

Hello I am your course director Dr. Christopher Spevak as well as the director of the national capital regional pain initiative. Together with our senior program manager, Amy Osik and are entire team, we welcome you to the 11th Annual Pain Care skills training. Out of an abundance of caution, we decided to host this year's training event as a virtual event. However, the workshops are still intended to be as interactive as possible. We hope that you feel that this training is beneficial with your understanding of pain modalities, and we are honored to serve. On the next slide, we see for your continued learning, we have recorded all of the primary sessions, and posted them on the pain care skills training website along with your sign in sheet and questions that must be completed and returned to receive CME or CNE. Individual workshop sign in sheets will be located inside the workshop files. Please remember to download, find, and return the sign in sheet. Please check out our new website at www.ncrpi.org. On the next slide, you see a list of all of our training initiatives, everything from our quarterly waiver trainings and BFA training, are case-based webinars, as well as our annual substance use disorder symposium, and other trainings. Now, very important, on the next slide you see that the following training you will receive an email survey evaluation. Your answers are valuable to future funding and planning and pain care skills training event. This requires identification. So we really would like your feedback. Now, in addition to the survey, is a survey that you must complete in order to receive your CME. There are two different items for you can take anywhere from 3 to 4 weeks to receive those Pain Care's. Once your site you have enough from the system to complete the survey. You will need to complete the survey in order to retrieve your CME's, so please make sure you do this. And overall, the certificate of completion, is the only certificate available for this training, and if you so desire one of those, please email us and we will make sure that you get that. Finally, it is important that the views expressed in these presentations are those of the authors, and do not reflect official policy of the department of the Army, Navy, Air Force, Department of Defense. Again, I want to thank you for attending, thank you for taking time out away from the clinic, your patients. For this event. Please remember to, this is developing a community of practice. So, the chat box is frequently often. Meet the other participants we all learn from each other as much as we learn from the speakers. We look forward to your active participation over these next few days, and enjoy the training.

Perfect, thank you.

Awesome, thanks. Bye.

Welcome, everyone, to our keynote speaker. This is the Captain Anita Hickey Memorial Lecture. We are so very pleased to have with us today, Simon Sinek, well known to many of you, Simon Sinek is an unshakable optimist, he believes in a bright future and our ability to build it together. Described as a visionary thinker with a rare intellect, he's devoted his professional life to help advance his vision of the world that does not yet exist. A world in which the vast majority of people wake up every single morning inspired, feeling safe, wherever they are. At the end of the day, fulfilled by the work that they do. He has

multiple books, including *Start with Why*, *Together is Better*, *Find Your Why*, and his latest book, *The Infinite Game*, which is a New York Times and Wall Street Journal bestseller. His books appear on the reading lists of the chief of Naval operations, Commandant of the Marine Corps, Chief of Staff in the Army and the U.S. public health service professional development tools. Leading us, today, in our discussion is Commander Melanie Johansson. Commander Johansson is a staff physician in the pain clinic, Walter Reed Memorial, Walter Reed Military Medical Center. She has been stationed in San Diego, Juan, Afghanistan, Southern Maryland, and Bethesda. She has served as department head of emergency departments as well as the Battalion Surgeon of Marine Corps units. Commander Johansson has multiple awards, and decorations, from the U.S. Navy. And with that, Doctor Johansson, I'm going to turn it over to you.

Thank you, Doctor. Simon, thank you for being with us today. We are so excited to hear what you have to say, and I've personally been a fan for a long time, so I'm excited to meet you. I would also like to thank the members of our audience who've taken the time to join us, before we get going, we have to start with our standard disclaimer, which certifies that the views expressed in this presentation are those of the two of us, and do not reflect the official policy of the Department of the Army, Navy, Air Force, Department of Defense or the U.S. government. Thanks again for joining us.

Nice to be here.

As you know, healthcare professionals are burning out at an alarming high rate. Burnout is a multifaceted problem and is largely caused by a systemic problem more than individual issues. Some of the people watching today may wonder why you are here with us. Your leadership management and business expert, your Ted talk entitled *Start with Why* became the second watched Ted talk of all time. How can your expertise help us to protect ourselves from burnout and protect the people around us?

Fundamentally, my work is about human beings. And how we interact with each other. And I care most about is how we take care of each other. There's an entire section in the book shop called *Self-Help*, and there's no section in the book shop called *Help Others*. At the end of the day, as human beings, not a single one of us is strong enough mentally or physically, to manage this thing called career or life by ourselves, we are social animals, and we need each other. Anything that I've learned along the way, that has been applied, in various industries, I'm hoping has application here, also.

Great. I also noticed when I was perusing your website, that there is a new class about burnout, led by Julie Font. What are some of the things you learned about burnout from her?

Separately, to me, burnout is one of those things where, we know the obvious. We are working extreme hours, we are working in extreme conditions, at an unsustainable pace, except it keeps us, the pace does not let up. The only way to manage it, in my opinion, is that we ask for help. Is that there are people who can come to our aid, I know people

who are too afraid to take a day off, and sometimes it's well-intentioned, too afraid to take a day off for fear that they will let the team down at the end of the day, you being burnt out is of no help to us, eventually you won't be able to work, whereas if you take a vacation and take some time off, we can plan for that and the team can fill in for you, and the team wants that for you. Because we want to take care of each other. That's the whole point.

