

Do This Not That Robert Dean Video Interview (raw transcript)

SPEAKERS

Harjot Singh, Robert Dean

Harjot Singh 00:16

Hello, Healthcare Leaders, do you want to know the times when you can engage a physician? But more importantly, if you're a physician leader, and if you're a doctor at heart, do you want to know who the physician engagement benefits the most? What's the point of having physician engagement? And why is it important for you to know who it benefits the most? Hi, this is healthcare leadership Insider. This is Dr. Harjot Singh from HarjotSinghmd.com. And this is part of our special series Do This Not That for Physician Engagement, Burnout, and Well-being. That's a very hot topic for healthcare leaders because it's directly related to physician engagement, turnover, retention, recruitment effort at work burnout. It's essentially the very existence of every healthcare workforce.

Today, we have a very special program for you. We have an expert, Dr. Robert Dean, who is my co-author on this mega project that comes once in 20 years and then becomes the authority on the topic. The twin books cover pretty much everything there is about basics, the strategy, and the tactics of physician engagement. My chapter from the book is free for you to download. Dr. Dean is an anesthesiologist and critical care physician. But then he turned to physician leader and then he turned to health care leadership advisor at Vizient. His chapter in the book is getting to us from we versus them. That's such a mind-blowing, mindset change, as you can see, but I think that when I started reading the chapter, right in the beginning, he said something so profound that I had not even thought about it.

Hi, Dr. Dean. Good morning. So, Robert, your chapter goes into detail about lots of things. But right at the beginning, you say something, who the physician engagement benefits the most? Tell us about that.

Robert Dean 02:36

Well, in doing this work, the motivation for it, oftentimes, from leadership, is that we want to do this because we want to improve the patient experience and patient outcomes. But the real motivation to do this, especially pandemic post pandemic, wherever we're at today, is the benefit goes to the physicians and clinicians themselves when you build engagement. And what we really want is a healthy, resilient, proactive workforce that feels like they're coming to work in an environment every day, where they're valued, and their contributions are recognized, and that they have a place to work where they can do all of that to the maximum of their capabilities. So you really want to do physician engagement, because it creates a better physician workforce as a whole and more health and resilience for individual physicians individually. Once you've done this, the secondary outcome is improved patient experience and improved patient outcomes, but the primary goal must be to benefit the physicians with whom we are working every day.

Harjot Singh 03:57

You see, the way you explain this, it puts a different spin on the word, it puts a different perspective on how we see physician engagement because typically it's going to benefit the organization, it's going to stem turnover, it'll save you money, or it'll improve patient quality and safety. But you're saying it's going to bring benefit to the doctor themselves?

Robert Dean 04:27

I mean, physicians are smart people, if I know the only motivation for you, to make me better is to improve something else. Why do I want to kill myself for this work when you're not really interested in me? You're interested in some secondary outcome that hopefully through working with me, you benefit, but the real goal should be how am I doing? How are you measuring my level of engagement? How are you measuring my level of resilience, burnout, and feeling like I'm working in a good environment, where I can take the best care of patients, and at the same time not have to make tremendous individual sacrifices in order to do that.

Harjot Singh 05:15

In fact, one big barrier, at least in my experience, in engaging physicians, physician leaders in an engagement program itself is that this point is not explained as well. And or maybe I mean, this isn't like the primary thing, as you said, it should be the primary thing. And it is an error. To not put this, the harder you want a leader in health care physician or not, to explain this to a doctor.

Robert Dean 05:57

Think it begins with a recognition of how hard the job is the immense responsibility that we have and the imprint, and the immense complexity that's been built around our job in the last 20 years with electronic medical records, technology, etc. And there are so many stressors now, that really have to be recognized, and hopefully with some approach towards process improvement, made optimal to work in. So I think there has to be a recognition that we know this is hard. We know that there are opportunities for improvement. And we want to work side by side with you to create that optimal environment in an organized way, that allows everyone to come to work, enjoy their work, and feel that they're living up to the reason they went into healthcare. And then after we've done that because we're optimized, because we're in a good place mentally, physically, we can take the best care of our patients take the best pair of care in the community, that's possible, we put in put in a position to have success because we've optimized the relationship, we've optimized the structure that we work in on a daily basis.

