we do is right for ourselves and good for the world at exactly the same time. This is one of the great times of human existence we do feel when we have work that is challenging and enlarging, and that seems to be doing something for others.
- As if we can move mountains is, if we could call the world home, and as if for a while in our imaginations, no matter the small size of our apartment, we dwell on a spacious house with endless horizons just gonna repeat part of that again. So work that is right for ourselves and good for the world at exactly the same time. This is the ground that I want to win for myself and for my trainees and for my colleagues and for our profession.
- This is what I think is, I'm trying to argue is possible that there's more to the story. The disillusionment doesn't have to have the final word that the story doesn't end with these difficult experiences, that there can be a way through because if we don't find ways through it, then we either stay in our profession. We become really unhappy, cynical, bitter, less productive or we leave now. And I'm not saying that leaving is not a healthy choice. In fact, some for some people moving through disillusionment and making some changes or pivots within their career path can be a very healthy thing, but to reactively leave to walk away in a place of injury. Without understanding. You know what medicine is taken from us and what we could, what agency we potentially can have. I think, is a loss for us as individuals, and more importantly, for our profession as a whole.
- So well, how do we do? What do we do then? So as, like again, like all good internists, we can turn to things that we know that actually work in the clinical reasoning world as well. So we with our students, we teach about schemas all the time diagnostic schemas, the existential philosophers that write about disillusionment, talk about schemas as well. So we have clinical schemas.

- But all human beings, to a certain extent have schemas about how the world works and about how our professions work is what I'm gonna say today, I should have also argued that when you're talking about disillusionment. Things can get real, existential, real, fast.
- You can start thinking about like, what is meaning of the universe? The problem of evil? Is there a higher power and everything I'm talking about with disillusionment does work at that macro level. But for the sake of today and confine this to experiences of professional disillusionment. But back to scheme, as the scheme is, our knowledge maps they're stored in our memory. It organizes information in a way that then allows us to interpret the information that we are getting in real time, guide us the conclusion. And then, once we're at that conclusion, in a sense of a diagnostic schema. It allows us to then predict what's gonna happen, what course we need to take with the patient.
- So we all I'll have schemas for our careers as well, and the philosophers and those scholars in this area would say that we have 3 pillars of what human beings need to have meaningful careers number one. It needs to be coherent. Our work needs to make sense to be predictable effects needs to follow cause we need. And this kind of gets that autonomy and control. But we need to be able to predict what's gonna happen to us as human beings. That's you know, very essential. It also needs to be significant. Our work has to have value. We want our work to be meaningful, and we want to be valued and meaningful in our work and we want our work to have purpose having a direction and having a goal and not being thwarted and reaching that goal is another important tenet of the schema of having meaningful career.
- So the task, then, when that schema is called into question as doctors, or as any profession, is to reconcile the gap between what we thought was true and what we are experiencing to be true. We revise the schema. We do this clinically all the time in small ways. Every time you take care of a patient you're refining.
- And then your diagnostic schema, based on the kind of way that that patient behaves in relation to what you thought was gonna happen. Clinically based on your understanding of the disease process. We do this all the time.
- But when there's a big disruption, a big gap. What do we do? Clinically we take a step back, take a look and think, okay, this patient, who I thought my my diagnostic schema brought me to the diagnosis of let's say, chf, but now their clinical course is not following that something is not working here. We coach ourselves to take a step back from the lens. What am I missing here? How can I reconstruct the pieces of evidence in a way that still might make sense or might make better sense. Just patient. Have C. Hs, maybe they have something else. Maybe they have 2 things. So we need to kind of question, reconstruct our sense of meaning of what was going on with the patient. And it's the same thing when we're grappling with a professional threat to our meeting as well. We need to take a step back and kind of reconstruct that meeting. So what are some ways that we can do that?
- Practically? The next 3 or 4 slides kind of go through some of these ways. So one thing we can do is to reduce that dissonance that gaps by bridging it with the knowledge that we're gaining from it. So things are not as I thought, but now I have new knowledge that's bringing me closer to reality. You know I've learned things from this experience again, not in the sense of redeeming it necessarily. But just reducing that dissonance. This experience of difficulty taught me some things that are important and true about the world.