There is a great parable, two lumberjacks, every single morning they start chopping wood at the same time, every day they stop chopping wood at the same time. Every day one of the lumberjacks disappears in the middle of the day for about an hour and every day he chops more wood than the other guy, and this goes on for months, and finally one of the lumberjacks, the one that works all day looks up and says, every morning we start at the same time, every day we stop at the same time, every day you disappear for an hour in the middle of the day and every day you chop more wood than me. I work harder than you every day and get you chop more wood than me, where'd you go for the hour? And the other lumberjack looks up and goes, I go home and sharpen my axe. And that's the point. I know so many people who take vacations where they go to the beach but then they are on their computers or phones the whole time which is not a vacation. That's telecommuting from a beach. A vacation is about disconnecting, recharging batteries, and it takes about three days for you to just decompress, so you can't just take a day off and think everything's fine. I'm a great believer that the best way to serve our teams is to ensure that we go home and sharpen our axe.

That's a great story. I don't think I've heard that one before. Several months ago, I sent you some articles and a few videos about burnout in healthcare workers, I was wondering if you had a chance to look at those, and what you thought of them. I put a disclaimer that some of the people in the videos were pretty passionate about what they were saying, and not especially happy. I wanted to see what you thought of that.

So, one of the things that I've learned, it became exaggerated over covid, because we saw people in civilian hospitals working at a pace that only the military was used to, in combat situations. And we basically had every doctor and every nurse across the country doing combat medicine. And one of the things that we know from combat medicine is that the military has learned about burnout and deploys mental health units with combat medics, with doctors and nurses who go to those conditions because the tempo is extreme. And for some reason when we come back home, those units don't, they sit and wait to get deployed again. And I know for a fact in civilian hospitals, there's no such thing as a mental health unit in a civilian hospital to serve the doctors and nurses and staff who work in that hospital. And I know from talking with friends in ERs that everybody who works in an ER is basically a functioning alcoholic is what my friends have told me. And when covid happened the drinking went up. And, asking for help, or saying you are struggling becomes a sign of weakness, and that, in the medical profession, in the ER wards especially, you don't want to, have that any kind of vulnerability.

What we have accidentally done is created cultures that are toxic to the individuals who work there, which ultimately affects the quality of care

that they can provide. Because nobody wants somebody making a life-and-death decision from a doctor or a nurse or a caregiver who is stressed out of their mind, unrested, and unable to ask for help for fear of how it will look. And this is not unique to the medical profession. But the impact is more extreme in the medical profession because we are literally responsible for the lives of other human beings. And I will medicine needs to take a hard look at itself, and really reevaluate some of the outdated models of leadership. For example, the idea of young doctors doing 24-hour shifts, the one profession you don't want people having 24-hour shifts, would probably be medicine. But the attitude from older doctors is, I had to, so you have to. As opposed to, I had to, it's a bad idea, I'm going to stop that. The necessity to create safe, psychologically safe environments, inside hospitals and medical care facilities, so that doctors, nurses, and caregivers can say to each other and their superiors, I am struggling today, I need help, I need a break, without any fear of humiliation or retribution. Or from those in charge, when they see someone who is off their game, instead of saying, what's wrong with you, or thinking they are lazy or tired or stupid or whatever things go through their mind, to come up and say are you okay? And to get an honest answer. There are cultural challenges that hospital leaders face in the modern day, that go directly to why we have people burning out, and what the cure could be before it.

It's only going to get worse as people who burnout dropout, we have fewer people to do the same or more jobs. The problem is not, it is not wait it out and it will get better. If we wait it out it will get worse. What's required is action. Not to beat a dead horse, but I believe it is creating safe environment for people to express themselves in an open and vulnerable way and be confident that somebody will rush toward them to love them and support them in that expression.

I think you are completely right. You've talked a lot about, in other talks, about how hospitals are run like businesses, which is what you were saying again, now, and the people who are doing the caring aren't cared for. Can you specifically point out the impact of the business model on healthcare? As a whole and for each team member? Most of us don't work in business.

So, business has a profit motive. Which is fine if we have a healthy attitude to what profit provides. If we see that profit is fuel to advance a cause bigger than ourselves, then, good, just like military organizations fight for budget, they fight for money, that is given by Congress, and we want that money is because it's cool for us to do our mission. If we have fuel, we can do our mission effectively. Business in the is the same, they are responsible for making their own money instead of asking for it. If you have a healthy attitude towards it, that's fine. Unfortunately, because of lack of higher purpose or higher cause, or substandard leadership, or warped incentive structures, or some combination of all of these things, in too many businesses there is an unbalanced focus on profit above all. Nowhere is that more dangerous than in a hospital, where we put people who have sometimes no history of providing medical care themselves, they are not doctors or nurses, and we put them in charge of doctors and nurses, in charge of hospitals. And maybe they are more concerned about the profitability of the hospital,

rather than the care of the doctors and nurses. Some of them may say my number one priority is my patient, and that's not the responsibility of leaders, that's the responsibility of doctors, nurses, and frontline caregivers. Their number one priority is the patient. Anybody in leadership, your number one priority is the care of a doctor, the nurse, and the caregiver. If they don't feel taken care of, then they are less able to take care of those for whom they are responsible. And I think that hierarchy must be clearly understood and practiced.

Those in leadership are responsible for those who take care of the people, that is the job of leadership. It is fundamentally a people job. When senior leaders get that confused, and think that their responsibility is to external shareholders, or to an arbitrary bottom-line that means nothing, or to a way of driving their own bonus structure, and we've lost the plot. So, one of my concerns is that the military misunderstands private sector and sometimes puts them on a pedestal. And thinks that the private sector has it figured out, and I would argue with the opposite. Take, for example, lean. Some military organizations became obsessed with lean for a while, because business was obsessed with lean. The reality is there's been no American business that has successfully implemented lean. None. Because we screwed it up when we took it from Japan. It was never about efficiency, it was about taking care of people. It was about idea generation and innovation, but it was always about people, not numbers. So, we got it wrong.