Harjot Singh 07:23

Your chapter has way more than this one single thing. Tell us why your chapter and what you write, would appeal to a leader who is seeking engagement from their physicians?

Robert Dean 07:35

Well, I think there's a Donabedian approach, if you will, to physician engagement, very similar to doing quality work. In other words, you need structure, and you need to process around those structures, in order to optimally deliver the best environment, and optimally create the most physician engagement that you can. And so it's not some ambiguous, you know, good intent, but I don't really know how to do it, I really think that many organizations have done this, and many could do it, is to create structures around which we can build engagement, create processes that we can monitor within those structures of how we're doing with building that engagement. And it's very similar to the work that we're Many organizations are already doing, as I said, both in quality and performance improvement, we just moved that into a different area. And we should be able to build on our expertise from work and quality and performance improvement to accelerate physician engagement.

Harjot Singh 08:42

I see. So just to help people who don't know what the Donabedian approach is, there are three components to this approach, the structure, the process, and the outcomes. But there's one additional thing that you have to balance, you can't stress about one thing, because then you'll end up losing the other two. But in the beginning, you need to have the mindset right there. Who are the people who are involved? And are they on board or not? That kind of an approach. So what inspired you to write this chapter?

Robert Dean 09:18

Besides Carson Dye?

Harjot Singh 09:20

Is that like a story? Do you remember that? Right? So, what was on your mind? Because the chapter is getting to us from we versus they. So there's a very heavy lifting the chapter is doing right there.

Robert Dean 09:35

Because so many times you hear in the locker room in the medical staff lounge. Discussion of the administration and if you're in the C suite and around the executive table, you hear the same conversation when it comes to the medical staff. And I think that's the crux of the work for many physician leaders is to be in a position to bring those two groups together to see that we're really working together, together optimally, to deliver the best quality care that we can to deliver the best experience we can to create a culture and an environment that's enriching and that you want to get up and go to work in every day. And so that's what really puts physician leaders in a critical spot, and why the skill set is so important, because you have to break down those walls and start to create us, us and we. And that's a challenge that other than a chief nursing officer, I don't know anybody that has on the C suite, or even lower than the suite sees who in medical leadership. So I think that's why it's so important is we want to think about that as an outcome that we've really created an inclusive culture, where we've optimized how we work to deliver the best care. And that means both physicians and senior administration coming together.

Harjot Singh 11:07

Nice. Is there any story that stands out in your mind about this?

Robert Dean 11:12

At this age, there are multiple stories, but I think that, for me, one of the things that we talked about later in the chapter is creating an onboarding process. And the reason to do that is to build interpersonal, familiarity with each other, that everybody has a goal for why they went into healthcare, that everybody has a motivation, and everybody has their own personal story. Because when you don't know each other, it's so easy to create labels or personas in your mind of what that person is like. But when you actually create opportunities to meet each other, to work with each other, especially early in a physician's career. Early in administrators' career, you start to understand that there's more that you have in common than there is more that you are opposed in terms of how you approach things. And so I think that a lot of this inclusion has to not only be organizational awareness, organizational altruism if you will. But there also has to come into play, getting to know each other. And when we started an onboarding program, before you would see the CFO walking by a new hospitalist in the cafeteria, and neither knew whom the other was, like two ships passing the night. Suddenly, you create an opportunity for your new physicians, and your new advanced practice providers to come in, and have breakfast with the seats, we understand personally, what their motivation is, professionally, and what their job is. And now they're stopping in the cafeteria and they're talking to each other. And they're actually treating each other with respect and understanding of what each of their roles is. And that in itself, just being able to say, Hey, I know the CFO, that starts to build physician engagement, I'm part of this organization, I'm not just upon being moved around by administration, I actually know these people, and I'm working with them in terms of where we're trying to go and how we're trying to get there.