- We can distinguish our actions from our characters, so especially so when it comes to medical error. You know. Being a good doctor and making a mistake, don't have to contradict each other. We can still have the character of being a good, diligent physician, but our actions we made a mistake, and so actions are fixable things that can be learned that it doesn't have to permanently call into question our character, although often temporarily it does.
- And then an important thing that I'm going to talk a little bit more about in a minute is integrating our experiences in community. So we make meaning individually, I've spoken a lot sort of on an individual level thus far, but we also make meaning collectively as as a profession, as a residency program, as a department, as a community. So integrating your experiences in community is also really helpful.
- When we think about how we process things that happen to us. We often say, I need to process this thing that happened, or this difficult patient or this tough rotation. And what does that mean?
- There are kind of 2 forms of thought processing, one the researchers call brooding, we might call it rumination in medicine. Is this really sort of maladaptive focus on the injury and the problem to the extent that it can really magnify that experience as being like permanently, always generalizable. So you know, for me, if I'm making, if I make a mistake with a patient, or for me with a resident that I was talking about kind of going back to my sort of sentinel event. If I dwell on the fact that one of my residents under my care graduated, burned out, not wanting to see patients anymore, despite my stated like career goal to the contrary. If I like, turn that around in my mind over, generalize it suddenly, like how many other residents have has happened to you like, am I terrible mentor? I didn't pick up on anything. You know. Everything I've done in my career is gonna waste, you know, nothing has been worthwhile. You can really like, amplify the event by focusing only on that. Now some degree of rumination is healthy and normal and not bad. But eventually the idea is, we shift to reflection again from that lens we get curious like, okay, so what for me? You know. What did I miss here? Is it really that everything I've done as a failure, or the other factors that could cause a resident experience burnout beyond what we've already changed. Maybe this is information about things we still can work on. Not an indictment of the past, but an opportunity for the future.
- It's it's adaptive. It's more focused on solutions. And it just takes us into a place of curiosity and learning. And again, it's a way of reintegrating what we thought was true while we're learning to be true in a healthy way.
- And another strategy that I really love is called fluid compensation. But basically what this is is having your meaning, your identity broadly staked in a lot of places. This is a really healthy and important things for human beings to do so. Our job is one place. We can have our identity, but also remembering that our identity comes from being partners, parents human beings with hobbies. Maybe you're a cyclist, or a runner, or a writer, or a musician having your identity as someone who is meaningful things to contribute to this world staked in a lot of places. Besides, medicine is really important. Even within medicine can have identities, clinicians or researchers or teachers or mentors.
- We can have our identity really broadly staked. There's a paper that I love called shifting and sharing is by Corey Ladonna, and she talks about how, when physicians have either a medical error or some other experience of failure that causes a threat to one aspect of our identity, a really healthy thing to do is to sort of like shift our weight figuratively and literally, to a different part of our identity. That's

not been threatened while we recover and repair and reconstruct the threatened place. And so this is a really healthy thing to do. I have a caveat that I'll come to in a minute when I talk about mentors. But but kind of having our identity really broadly. State is really important. Other ways that we can help kind of hold these uncomfortables.

- Experiences are some things. Sometimes people roll their eyes out when I give talks. Gratitude, self-compassion, social connectedness, spirituality.
- It's not exactly a coping strategy. It's really way of life that can help a lot of us, myself included, make sense of the world. But these are all very valuable and important ways to help us when we feel our sense of meaning has been threatened either personally or professionally.
- And then I wanna come back to what I mentioned before about community and making sense of things, making meaning and community. One of my good friends is an ethicist. He works at Columbia, and he sent me a paper that he published last year. About how we repair our identities when we've experienced moral injury, and he describes what he calls a reparative community. And I think some of these points are really beautiful. So when we have a really healthy community, we are are available to each other, to be present with each other, to listen to each other, to lament with each other. When something painful has happened.
- We don't leave each other behind. We refuse to abandon each other to apathy. We come alongside each other, and we try to make meaning together. What has happened was still difficult. What feels hard and in community we can give each other new roles. We can recognize, recognize each other for the value that we're bringing. We can invite each other and ourselves to exercise our agency constructively, and that this can bring healing.
- I think these are really beautiful things. I think this is what intro medicine is that it's best for the field of medicine is best. It can be a community, whether it's the practice that you join a Residency program that you're in just a group of colleagues that you happen to resonate with that are sort of become your people. This is how we accompany each other through experiences that are really difficult and challenging.
- So where's the opportunity.
- Kennedy? What is on the other side of this doorway that I talked about in the title to this talk so as I've tried to argue, disillusionment kind of creates this force for change galvanize us. Helps us think about what more, what deeper meaning is there? And that on the other side of these experiences? If we're successful in revising that schema, bridging these gaps finding a more authentic meaning that's actually grounded in the wisdom of our loved experience. What's available to us? And then the other thing is that these experiences reveal to us what we value. So Susan Kane has written a book called Bittersweet.
- She talks a lot in this book about longing about. I'm not expectations or things that we long for. They don't realize yet. And she says that the place in which we suffer is a place that shows us what we care about now. She is not saying that, then, is healthy to suffer. That is, this is a very important point. What she's saying is that the longing is information. The pain is information about what matters to you. So when we're feeling this tension it can show us what we care about like reconnect us with those values.
- Moving through disillusionment, as I'm kind of trying to argue helps us to build these like skills of making sense of the world and making meaning.