I'll give you a real-life example of what happens in our drive for efficiency, if we forget the people equation. It's a real-life example, like I said, I know it's from the Marine Corps, I assume it's the same in the other branches, but I have a Marine Corps example where it used to be that if a Marine wanted to change their death benefits, they had to fill out a form, will be in triplicate, and have their NCO sign off on it. And if the NCO looks and sees you're taking your mother off your death benefits, the NCO is going to say, what's going on? In the name of efficiency and reducing red tape, and bureaucracy and saving money, that process was digitized, so all the Marine we do is plug their card in, log onto the Internet and change their death benefits. To save money? Yes. Did we save time? Yes. Did we reduce bureaucracy? Yes. The Marine Corps also has some statistics that over 90% of Marines who will attempt suicide change their death benefits within one week of that suicide attempt. Except we removed the human being, so we save money and save time, was it worth it? We have to ask our questions which is, some of the decisions we make, is it worth the money or time that we save? In this case the answer is heavily no, and that analogy works perfectly in hospitals, which is, we do things all the time to save time and money, but is it worth the human cost? And we have to consider the human cost every time we make decisions.

I was the battalion surgeon of a Marine Corps unit and I had never heard that statistic about changing death benefits prior to having a suicide attempt. Sobering. To say the least.

We all realize to some extent the people are affected by their environments. And that one of the issues with burnout, or moral injury, is that people don't feel safe and supported in their environments like

you talked about. There are extreme examples of this all over the news during the search of covid pandemic, and obviously, all of us here want to care for people, and most of us feel a commitment to our patients, feel called to this work, it is fulfilling to us. But what are we supposed to do when the calling is putting our lives at risk, and the lives of our family members who live with us? Even those of us in the military did not agree to do patient care outside of a war zone with this much risk. What are we supposed to do with that?

I think we are asking a question that has no clear answer. And I will go back to my answer that I gave moments ago. Which is, I think we have to ask for help, which is almost every problem. That a frontline caregiver is faced with. Is more likely to be sold by those frontline caregivers than by somebody in a senior leadership position. Not because those senior leaders are bad people, it's because the senior leaders are disconnected from the daily life. They get information from reports coming up in briefings but at the end of the day, they are not on the front line. And this is the work of retired Navy Captain David Mark A, he talks about the people on the front have all the information in the people at the top have all the authority, and we make the mistake by trying to push information to authority, but we need to do is push authority to the people with information. So, I'm a believer the challenge exists, at the front line, to pull together a group of well-intended people from the front line and say find a solution. Propose something to us. Though you may not have, let us see if exchange. Almost every problem that exists is solvable at the frontline because you know what buttons to push delivers can be pulled. So, including people from the frontline matters a lot, and the military struggles with this. In private sector I can take a kid who is 30 something years old and put them in a senior vice president position responsible for people who are older than he or she may be, because I have that freedom in the private sector. In the military, the promotion structure is much more structured, there is no such thing as a 40-year-old General. And I'm not proposing that we break the rank structure, but what I'm proposing, is allowing people who don't usually find themselves at the table to be at the table. I'll give you an example, another Marine example. I've had the opportunity to visit Camp Pendleton, to visit the Marine Raiders. And Barzak folks, and, a young Captain, later was driving me around, and we got to talking and he told me about his time in Iraq. He told me that he had a cool job of getting to train and equip a group of Iraqi soldiers. Which was fun for him. First order of business, equip my soldiers, get everybody a rifle, done, check. Now get everybody a rock. He says to his Iraqi counterpart, and his counterpart says there are none on base. He says no problem, who does your acquisition, your requisitions? Let's get them. And his counterpart says no, you don't understand, there are none in Iraq. There are no rucksacks in the entire country of Iraq. And this Marine stops and thinks, he was a history major, and he goes, where do you put you water? And the guy says, you put it in your pockets, or on the truck. And the Marine says, what happens if the truck is disabled, and your pockets don't hold much, and he run out of water? His counterpart says, then you die. As I said, this young history started to think, American military is based largely on Roman theories of warfare. We have long supply lines that supply a forward operating force. The Arabs are readers. They don't have supply lines. They leave in the

morning, fight during the day, if they lose, they come home at night, and if they win they drink your water and eat your food. So, there's no need for that. That's not how they fight, and here we were trying to undo thousands of years of Arab rater history and make them into Romans. It wasn't working so well.

So, the question I raised is, why wasn't that Captain at the table we were making decisions how best to train and equip the Iraqis? He clearly has information, that would be very useful at the top. So, what I'm proposing is to take the best and brightest, and you go to any, company, commander and say, who are your best and brightest? We know who they are. We know who the big idea people are and give them an opportunity to sit at tables that they wouldn't usually sit at so they contribute these ideas to the senior management. So, they have more context, when they make decisions. And a great believer in pushing authority down and asking people to solve problems from the frontline and taking the best and brightest from the front lines and giving them a seat at the table. What you're getting now is cooperation amongst the ranks, and we are asking people to be involved in solving their own problems.

That's great. We are going to go in another direction for a second. I've heard you talk about an experience you had with the Navy SEALs. And how they have a graph about your ability to perform your job, and your ability to be trusted. Your trustworthiness. And I think that would be a great thing to tell everybody about.