Harjot Singh 13:31

This is such a fantastic tip. Last time, when you and I were talking, you taught me this thing. And I have used it since then. It is such an effective thing. Just breaking bread together. And having coffee together. It really is one of the least expensive things, rather than trying to come up with some weird compensation strategies. And trying to say that, Oh, well, give them more money, that kind of a thing. In fact, I love this diagram, this graphic in your chapter, let me show you which one because you have many, it shows the depth of conceptualization. Let's take a look at this and tell us more about this one.

Robert Dean 14:16

Well, this is really the flow as it says the flow of physician engagement. Its altruism is an interesting word to begin to flow with because altruism is a two-way street, if you will. The organization must feel altruism towards their medical staff towards their physicians in terms of they want to do the best thing for them. Physicians must have a sense of organizational altruism, that this is my place of work, that this is my community, and I'm going to contribute at the highest level of my skill set of my professionalism in order to achieve that. So, it's really a mutual goal, if you will, of both the administration and the medical staff of working together and creating that organizational altruism, feelings of worth, you know, it's hard to hear somebody say, we really care about you as a physician. But then you work in a very inefficient environment that wastes your time and talents day in and day out. And this is for me why it's so important when I say this about structure and process because we want to create an efficient workplace to take care of patients. And this will affect not only your physicians but all the other clinicians involved. If that Pebble is in your shoe every day, after a while,

you're not so happy to keep walking every day, we need to make the environment an inclusive and efficient one. This in turn lends itself to resilience. You know when you're getting home late every day because of bad processes. When you're missing things for your family, when you know, you're not doing the best thing for your patients. That's when burnout really starts, to creep in, and resilience goes down. And that as you can see goes right to satisfaction with work and life. Physicians' self-motivation, one of the great gifts of healthcare, I think, for us as professionals are lifelong learning. And I think for many physicians, this is just inherent that we're going to continue to learn. But the opportunity is not to just continue to learn medicine, it's to learn yourself, it's to learn how to interact better with other people and how to listen, a real skill that many of us take too long to learn. So that motivation to continue to improve not only as a professional but as a person working within a team is really important these days. This lends itself to high physician engagement. And then finally, you'll notice the last one, it has the circle that is the least augmented, if you will, it's the lightest one, if you can do these things, you will enhance quality, you will enhance safety and you will enhance the patient experience. But the real goal is the circle before that, because if you can't get there, the last one is never going to be achieved.

Harjot Singh 17:32

I think this diagram is gold. And if this can be taught in MHA programs, MBA programs for health care, and this can help understand that before you can achieve you have to get to this. For example, when we talk about even triple aim, you can't get there without taking care of your own people. But those people have to also understand it's in their own best interest. You mentioned lifelong learning. Now, one of the most impressive thing is how you have done Lifelong Learning yourself. If you were to give advice to a medical student or a resident who's starting off and is kind of even surrounded by these kinds of bad news that medicine is bad, or this burnout and all that stuff, what message would you give to a person like that?

Robert Dean 18:35

A couple, one, while your medical knowledge and your medical ability is very important. Becoming a professional resource in terms of relationships. And working with others, that team mindset is equally important these days. Probably more so as the healthcare landscape has changed. The other is I think many of us during the course of our career, whether it was medical student resident, new attending, we're fortunate to benefit from good mentoring relationships. And I really think and part of a good onboarding program is creating those mentoring relationships. But outside of having an onboarding program, seek out those people that you admire in terms of how they take care of patients in terms of how they work with people in general a human approach, how they work not only with the patients, but with the rest of the team in terms of motivating people to get to the best outcome. Those mentoring relationships can shed so much light and even if it's just saying hey, could we have a cup of coffee once a month or, you know, can we go to breakfast in the morning and I can ask you about things like this, those relationships are gold. And those relationships, as your you move from mentee to mentor, you're paying it forward, right? You're really creating that lifelong journey not only for yourself, but you're helping others into our profession, into the gift that it is. And really allowing them to be the maximum physician that they can be idealized, if you can, if you will, in terms of being wise, being kind, being capable, and being a resource within the organization and on an individual basis.