- And so The benefit is that it allows us to to change, as I've mentioned to pivot, to refocus our attention, our time, our energy in areas that feel more productive to us. It changes what we invest in what we put our hope in. We'll work on things that feel solvable, not as much on things that feel unsolvable. And we work in areas that are aligned with our values and lesson areas that are not aligned with our values.
- So, to use a trivial example for you again back to the Nfl. This is a note that I found that my son had written to himself at the age of 11, and if you're having trouble reading his handwriting, as I often do, he says, these are his top 5 wishes in life.
- Number one is to win the Super bowl number 2 is to be the Nfl. Mvp. Number 3 is to meet Tom Brady. Number 4 is to get into the football hall of Fame, Nfl. Hall of Fame, and the fifth is to be a football player. So this is a very representative of us, a young boy growing up in in New England during the heyday of the patriots dynasty time that is now come to an end. My husband and I knew that this was not a realistic future for our son. Knowing his body type, his personality, his abilities. We could have predicted that these are not appropriate expectations, but it was not clear to him until after a very painful flex football season that did not go according to his expectations, and then he had to grapple with the reality.
- Now, maybe somebody help me, Tom Brady, but everything else on this list. The ship has sailed so instead. Now he, he! And he's now in high school. But so it's been some years since he wrote this list. But now he's a cross country runner, something that fits his body really well, since his personality, really well running for him, has become this wonderful set place of achievement given him a community, and he's really good friends, and so lifelong athletic pursuit that he could do for the rest of his life. So this is like a positive, trivial, but positive example of like understanding. Reality is painful temporarily, but on the other side is a more realistic, grounded like in our actual life way of pursuing something meaningful.
- And he did give me permission to use this So back to me and my story with my residents. So, after kind of going through my own cycles of brief
- Going through my various dark times of questioning, what am I really doing? Here as someone who's committed to trying to train people in a way that will prevent them from being burned out at my identities, to be the person that people will come to and talk to if they are burned out. How could I let someone leave my program? Not realizing that they were struggling.
- I, you know, work through a lot of a lot of these things. and you know I after some period of grief and some rumination, I'll I'll acknowledge I began to think about the fact that you know I'm not the only mentor available to her, so I did not know she was burned up. She had talked to other people. So it's a good reminder to me that I don't have to be the only person for our residents. It's really healthy to have a lot of people available who residents can go to it also, you know, is one resident and one experience. And there are other residents who've had different experiences, so it doesn't encapsulate everything in my career.
- It's a very important signal. It's an important thing for me to grapple with. Not for me to minimize, but for me to put into perspective, and I began to think about well, II really care about improving medicine, but I also care about more than just residents.
- I want it for all of us. And so it got me thinking about, well, how can I really, even beyond my role in this Residency program, be fighting for meaning and fulfillment and authenticity in our careers. And I've been working with Dr. Poozan on some studies on things like self forgiveness.