Absolutely. I had the opportunity to spend time with the Seals, and I'm the Director of Training for Special Warfare Development Group. And I said, how do you choose who gets into dead group? And he drew a chart. As you said, a vertical axis and a horizontal access, on the vertical axis he wrote, performance, and on the horizontal he wrote trust. The way to find the terms is performance is how good are you at your job, trust is what kind of person are you. The way he put it is, I may trust you with my life, but do I trust you with my money where my wife? Clearly, everybody wants this person. The high performer, high trust. Clearly. Nobody wants this person on their team, the low performer of low trust, clearly. What they learned is that this person over here, the high performer of low trust, is a toxic team member. They would rather have a medium performer, or a low performer, it's a relative scale, of high trust, over a high performer of low trust. The problem is, if we have toxic team members, people who are good at their job but not good people, eventually those people because they are good at their job get promoted to leadership positions and now you have toxic leadership. They are not necessarily bad people, they may not have learned those human skills necessary, because we are very good at teaching skills, you go to school, medical school, nursing school, we teach you the skills and people study hard, and they get degrees so that they will be good at their job. What we can do a better job doing is teaching those human skills.

I hate the term hard skills and soft skills, because those are opposites. Yet you need both to do a job. So, I prefer the term human skills. Hard skills are physical skills to do your job, stuff you learned in school, human skills are the stuff you need to interact with your colleagues, your patience. How to ask for help, and we can do a better job of

teaching human skills to all of our people in the medical profession. Things like active listening, things like how to have effective confrontation, what you do when something goes wrong or if you need to discipline someone or yell at them? How do you do that in a way that doesn't create damage the healthcare they are about to provide five minutes after? How do you give and receive feedback? How do you have difficult conversations? This became very highlighted, after the murder of George Floyd. Where a lot of people in leadership decisions didn't have the conversation about race with their team, not because they're bad people, but they didn't know how to have the conversation. And they were too afraid of saying the wrong thing and inflaming a situation or making something, triggering someone, so they opted for nothing. We can teach people how to have difficult conversations, and if you can have a difficult conversation about race you can have a difficult conversation about pretty much everything.

Here is how difficult conversations start. I need to have a difficult conversation. I'm uneasy about doing this, because I fear that I'm going to say the wrong thing and accidentally offend someone or trigger someone. But I know that having this conversation with the team is more important than me getting everything right. So, I need your help, if I stumble, please help me. But we as a team need to have this difficult conversation. That's how that begins. That's a teachable, learnable skill. I think we need more of that. We need more of those human skills which makes for better doctors and better nurses. Imagine somebody struggling from burnout, who says something to a superior officer about their struggle. And though that person may have somebody, may attempt to say the right thing, the person who is struggling doesn't feel heard or understood. That's what active listening is, it is of hearing the word that someone said. It's active listening if the person who is speaking, feels heard and understood, and too many of us don't have that skill. Let's teach it.

If I ever had anybody who was supervising, me, started conversations, I need you to help me. I would be disarmed, and it would make everything go so much better for both of us.

That's an act of gold vulnerability, the word vulnerability scares people. Nobody wants to be vulnerable. Vulnerable means weak. All vulnerable means is that I'm going to expose myself to potential judgment or humiliation, and I fear that. And I'm going to do that because I want to set a tone and be the same way to me. People in leadership positions do this all the time, well intentioned, you can see this about anything. They don't demonstrate that behavior, so people don't. Mental health is one of the big ones, we say to people, we've got the counselor on staff if you're not feeling up to the task, feeling burned out, I encourage everybody to go talk to the counselor. Really well intentioned, people think they are doing the right thing. But we've never seen our boss go see the counselor ever. So, nobody else will either. Because the accidental communication is, boss doesn't need it, I must be weak if I need it. Some of the more progressive forward-thinking officers that I know will say things like if you break a leg, you see a doctor, if your head's not right, you see a doctor. You break your leg you see simply, if something else needs fixing you go see somebody. And they will

demonstrate it, they will say, hey, team, I'm off my game today, I'm stressed, I'm feeling a little bit afraid. I need to cancel this afternoon's meeting, let's reschedule for tomorrow. It's not done for show, it's legit. The fact that they model the behavior makes it safe for other people to do the same thing. It's, think about the gym in the military, in the middle of the day, they will say she's at the gym, sorry, she's not available. So that means everybody goes to the gym. It's good, we like that. We need to do the same thing for mental health, we need to work on our bodies and take care of our minds.

I wish that more people did that. And really demonstrated what they are saying, in their own lives, I don't think that there's many of us who have felt that actualization, so we could all use some help. I always think of vulnerability as the possibility of getting knocked down, which is also weakness, but weakness, doesn't have the ability to get back up. Vulnerability does.

Right.

I think I probably heard from Renée Brown, who you've done a lot of things with.

Yeah.

I recently read an article of hers, where, she said that a priest once told her if you don't want to burnout that you have to stop living like you're on fire. And she goes on to talk about the culture of scarcity, and tells us, at least in this country that we are never enough, and that we feel like what we do defines our work. I think in healthcare that we don't always have the control over our schedules, or the ability to set as many boundaries, as of the professionals enjoy. I only have number of minutes for this patient, but they need twice as much. How do you suggest that we help decrease our chances of becoming a victim of burnout given those kind of time constraints?