Harjot Singh 20:48

So what propels you to keep on learning?

Robert Dean 20:53

Well, I think for many of us, there's a simple joy. And I don't know, I guess it's that motivation that you're never there, right? We used to say in the operating room, excellence is a moment in time. That's all it is, it's you never stay there, you always fall back from that. And now you have to work to re-achieve that. I think that is a motivator in many ways. And one of the joys of physician leadership is being able to improve the environment at scale, right? You must be able to say, Okay, I don't have the joy of taking care of patients every day the way I used to. But now I can impact the macro environment, whether that's in an organization, whether that's in a practice within whether that's in your community, I can impact that in a way that makes healthcare better for many people, not just the one-on-one individual patient-physician relationship. And I think once you get to that point where you see you are having that impact, that that has a joy unto itself, that makes you want to get better and be able to improve that impact, improve the organization, improve the practice, in a way that you couldn't as just an individual contributor.

Harjot Singh 22:20

Well, I have to say one thing, each and every one of the co-authors that I have interviewed seem like they're full of joy. Like, that's not even like, it's like a thing that's running through this whole series, everyone I'm talking to has a sense of this deep, meaningful life, sense of accomplishment and joy. And, in fact, this wasn't my original intent. But then in the middle, I started asking people, you look pretty happy. What do you want to tell a medical student or a resident? And so that's why I asked you that question.

Robert Dean 23:04

A gift it is, isn't it? Yes. It's, it's, I think of this often, I have many friends who aren't in medicine. But to get to this part of your career, and look back, and think about what you could have done better think about what you've learned, but to think that you're still able to help the next generation, you're still in a position to lend some insight into people how they may improve on a daily basis. That's a real gift. And maybe therefore Carson pick the people that he did to contribute to the book as an editor. It wasn't just subject matter expertise. It was that he knew that we had the passion. And we realized in what position we were in order to share these gifts with others.

Harjot Singh 24:09

Now, if we look at the data, like, since this started collecting data, every year, we hear that half the doctors are saying I'm going to leave my profession in five years. It's not like half the doctors are retiring every five years. That's not the truth. But that statement has an emotional impact on how you show up every day, how you wake up every day and how you live your life every day. And then you start telling somebody who came to shadow you. Oh, this thing sucks. And what's the point of becoming a doctor? To me, doctors tell their children who want to be a doctor say, don't be a doctor. And I understand they're trying to save them from the pain. But there is this joy I'm seeing which is so infectious. It's almost beneficial. It's edgy. occasionally beneficial to me to do these interviews and feel that joy. So I really want to make sure that people who are reading this, feel that as well, that it's not just about deep expertise like Dr. Dean has on onboarding, let's say, or this deep understanding that you need to focus

on physician engagement as a good thing for the doctor themselves. But doing this whole thing is very joyful, that you wake up feeling joy every day. This is such an important insight into this whole process.

Robert Dean 25:45

If you are a physician leader, the fact that so many people say that they wouldn't go into medicine because they don't find joy. If you need the motivation to keep doing what you're doing every day, that's the motivation. Because we have to make the environment better. We have to pull these people in and understand what they need to feel that sometimes you'll have to say, we can't do that, that's too individually focused. We're trying to help. We're trying to create a tide that lifts all boats. But that's the motivation is that we're going for those people who somehow lost the joy of practice. And maybe it's temporary. Maybe it's been there for a while. But that's the opportunity for us to improve.

Harjot Singh 26:37

I think that this is a strong message. Thank you, Dr. Dean

Robert Dean 27:04

Thank you. It's been a pleasure.