- Given this talk and solution. Taking some grad school classes and writing to process my experiences in a way that I hope will have an impact, you know broadly in our profession. So actually for me prompt me to think, what else is there?
- That I care about that I can commit to? Where can I have an impact and have agency?
- And so for me, it's it's been an important thing for me to reflect on, and it sent me back into my roles in Apd in our residency program to continue to work on the things that impacted, that resident, to try to iteratively continue to make things better.
- So I've done a lot of talking. I'm almost done. Thank you for hanging.
- Hang with me. And this topic of disillusionment. I wanna take a moment now and talk about, how can we prevent these experiences? In the first place, to the extent that we can can't always, but to the extent that we can, as far as it lies with us. As far as it depends on us, what can we do so for those of us that are leaders, and I'm talking to myself. Here is A is an Apd in a Residency program, but many of you will be leaders one day. It is imperative that we align our organizational program values and its purpose with the values and purpose of the physicians within it. So I really like things to be human centered the humans of the patients and the humans of the staff and the system. And I feel like the system should serve the human beings, not the human being serving the system. So the more that the organization that I work for can align themselves with that, the better I will feel as an employee in that organization or for me as a leader of a Residency program. The more that I make sure our residency programs, purpose and values align with the residents, purpose, and values. The better we will all feel, the less conflict there will be.
- You know, as far as possible we need to avoid disrupting things that bring meaning and purpose.
- So not in our met piece program, but in our medicine program. There's a particular rotation that people really identify their sort of mass general identity as a medicine resonant with, and it's been there for decades, and there, as work hours come about, there was a lot of debate. Should we just do away with that rotation? It's very. It was very difficult to make work hours work for it to be a humane experience. There was a faction of people that wanted to just blow the whole thing up, not call it not, call it by its original name, and like, replace it with new rotations.
- It was so fundamental that residents and the alumni together just there was outcry. You cannot get rid of this. We have to find a way for it to continue, but to make it work with our goals of humane training. And so we changed a lot of the structure of the rotation would preserve the parts of it that people felt most passionate about so that they can kind of hang onto this like meaning and identity and meet our goals of not having people work a gazillion hours a week, or do things are unsafe.
- If dissolutioning decisions are necessary, and it would be a whole separate talk to really interrogate that assumption of whether it's really necessary. But if something happens where you know, you have to make a decisions leader that may call people's meaning of purpose into question.
- It's imperative that you're transparent and honest about that. It gives people information that allows them to help with that coherence of my job is predictable. It makes sense. The universe operates according to cause and effect principles, so the more clear we can be as we communicate the better. And then obviously welcoming accountability, hearing from our constituents what their lived experience is. And listening to that as leaders, we can remember what I said, about the 3

elements of meaningful careers. You know our people, the people that we lead need their work to be coherent. They need it to be significant. They need to feel valued. And they need their work to be purposeful.

- Other things we can do as leaders. I'm trained as a coach. I highly recommend it. But we can invest in coaching programs that can support our faculty and our trainees. Sounds like there may be some of those programs here which is wonderful. And then we can actively encourage and facilitate the building of community for the purposes that I mentioned earlier.
- For mentors. We've talked about that macro level like the system, the program. Big picture. What about a mentor one-on-one.
- So as for us as mentors, it's really important that we listen and validate and make space for these feelings, that we don't panic when we don't shut them down. That we don't kind of fix them, make them go away, but make space for them.
- We need to recognize that this is the process. There's no one conversation. There's no one pearl of wisdom. That is a mentor. We can dispense that will short circuit. This process. It's a process of making sense of something and working through our values. And we need to kind of make space and accompany people on that process.
- Here's where I want to come back to what I said earlier about multiple identities and shifting and sharing this paper that I love so much in that paper. What was interesting is that when they looked at attendings and residents, when a resident would have a medical error and shift their identity away from clinical medicine to a different part of life. The attendance perceived that as lack of dedication, I've not taking the error seriously enough. So as mentors, if we have someone we're supporting, just going through a little bit of a professional crisis, and they temporarily need to shift their weight to something. That's not.
- That's, you know, this part of their profession. That's a healthy thing that they're doing. We need to not misinterpret that this lack of engagement. But we need to support them while they do that and recognize what they're doing is making space to repair another area that's been threatened and we can in our conversations, shift people from that kind of rumination, forth reflection, and we can in our conversations. Help people work through. This kind of reconstruction of meeting again, their work being coherent and predictable. Where is it? And where isn't it? And what can you do differently? What changes maybe? Do you need to make to have that more of that coherence for you?
- And again, we, as mentioned mentors, have tremendous power to either undermine or support people's sense of value and purpose so we'll need to really emphasize that. I guess this is where I had on my slide about not misinterpreting the meaning sources. But other. The other thing I'll just say is, we also, as mentors can encourage people to have a coach. Sometimes it's really important for the person we're mentoring to have someone that's not us to help them work through some of these identity crises so that they don't feel worried about how we will respond when we're mentoring them.
- And the other thing. And I think it's really important to stay out is it's important to support people who, through these experiences might need to take things in a different direction. Maybe someone always wanted to.
- I'm a primary care, doctor will say. Maybe one of my mentees always thought they wanted to do primary care, but in the course of Residency is realizing that's not the right fit for them. I need to make it really clear. People don't have to worry about