I think part of it is that the narrative isn't clear. I have a friend who is a nurse in the covid ward, in a hospital in Baltimore. And she's told me she did the calculation, that she has lost a patient every single day. And, with a get surges, she loses two or three patients. She's lost the patient every single day, she said she can't talk about her job without falling apart and crying. I will call up and like how are things, and if all or part. And a lot of people have dropped out of the profession, so now they are understaffed. The thing that hurts her is, even more, is that she can't give, as you said, she physically cannot give the time to these dying patients that she wants to. So, then she is filled with guilt that these people who are dying and can be with their families, the only human contact they have are nurses and the nurses can't be there by their side to console them in their final moments because they have to get to the next patient, and then senior management in her hospital yells at them, that they are doing a bad job. When things are falling through the cracks. And it, I think this goes back to leadership. I don't think leaders realize that even though they are well-intentioned because they are like, we've got to help people, that the manner in which they are doing it makes things worse. And, as opposed to some senior leader

saying, give me a job, what can I do? Can I do the paperwork to market can I do the stuff that I don't need to be a nurse to do? It's all hands-on deck. If we saw our leaders rolling up their sleeves, trying to help, it creates a camaraderie where it's good for morale. And again, instead of the leaders saying here's what you have to do, asking, like I said, the narrative isn't getting through. Saying, what do you propose? How do we make this better? I'm trying to get you more money and more staff but if that's not an immediate solution, tell me.

Goes back to the trust, which is do we trust our leaders and do our leaders trust us? Do our leaders trust that we are trying to do the right thing and we trust leaders that they understand and are trying to care for us? If that relationship isn't there, then it only gets worse. I'm going to go back to those mental health units, the military learned this lesson in Iraq and Afghanistan, and figured out these mental health units that get deployed, with our doctors and nurses. And why can we deploy them domestically? We are not at war anymore, they're back home, they are not busy. I love to see those mental health units deployed to civilian hospitals that are struggling the most, and I love to see them deployed to our military hospitals where we have the same mental burnout. We have the personnel, the total cost is zero, it's already paid for. I know that there are complications in deploying military to domestic hospitals but there should be no complications to deploying them to military hospitals. They exist, borrow them. The Army has them, the Air Force has them, let's get them. We have the capability.

I think one of the things that often happens, at least in the hospitals I've been in, there's a committee, a wellness committee, who tries to help with these sorts of things. And Walter Reed is complete the optional to go to any of these. There are other places where it's like there's mandatory burnout training right now. And you are like, that's just adding to the burnout. To leave what I'm doing right this second it is a mandatory training, that I'm going to sit there and be angry about.

Right. This is what I like about the deployed mental health units, they roam around the halls. Their job is, they are trained experts. Whose job it is to see that you are, they can tell when someone is exhausted and struggling or stressed and they go to them and say, just putting your hand on someone's shoulder, and saying, I've got you. I think that there are so many well-intentioned things that we do that backfire, I've seen this on bases before, and it, it pains me every time. Because I know it's well-intentioned. The human brain struggles with the negative. Right? We can't tell people not to do something. Let me give you an example. Don't think of an elephant. Right? Too late. So, we're supposed to do that with our kids as well, is that I don't eat on the couch we are supposed to say eat at the table. Reinforce the behavior that you want. And I've seen posters on bases that say, contemplating suicide? Call this number, you are not weak to call.

That is reinforcing the thing that we want people not to feel. As opposed to saying, contemplating suicide? Call this number, it takes courage to call. It's little things, using the behavior and using the word that we want people to think rather than telling them not to do something. And that goes for our daily, our daily interaction with each other. Which

is, eliminating don't, never, can't, not, even should. That has dramatic positive impact inside a culture. Just as a way of example, I know of a group, who became obsessed with this, and sat in a large consulting company. One of the big four. They literally became so obsessed with that they practiced and practiced eliminating this negative language from their vernacular to the point where they even added those words to the dictionary inside their spellcheck so that if they wrote an email that used don't, never, can't, not, it showed up as misspelled. So, they would delete it. The new business win rate in this company was about 33%. For this one group, there was nothing special about them except for the fact that they practiced affirmative language. Their new business hit rate was 66%. Double. Because all the meetings went well because everything was positive. Instead of saying are you available at 3:00, instead of saying, no, but I can do 4:00, so many would say, I'd love to see you, can you do 4:00? Or 3:00 is busy, can we do 4:00? Everything became more affirmative and positive. So, now that you know this, now that everybody is hearing this, you'll be amazed how many times at work, where we say don't do that, stop doing that, no to that as opposed to saying try this, do that, this will work better. We can create a much more positive atmosphere by changing the language we use, it's a weird thing, but it works. To get people solution oriented and seeing the bright. But go back to your original question, when we get people operating in a combat situation back home, and there's not the same resources for combat medicine, even though that's basically what's happening, the ops tempo and the never-ending sense and the resources, the constrained resources in a combat medical situation. The military already figured out that these deployable units, I'm going to go back to this, help. Sometimes we don't have to reinvent the wheel, we have figured it out. It doesn't solve the problem long-term, but it solves the problem for now.

I think one of the things that adds the burnout is unhappiness, and poor communication, or complete lack of communication. You've spoken about the best way to confront someone, or to have a difficult conversation. Can you talk about some of those processes with us?

