



HEALTHY WEIGHT IN HEALTHCARE

— with Katrina Ubell, MD —

Katrina Ubell:

Hey there, my lady doctors. How are you? Do you know what's so funny? I got a message. I have another male listener besides my husband. His name is Dan. He sent me such a nice little message. He's like, "Hey, you've got dude doctors too." He didn't say that, but I was thinking, I'm like, "I've got a dude! I've got another dude besides my husband who's listening!" Shout out to you, Dan. Welcome to the podcast. I think that's fantastic. Also happy 4th of July. This episode is airing on the 4th of July. I'm actually recording this before I go to Peru because I'm going to be gone and I need to make sure I'm all caught up. I'm not in 4th of July mode. In fact, it's about a month before 4th of July right now, but I'm just reflecting on 4th of July and how fun it is.

Our little town that we live in right outside of Milwaukee does this adorable parade that's literally a half a block from our house, so it's super easy to get there in the morning on the 4th of July. I always just think of it as such a slice of Americana. It's just the classic kids and their activities, walking and the high school marching bands and the Shriners who drive these little motorcycle things around. It's so cute. Everybody is throwing candy and the kids just have so much fun. It's just a great day, so I'm looking forward to that. That'll be right after we get back from Peru, actually. Hopefully I'll be feeling good and rested and ready to have a good time at that parade. I hope you have a great time whatever you're doing today, but today we're going to talk about criticism. Doesn't that sound fun? Let's talk about criticism. All right.

Okay. More specifically though, being on the giving end and being on the receiving end of criticism. My clients often struggle with this so much. I see this happening a lot, but before we really dig into this subject, I want to talk about the difference between criticism and feedback. This is important to split hairs on. I think the difference is in your intention. If I see my doctor and a few days later, I get my Press Ganey Survey, I can give feedback or criticism. Right? If I'm giving feedback to my doctor, then I might have noticed some things that she can improve on and I want to let her know so she can make some adjustments, which could make the patient care experience better.

If I'm criticizing my doctor, I'm telling her my experience and my complaints so that I can feel better. This is important to understand the difference. In the dictionary, the definition of the word 'criticize' is "to consider the merits and

demerits of and judge accordingly; to find fault with." The definition of feedback is "the transmission of evaluative or corrective information about an action, event or process to the original or controlling source." Notice that the definition of feedback does not say the transmission of evaluative or corrective information about a person. It's about an action, event or process to the person who is the original or controlling source. Notice also that only the definition of criticism uses the words 'judge' and 'fault.' Very interesting.

Let's first talk about receiving criticism. In our world today, there's reviews everywhere and we love reviews. I totally scan the reviews on Amazon if I'm trying to decide between buying one thing or another thing. I'll look at Yelp to see reviews about restaurants. I'll read reviews about hotels when we're going to travel. I use Angie's List to find home improvement people. Their business model is entirely based on people's reviews. We just have to face it and accept it. Reviews and criticism are just a part of our culture now. Doctors for sure are not immune to this. Most doctors these days are in a situation where their patients are asked to complete a patient satisfaction survey after their office visits. I know many of you can identify with this.

Then the results of these surveys are compiled. They might ultimately affect your overall financial compensation, either in a good way or a bad way, or there might be some other way that those results are used to help you improve your patient care. I've seen so many angry or frustrated posts in physician-only Facebook groups about getting dinged on Press Ganey scores or some other kind of survey or having a supervisor bring a critical survey result to our attention. Then we have to defend ourselves and our actions. What most of us do is we go right into defensiveness and shame when this happens. Not always, though. Right?

There could be times where you read it and you go, "You know what?" I think they're right. That is a shortcoming of mine. 45 minutes is too long to wait to see your doctor and I'm working on that. I really was rushed when I saw that patient. I have to remember to sit down, even if it's just for 30 seconds, so that the patient feels heard and feels like I spent a reasonable amount of time with them, even though I knew what the diagnosis was five seconds after I entered the room." Right? "Maybe we really did screw up that referral and I'm sure that was really frustrating to this patient, who is just worried about whether they have cancer or not. What can I do to improve this?"

Ultimately it's good to get feedback from others, right? Humans are driven as a species to grow and evolve, so it makes sense that we want to know what we need to change so we can improve. This is a basic drive we have. Some of us have it more strongly than others, but when it comes down to it, we do always want to do and be the best we can. Then our primitive brain gets involved. "Thank you, primitive brain." The toddler with a knife. Remember? It mistakenly thinks that a Press Ganey Survey is a saber-toothed tiger that's threatening to kill us, right? We have this part of our brain that helps us assess risk and threats and has been super important at keeping us humans alive.

Now that we live in such a comfortable and safe environment, we really have very few true physical threats, at least in America. That part of our brain is totally still active and kicking. It now points out emotional threats as though they're physical threats. You get the survey with harsh criticism and immediately you go into fight or flight mode. Your heart rate goes up. You might feel your face getting red. You might start getting sweaty. Your stomach might drop. It's so interesting because our bodies are acting like we have to run away to safety when we really don't, of course. Our primitive brain ultimately acts like there's a real possibility that we might die because of this critical survey.

The neutral facts or circumstances are that the survey says something like, "The doctor seemed really distracted. She didn't listen to me. This visit was a waste of a copay." Then we have a thought about that. That thought makes us feel embarrassed or humiliated or frustrated or attacked or annoyed. Those emotions feel terrible. Our action then is to stew about this and defend ourselves by pointing out why that patient is a miserable human being or totally unreasonable in their expectations or a massive jerk, right? We immediately begin identifying all the reasons why it's not our fault because what we were distracted about was really a sick patient in the hospital or our struggling child or our aging parent who just had surgery.