disappointing me, that I will support them in shifting and pursuing nothing that is more aligned with who they are and what they need to do as a mentor. I need to serve the Mentee, not the other way around. They're not there to make me feel good about myself. I'm there to help them become best, doctor that they can be and then for ourselves and for each other. So I have intentionally put this last because I think so often we're having conversations about burnout or difficult things. We can jump to this individual level and what we should be doing to fix ourselves, and so intentionally put this last. And I started with, like the big picture the bigger forces at work to try to prevent these things from happening. And not just say we have to think our own way out of things, but there are things we can do. We can give ourselves permission to have the experiences that we're having, and we can name them.

- As I keep saying, we can have our identity. We can really divorce, diversify that meaning, making portfolio, so we can avoid equating mistakes or new realizations with a flaw in our character. I would never want you to come away thinking like I should've seen this coming. But I got the solution to this aspect of my career.
- We're we can never have complete foreknowledge of how things will turn out. Things sometimes just unfold differently through no one's fault. So I there's no need to add on layers of shame and blame. And we have these experiences. Where normal human beings that are having new realizations, and we can learn and grow through them.
- I think I've already mentioned some of these things, but basically kind of leaning into this project of curiosity. And what does this show.
- I mean, what's more, what's important to me?
- I wanna end again by really being clear that I am not trying to argue. The disillusionment itself is healthy or worthwhile. It's sometimes necessary. Sometimes happens, but the post traumatic growth that can occur through it does not justify the difficult experiences that may have led to it. So I wanna be really clear about that. This is the talk about how to get through some of these difficult experiences, not a talk, justifying those difficult experiences.
- And specifically, if we're disillusioned in ways that come from things like structural racism or sexism, those experiences are never acceptable or inevitable, or things that we should just accept as destined to happen. We should always be working to prevent those things. And so I just wanna really name that really clearly as well.
- If you're interested in connecting with me or in finding out more about coaching, I put some contact information there. If you have feedback for me about this talk. In addition to the fact that the audio wasn't working for them. Zoom for the first half. Feel free to scan this QR code, and, as I said, it will go to a confidential form that can give me feedback, or if there were areas of implicit bias in what I've said that I didn't realize. Please bring that to my attention as well, and you can use the QR. Code to do that so I'll stop there, and I'm happy to take any questions.
- Transport this back and forth as our portable microphone. Nobody on Zoom can hear you unless you talk alright. Well, thank you so much. That was super interesting. I feel like it very much resonated. Thank you, Joe you mentioned community throughout the talk, and I think in a lot of ways like my personal like experiences, community has been really helpful when I felt disillusionment in the medical field. But sometimes I feel like in groups, too, you can leave feeling worse off. So sometimes it's nice when people have the same experiences and kind of like validate that. But other times kind of get into a spiral of talking about like how

horrible the system is, and how it's like troubled everybody. And then it. Just you leave feeling worse off. Do you have strategies, or like ways to kind of make that group think maybe like a little bit better, a little bit more positive. Do you have like phrases that you might like bring up in a group setting that might kind of redirect the conversation?