Yeah, sure. I talked about the difficult conversation one, but active listening is one of the big ones. Which is, most people are not taught how to listen. There's a great video on YouTube called it's not about the nail. It's the one with 20 million views, you can't miss it. It's about a minute and a half long, but it basically captures what most of us get wrong. Where active listening isn't about hearing the words spoken, it's about understanding the meaning behind the words. It's about the other person feeling understood. And it's reflective. Right? When somebody says, whatever they say, we don't just acknowledge and say yes, we wait, we let them keep talking, and we say things like tell me more, somebody says I'm burned out, hey, I think I'm burning out. Most of us go into solution mode. Take a day off. Right? Tell me what's wrong. Right? Or I can't help you right now. Whatever, I'm burned out, too, let me tell you about my day. If somebody says I'm burned out, reflective listening is sitting down and giving someone full attention that includes body language, turning your body towards them, turning off your phone, closing the computer, coming out from behind the desk. It's all part of it, is creating an environment in which listening can happen. If you can't do it right now you say I have to finish this, can I reconnect with you when I

can give you my full attention? And then saying things like, tell me more. Go on. Tell me more. And you just let someone, you let them get it all out. It's been a rough day, go on. This happened. Tell me more, and you just let them get it all out. It's not about being solution oriented. Sometimes somebody just wants to feel heard. If there is an ask at the end, then you could deal with it, but too often we go into fix mode, well-intentioned rather than listening mode, and for many reasons because we want to help people and because we don't have the time to listen. Because listening takes longer than getting an answer. Which is why setting time to listen is legitimate. So, practicing those words, go on, tell me more, and saying back what you think you heard, can I say back what I hear? What I'm hearing is, is not so much the pace of the work, that seems to be burning you out is what I'm hearing, but it sounds like you feel like nobody is there to support you, is that right? That's what I'm trying to say. So, those are some of the skills that we have to learn. It's coincidence that I have this on my desk, but I recommend this book, how to talk to kids so listen -- it's a parenting book but it turns out, a lot of the things that we are supposed to learn on how to talk to kids, when your kid comes home and says, I hate school, instead of answering that we say, that must be hard. Believe it or not, that's good active listening, reflective listening, some of the skills in this book are very applicable, it turns out, with adults, too.

Start a book club on listening and simply will find some good stuff and so many will volunteer to teach, some of these classes don't have to cost money. We don't have to go to outside suppliers to have these skills taught to us. There are good resources available publicly and easily and cheaply, and we can teach them to ourselves.

I'm writing all these things down. We will put them out for everybody. Later. One of the things that I think adds to our risk of burnout is fear of failure. Many of us are perfectionists, and fear failure, and those are likely some of the things that got us accepted into education in the first place. How do you help people to face their fear of failure?

I don't, the problem with failure, we talk about fail fast, and getting people comfortable to fail, the problem is as you just said, they've been trained to fear it and avoid it. Now we are saying, no, it's fine. That's not going to work out well. The problem with failure is it's too broad. Failure can mean something minor, failure can mean making a decision that kills someone. That's pretty wide. It's like the word cancer. If you have a mild melanoma with a 99.99% chance of being totally cured, or stage IV liver cancer, which is basically is over. Both of those things are called cancer. But clearly, they are not the same thing. And we need new words, first of all we need new words for those cancers, but we need new words for failure, because we can't reteach people a new definition of failure if it is something they fear. So, we need to incorporate the word fall. Failure is bad, we want to avoid failure. But sometimes we fall. And we have to learn to pick ourselves back up. It's okay to fall. As long as you learn to pick yourself up, as long as you are willing to ask for help and we rush to help you backup. What we have to teach people, to get up quicker.

But I like to use the word fall instead of failure, people are comfortable with falling, not failing.

We've all needed to change many of our interactions that we've had, that would normally have been done in person to virtual. Like right now, for instance. Can you give us tips on how to make better connections on a virtual platform?

For sure. One of the struggles with virtual, obviously, is that we are, it, it pulls away all of the casual interaction. The violinist Isaac Stern says music is what happens between the notes. Trust is what is built between the meetings. It's walking into the meeting in the casual conversation, it's the banter before the meeting starts, I heard your dad in the hospital, he's much better, thanks for asking. It's banter that happens as you leave the meeting, or bump into somebody in the hallway and going, to tell you something or grabbing a cup of coffee with each other or getting lunch together. All of those interactions by themselves do nothing. In total, they build relationship and trust. That's how it works. In a virtual world we only have the meeting. The meeting starts, the meeting stops, there's no in between. It's much harder to build that social interaction and trust. Though not as good as in person, obviously, we can do some things to help, but it requires more work. Because it's not casual. For example, I'm a big fan of the Monday morning huddle. Where the team comes on virtually, for an hour, and we say what's on your heart and mind, talk about everybody gets a couple minutes each, to talk about anything they want. This is what's on my heart and mind, I had a fun weekend, didn't even know you had kids. I'm learning about you. I had a hard weekend, this happens, we are learning about each other. We do not talk about work at all. And then maybe, the person who hosted poses a funny question, or a philosophical question that we also answer. What is on your heart and mind, answer the question is posed by the leader that week, and we let different people lead, and at the very end, we say, does anybody have a story that reminds us of why we do what we do? It will be a beautiful story of heroism and sacrifice that reminds us. And re-energizes us.

Also, high-fives. Public recognition is good. A quick high-five to Melanie, thanks so much for helping me out the other day, I can't you how much that meant to me. So, I'm a big fan of the huddle where it's not about work, it's about humanity, also what works well is virtual social hour, where we have Friday evening cocktails, some people have work sessions where they turn on Zoom together and do their work. They are quiet, they are doing work with there is somebody else there with them. You can hear the white noise from their room as well. They leave the volume on, leave the microphone on. So, we have to force these things, do the prospectively that we would ordinarily do these things casually.

Do you have any specific tips for making those connections with patients where we wouldn't necessarily, I see patients every several weeks or month, so I'm not getting together with them in doing. We still talk about a lot of the same things it just doesn't seem as warm, I guess.

And I think you are right, I think everybody knows, every doctor and nurse knows that there is a psychology to medical care that doesn't

really get taught. For example, I'm always amazed when somebody is in a bad situation and a doctor or nurse will say she's a fighter. What does that have to do with anything? We know the mental attitude matters, from a patient, their willingness to fight will help them get through or show remarkable recovery versus somebody who gives up. We know that that matters.

And, the relationship, it's a doctor and nurse, caregivers, not just there to administer medical training. It is to help maintain the mental fortitude, and the mental attitude of their patient. Sometimes is it goes back to that human need to feel seen and heard, sometimes it's really simple. Some people who, their planes work this way that they can remember the details and the names, great, but just like you keep a chart of the medical stuff because we don't expect you to remember everything, there is something to be said for keeping a notebook of every detail if you were to learn the name of their spouse, in a casual interaction, put in your notebook. The next time you come back and say, how is Daisy? Or, was it your anniversary last week to Mark happy anniversary. It was mentioned in polite conversation, the few seconds it takes to say something personal, and jot down these notes, that make someone feel so cared for and so loved, is a big deal, especially when patients are feeling lonely. And frankly, it's as cathartic for the caregiver as well, that if you have a break, to sit and talk to a patient, not about medical stuff, just go talk to them. Is just as cathartic for the caregiver to be able to talk and listen, as it is for the patient. Sometimes the patients want to listen. Caregivers for some reason don't want to talk about their personal lives or families with their patients. Why not? We are all human beings. Sometimes the roles might be reversed. So, every doctor and nurse at some point will be a patient for something. So, I, I think that remembering that these are human beings, they are not medical dummies that we are practicing CPR on. Even if our CPR is perfect. It's not on a rubber doll anymore. So, I think the humanity, remembering that we are not providing medical care, that is doctors and nurses need to stop saying we provide medical care, and start saying we care for human beings. I think that reminder of what our actual job is, if we only provide medical care than doing a great job even though I'm an. If I care for human beings, it forces us to think about bedside manner. And what care means. Some of it is providing medical education. Some of it is being a human being. So, I think we are here to provide medical care, we're here to take care of human beings.

When we were doing a lot of our appointments virtually, at, when covid was really surging, and people couldn't get flour, and basic things, during my conversation with my patients I would say, are you able to get everything that you need? And they would say, what do you mean? And I said, groceries, toilet paper, are you able to get everything? And all of them were so disarmed by that. I never had a single person get angry with me, that we couldn't see them at the clinic or do a procedure. And at the end of almost every conversation, they asked me if I could get everything that I needed.

Yeah. That was not the same reaction that people, other people got, and they were asking those questions.

We have to remember, that's a perfect example, at the risk of beating a dead horse, the analogy of how not to do it, my niece and nephew, like every kid in America went to virtual school, and it came time for teacher parent conferences which were done virtually. Basically, my nephew's teacher called my sister, Angela started saying, he's not doing very well, his grades are down, and he needs to pick up his grades. And my sister interrupted the teacher and said, why don't you ask me how he is? How's he doing? She goes, because I don't have time for that, I have 230 more of these. And the teacher was, had lost the plot. Which is, there's a child who is going under extreme stress, that the child has never experienced anything like this before, the parents have never, even the teacher has never experienced something like this before and you can't just get through your checklist because you have to get through your checklist by 6:00 p.m. You might be done by 7:00 p.m., start by saying, doing these conferences, first and foremost, how is he doing? Is he all right? How is he at home? And actually care. A Marine General told me this. He said Lieutenant General George Flynn, his test for leadership is when you ask somebody how they are doing you actually care about the answer. And I think, asking those questions, are you getting everything you need at home, flour, toilet paper, that's a test of leadership. Where, his grades aren't good, is a failure.

A great deal of your work is about safety and helping people find their strengths. Some of the patients who have chronic pain lacked self-efficacy. What can we do to help them to find their strengths, and how is that different from how we would help our colleagues to find strength?

That's interesting. I was going to say, is it different? It goes back to the affirmative language, celebrating when people get things right rather than pointing out when people get things wrong. I know a young soldier, and she is an NCO, and her soldiers had to qualify on the range. And I can't remember the exact number, they had to hit 23 out of 40 to be and this one soldier was a disaster. He couldn't hit the target. And the best he hit was 13. He's not going to qualify to use his rifle. One of the soldiers, one of the was sort of yelling at him, or telling him you are not doing this right, do this, pull that, move your site, move to the left, and she took over. And she came in and said, all right. You know what to do. You know how to shoot your rifle. I don't have to tell you anything. Just relax, go through the things you already know, and do it. And he missed. And she remained completely quiet. She said nothing. And she said, try again. And he pulled the trigger and he hit the target. And she screamed yes, you did it, fantastic. So proud of you. And he shot again and he missed. And she was completely quiet. He ended up hitting 37. Out of 40. Where five minutes before he couldn't qualify at all. This is the point which is let's celebrate and point out when people get things right. Rather than criticizing or correcting when they get things wrong. My friend Bob Chapman says we spend too much time catching people doing things wrong we have to do a better job of catching people doing things right. And it works you want to do that incident thing don't do that, that's not right, go around and say that the way to do it. Look at the way this is done. Do that again. I like that. Love that. And we can do that with patients, with colleagues, which is most of the things that we ask people to do, they know how to do it. The question is, let's

celebrate when they do it rather than criticize and correct when they don't.

We also try to change too much in ourselves, or in other people, if you give somebody 50 things, they're going to feel like a failure 35. And I would say that that is a win most of the time. So, I give them two, unless they get one, great. We will work on the next one next time.