- Well, I think that's a really great point. I'm actually really glad you brought this up. So the question is, you know, are there actually times where community can hurt us and we, in processing experiences, either through creating a downward spiral of conversation and turning to venting, which I would say, is sort of a group version of that breathing and rumination that I talked about. So I'm not sure I have perfect strategies. I, in my residents, know me as being like the awkward one that will always say like is that really true? That everything's terrible? But you have to be careful with that, and not sort of be the, you know a good girl person who's always shifting the conversation that can feel really inauthentic and dismissive. I was smiling as you're asking the question because I forgot to mention this. My friend John Cahill, who wrote that paper about reparative communities talks about how we do need to be aware that when we are misunderstood by our communities, or when our experience is either dismissed or misrecognized, it can be very painful. And that's another thing that, I think, is important for us as mentors is to not assume that we know what someone is going through. I don't. I would not recommend walking around being like you're going through disillusionment. I know it's wrong with you. This is more to help us recognize and support people so as a mentor. I always try to caution people not to interpret resonance experiences for them. But with them we're making sense of this together. I'm not making the sense of this for you, but I don't have perfect solutions for this kind of conversational spiral. I don't know if anyone else does, but I sometimes think, just ask me in question. Can sometimes shift the dynamic as much as a like lecture or role modeling could do. But I'm happy to have anyone answer that if they have good ideas I'll actually push that a little further. Obviously, as a chief resident, this comes up a lot. But even as a resident sometimes you're in these venting situations. You're like, Yeah, this is tough. And then someone will say something you're like, Oh, you. Maybe you're in a really bad spot. Actually, the fact that you said that is very concerning. And I'm still surprised sometimes by which residents I find out when they come to our office. They're struggling the most, and I do find it very hard to pick those people out, and I think going forward. I think it could be hard to find out which of your partners are going through disillusionment.
- And so you say, ask a question. How would you phrase that question exactly. I think, in goals of care we have some things that we can grab. What phrases do you use? How did you expect to find that resident that decided she didn't want to practice like, what? Exactly would you say?
- Question. that's a great question is like, how could I have identified my resident at a stress that I did not identify.
- I don't think there's a perfect solution. I don't think there's anything we can do that is always going to sort of like flush out of the bushes. Those people that are struggling, partly because in times of struggle it can be natural to run a retreat and hide denial can be a powerful tool. Or avoidance of engagement can be a tool that allows people some space to try to reconstruct things, but it's a dangerous tool, because then they're isolated and not getting as much support.

- So again, I think, with questions like, you know, with my residence. I've relied, or thought I was relying on like, how are you doing? Checking in meeting people for coffee? And you know, sometimes people goes to me on those check ins, and that's okay. And I wanna leave space for that.
- But I think you know, when it comes to partners or friends or colleagues, where we may have a little bit more permission to really go a little bit deeper, like asking questions of like, are things turning out the way you thought you would. Are you really you know, on a big picture level? How are you feeling about your job? The direction you're going. How can I support you? Kind of framing it as like, you know I am here for support, and not 2 different actually like you said, goals of care or what we, the script we often use for serious on this conversations is, you know, I'm wondering how you're making sense of this, or you know we're talking to a patient or a family or I've noticed or I'm worried, that this or this is going on. Can you tell me more, or how are you feeling? Those are. Those are some strategies are not perfect. I totally agree. I think.
- The same paper I keep talking about about community also talks about how we can kind of call each other forth in community, and we can meet the person who's injured as well as expecting them to come to us. And so I again, I just think striving to have a culture where it's okay to come forward. If you're struggling, having a lot of touch points. Medical training is very high touch. Situation can't be all on one. Any one person. So having them, the more safe people that people feel comfortable connecting with, and all of them hopefully, different people, different personalities. And, you know, careers and and things like that, I think, just gives more opportunity to try to catch and support people.
- That's a great question. So first of all, thank you for coming. Thank you for all this wonderful work. It was a great talk there. There was one little piece on one of your last slides. It says something about when when the forces that created the disillusionment are necessary and there was a lot of tension in your in some of your slides about.
- Well, so here's my question, how do you figure that out? Like what's necessary and what's not? What does? Where's the role of hope for positive change? One of the things that I've that I'm most engaged in now is realizing that a lot of our disillusion, and I think, as clinicians, as physicians that our patients share the same disillusionment. and if we can get on the same side that there's just a tremendous power like you were saying that little plant growing out of the crack there's a tremendous power for actually changing what is dissolutioning about meta medical practice? And so but as a leader, as future leaders. one of the challenges is figuring out what's changeable and what's not like? Who made the rules? Why did they make them? And can they be changed? so can you speak to that just for a minute
- Dr. Pluw Zogan is asking some tough questions. Today we have the solutions. I might not need to give this talk. I forgot to mention this, and I've had some conversations about these articles this morning with some people I've been meeting with, but for those of you who have been reading. There's a couple of articles the New England Journal is coming out with about weekly for the last month by Dr. Lisa Rosenbaum talking about some of these very things, how much discomfort is necessary, slash, unavoidable in becoming a physician, and how much discomfort is too much, and is toxic and I think that as a question is a metaphor for a lot of what you're talking about systemically, too like who has agency? Where? Who decides?

- Where's the power located? Where is the locus of control? These are tough questions, I think, in a way, starting just by asking ourselves, really like, is it's necessary? Who has the agency. Dr. Please, when I were talking this morning about the fact that it's really clear to us how systems impact us as individuals. It's not always clear to us how we, as individuals, can impact the system, but that can lead to really like feeling disempowered and kind of hopeless or like. We don't have agency, and so I try to remember that system is created by is made up of individuals is made up of people. I work for a pretty big healthcare organization in Boston that's create and that reality of like trying to take care of individual patients. While working for a big organization called the Mass. General Brigham is hard, but even that big organization is made up of individuals is led by individual human beings with whom I could potentially try to build a relationship, try to find some kind of common ground, try to share my experience with them as a way of shifting the needle. So I agree with you about kind of align with patients and families. The other thing, this kind of takes that in a slightly different direction. But when I talk about community. The other thing that I think for me at least, has been very healing in times of disillusionment, is connecting with my patients. If I have something that's like really gone awry, even with a different patient. Sometimes just going to the next exam room, sitting kind of knee to knee, eye to eye with the next patient, and immersing myself in sort of the joy of that encounter, can be very therapeutic. So, taking refuge at the bedside.
- That's something that for me I have turned to again and again. Now, if it if you've been hurt at the bedside through some sort of like microaggression or harm, and that would not be a good coping strategy for you. In that moment you would need to shift to a different thing. But sometimes sometimes like really connecting more with our patients, can be really healing just in and of itself, but also to what you're saying. Dr. Plusogen in the sense of like realizing. We all care about the same things. And so the clinicians and the patients joining together to amplify our voices, can also be really helpful.
- Any other questions. Feedback?
- Dr. Bell alright. Thanks for coming. So my thoughts, when you were talking, was in order to get to where we are today. We've had to follow a pretty prescriptive path and kind of not express it. Kind of shoot your own adventure because it's college Medical School Residency. Maybe fellowship. Maybe not. Maybe gap here between somewhere. But we get to a point where you kind of have to figure out and think more about what you wanna do when you have more agency. But we don't have that skill set.
- This talk was very helpful, very useful. But this is more of a longer term learning process. So what do you think is the next step for us in the room to take in order to learn and get more comfortable with these concepts.
- Great question it's a question that I feel like, wanna give a lot of thought to this. I definitely have sort of painted a long arc here in terms of lifelong learning, these are learning to make sense of meaning, and your profession is something that can take decades.
- So in terms of like next practical steps especially after a career path in which we've not necessarily felt a lot of agency or creativity. Again, the things that come to mind first, and I welcome input from the room and answer to Dr. Bell's thought, provoking question the things that come to mind first, as practical steps are just taking a step back and asking myself some questions about what actually matters to me. Am I?

Am I in alignment with what I think I'm doing and what I want to be doing. And even just noticing, naming and noticing those things can create a lot of space for reflection.

- I think, also interrogating the assumption that something needs to be done a certain way you know, I've had certain stories about my career path of like things that I thought I needed to do. And I'm starting now in my forties to get finally to the point. And I wish I had gotten to it sooner. In my training of asking, are there other options? Is it only this sort of prescribed path? Are there other ways to do what I want to do. Do I need anyone to give me permission, or can I just do them?
- And I've to a certain extent done that by, you know, when I first started working in the field of wellness and talking about human flourishing, not a lot of other people. We're talking about it now everyone's talking about it, which is great.
- But at the time you know, bringing a poem to a resident conference as a springboard for discussion. Was not exactly part of the prescriptive path, and so I did it. Anyway, it worked. I continued to do it. Not all the time I try to read the room, but again, sort of just trying new things and like allowing space for creativity, I think in not waiting for permission, I think, are the things that come to mind First Level. I have to give your questions of thought, and I'll have a perfect answer right away. Because you're right through a lot of these are long-term skills to build.
- Yeah, thank you. Any other thoughts. Okay. thank you for engaging on a little bit of a difficult topic. I appreciate it. I hope everybody has a great day.
- So gentlemen, thank you.