There's a whole theory about this for exercise. And now I've fallen out of my exercise routine, I say to myself, and I'm tired and thinking, I don't want to be 50 push-ups. I can't do 50 push-ups, so I don't. Because if I do 30, I'm a failure as you said, so you set the bar low, five push-ups every night. I'm embarrassed if I can't do five in terms of time, it takes five seconds. And turns out, once I'm down there, I'll do 15. I feel great, I did more than my goal which was five. And it builds from there, getting people achievable, laughably achievable, goals, I think else build confidence and build habit. I think you are your listings are 100% right.

I can't remember who quoted this, but I used it a lot which is, it's possible to simultaneously be a masterpiece and a work in progress. That's what most of us are. And I had many people, smile about that. We are all works in progress. Some of us just admit it more.

It's true. It reminds me of a big lesson I learned during covid that has really benefited me to this day. Which is that we can experience multiple emotions at the same time. Even if those emotions are conflicting. So, those parts of covid that were very exciting, I had to reinvent the business, as a problem solution oriented entrepreneurial type, that chaos is fun. But at the same time, friends were sick, people were losing loved ones, people were losing income, and I can't, I can be excited and sad at the same time, I don't have to feel guilty for having an emotion that seems to be inappropriate because I have the other emotion. Or I can be, I can be optimistic and depressed, simultaneously. I can be having a hard time but looking forward to the future simultaneously. And getting comfortable with the fact that the human brain has the capacity for multiple emotions simultaneously has really helped me. I don't have to try and rationalize one away or try and suppress one or exaggerate another. I can just have them. And it plays to your I'm a masterpiece and a work in progress simultaneously, and those things are not mutually exclusive.

We only have a couple of minutes left, I wanted for you to talk about the infinite versus the finite game, and the player structure in business, and what those terms mean and how they are applied to healthcare professionals and healthcare in general.

Yeah. So, in the mid-1980s, a philosopher and theologian named Doctor James R defined these types of games. A finite game is defined as known players, fixed rules, and an agreed-upon objective. Football, baseball. There's always a beginning, middle, and end, and if there's a winner there has to be a loser. Infinite games are defined as known and unknown players, which means new players can join at any time, the rules are changeable which means everyone can play however they want, and the

objective is to perpetuate the game to stay in as long as possible. Turns out we are players in infinite games every day of our lives that we don't realize. You can't be number one in your marriage. You can't try and winning your marriage. You can be number two, but you can't be number one. There is no such thing as winning global politics. There's no such thing as winning career, there is no such thing as winning education. You can come in 1st for the finite amount of time you are at school where we agree with the end date is on the metrics are, and the standards are but nobody wins education. And there's no such thing as winning business, no one is declared the winner of business and definitely no such thing as winning healthcare.

If we listen to the language of our leaders, it becomes abundantly clear that they are not always aware of the game they are playing in. The talk about being number one are being the best or beating competition, based on what? Based on what agreed upon metrics, time frames, or objectives. This is a problem. Because when we play with the finite mindset in an infinite game and we play to win in a game that has no finish line there is consistent and political outcomes, the big ones include the decline of trust, the decline of cooperation, and the decline of innovation. In healthcare there is no such thing as winning healthcare. There are finite components within that, for example, if you have a surgery, there is a beginning, middle and end, defined metrics, and an end to that that we want to see a positive outcome. But it is a component of something broader. To be aware that it's a journey. Not an event. That though there may be events along the journey, healthcare and providing not only for ourselves but for others, is a journey. There are lessons along the way and constant improvement, and the opportunity is not to win, but constantly improve.

How do I make today a little bit better than yesterday? How do I make today happier than yesterday? How do I make, how to take care of myself better today than yesterday? How do I take care of my patients better than yesterday? How do I take care of my colleagues better today than yesterday? It's a game of constant improvement and it's okay that not every day is, I advance 50 miles. And it's, we even, I became so obsessed with the idea of finite and infinite games, that it even affected how I talk about my day. So, for example my sister, as I talked about my nephew, he is a young athlete, he's very competitive, he gets angry if he loses. And he was on the worst football team in his Little League, and sure enough he scored the losing touchdown. And was very, very angry because his team had lost. My sister, who is unfortunately subjected to all of my crazy ideas sometimes, had heard me talking about in the infinite game there is no winning or losing, only ahead and behind. There is only ahead or behind. And she had internalized that, and instead of dispensing the standard parenting advice to her son, it doesn't matter who wins or loses, what matters is how you play the game, that's the standard parenting advice, she said so you had a behind day. Tomorrow you will have an ahead day. This is what we do with kids. We no longer say to you have a good day or a bad day because those things are conclusive. Right? Bad, good. There is no opportunity. For change in either direction. Now we say, is today an ahead day, you're having a behind day is temporary, if you have an ahead you don't take it for granted. And that goes on this journey, on the journey of healthcare, you will have

ahead days and behind days, but it's a journey that no one will win, and we continue to advance towards a vision of a world that is different than the one we live in now, where people feel cared for, people are cared for, they take care of themselves and take care of each other. That's the world we are trying to build. So, I think understanding the infinite game and embracing the infinite mindset is essential in healthcare. Too often we treat every day like it's finite. And it's not.

I wish we had more time. I think we got through about half the questions. But, Sorry for my long answers.

No, no. I was very happy about all of it. But I think that this could go on for another two or three hours, if they would let us, but they won't. We will end it here, but thanks so much for giving your time to us, I know that every time that you can say yes, when the military asked you to do something, you do, and I appreciate it not just for us but for everybody else that you have given your time to.

It's my pleasure and my honor. This is my opportunity to serve my country. Thank you for giving me that opportunity. It means everything to me.

Thank you so much.

Thank you, ma'am.

Thank you so much, have a great day.

Have a great day, everyone. Thanks. Really enjoyed it. Nice to meet you, hopefully one day in person.