Ultimately we just feel really attacked and we make what they said mean that we're no good, that we're not good doctors. Something is wrong with us. We should be ashamed of ourselves. Then we take the next step and compare ourselves to other doctors, making up stories in our heads that those other doctors don't ever get these critical surveys. Only me. We have all these excuses. Our patient population is more difficult. Patients are more critical of women physicians. It's all just not fair. We go into self-pity mode and wish everything was different, so that we could feel better. Then those of us who overeat to feel better, which is probably many of you if you listen to this podcast, go ahead and you guessed it. We go searching for that stale donut in the doctors lounge, thinking that we deserve it. We need a treat after the day we've had.

We really believe it's a nice thing to do for ourselves to cheer ourselves up. Ultimately, it would be really nice if that whole cascade didn't have to happen with every non-glowing patient satisfaction survey, right? What I want to suggest is a way to handle these surveys and any other reviews you get. First you manage your thinking before you even go into the meeting or read the survey results because some of us are already catastrophizing before we even look at anything or hear anything. You can think a thought like, "Surveys are not a reflection of my worth as a doctor," or, "I do my best for every one of my patients," or, "I'm going to use the information I'm about to get in a positive way to improve myself as a physician."

I know that the feelings I'd want to generate before reading survey results would be calm, peaceful and open. You can decide to create whatever emotions you'd like to be feeling by choosing a thought that feels true and believable and actually creates that emotion for you. One of my amazing clients says that she

reminds herself that a patient satisfaction survey is just reflective of a certain point in time, that these surveys, whether they're positive or negative, are no more accurate at assessing her skills as a physician than a spot blood glucose is at assessing diabetes control. I love that comparison. I think that's so great.

Then you look at the review or result. The first question to ask yourself is, "Is this criticism or feedback?" Is the person relaying their opinion or experience in order to help you or the office or the hospital system or are they just complaining so that they can feel better? It's really important to determine which one it is. It might be a mix of both, but go line by line and decide what the patient's intention probably was in deciding to convey this information to you. You'll never know for sure really what their intention was, but you can usually get a pretty good idea. If it's feedback, then you can decide to take the information into consideration. Start letting your brain problem solve a solution rather than being totally closed off in defensiveness.

Talk to anybody else who might be involved that could help you improve the situation. Sometimes you might really think about it and decide not to make any changes. For example, if one patient complained about a process, but you have 25 other glowing reviews from other people about that process, then you can take the complaint into consideration and just watch to see if others complain too, but in the meantime, you just keep going as you are because ultimately you can't make everyone happy, as we all very well know and believe, right? Although some of us who are people pleasers know this, but don't really believe it. That's for another podcast.

Even the very best doctor will have someone who thinks they're no good. You can be the juiciest peach on the tree and there will always be someone who just doesn't like peaches. They're crazy because peaches are amazing. You're amazing. You're an amazing doctor. Remember that what they say or write is a neutral fact and is a reflection on them, not you. This is where it can get sticky and hard. Really believing that what they write is all and only about them and their perception of you and your office. That doesn't mean they don't have a good point sometimes, but if the patient sees all their experiences of their life through a very negative lens, then even if you're amazing, they'll find something wrong with you. That's okay because again, what they say is only a reflection of them, their life and their thinking.

Now if the answer to that first question is that they're criticizing you, then that should help diffuse the situation for you a little bit. Just knowing that the person is complaining in order to make themselves feel better, not to actually help you, should take some of the power out of what they wrote. If they say something ridiculous like, "She's ugly and her breath smells terrible," clearly they're criticizing your looks and have no intention of trying to help you in any way. They just want to insult you to make you feel bad. You can decide to just let those comments go. You might want to feel some compassion for someone who thinks that a satisfaction survey is the place to comment on someone's looks. You might decide to find some humor in it because it's so ridiculous. The breath comment,

you might decide to take that one to heart. Maybe you'll brush your teeth after lunch or something. That can be feedback that you can pretty easily incorporate into your daily work routine.

We can extrapolate this method of handling criticism versus feedback to other areas of our lives too. Your mom or mother-in-law might like to tell you how you're doing as a mom to your own kids on a regular basis. Your husband might like to point out your shortcomings at times. It's what you get when you go to a parent teacher conference. Someone who doesn't like how you're driving might honk at you and flip you the bird. That's basically a review of how you're driving, right? The first question is always, "Is this criticism or feedback?" What is this person's intention in telling me this? You can ask too if it's not clear to you. We have a tendency to assume the worst in some people, like family or our boss. They can't say anything to us without us interpreting it as criticism. It can be really helpful to have someone who's outside of the situation help you understand whether you're getting feedback or criticism. Then you move forward with processing what they've said.

Now let's transition into us giving feedback. As doctors, we have to give feedback all the time. We give patients feedback on how they're managing their illnesses. We give our staff feedback. We give our kids feedback on their behavior and grades and performance in their extracurriculars. Many of us like to give our spouses feedback on how they're doing certain things and how they could improve. If they would just do it like us, right? In my medical school, we had this two-year long course called Introduction to the Patient, ITTP. That was where we learned how to take a history, how to do all the parts of a physical exam, how to break bad news and how to give feedback. All my fellow University of Michigan alums out there will remember what I'm talking about, although they probably call it something else now.

In ITTP, they taught us how to give feedback for when we had students and residents below us. They taught us what they called "the feedback sandwich." That meant that you tell the person something good and positive that they're doing. Then tell them where and how they can improve and then finish with something else that's good and positive, like a sandwich. For some reason, this totally stuck with me and I think about it so often. It can be hard to remember to utilize the feedback sandwich though when we're coming from a place of negative emotion, like frustration, annoyance or irritation. Remember, our feelings drive our actions and our feelings are created by our thoughts.

If my thought is, "This medical assistant is the worst I've ever worked with. She just doesn't get it. She's not a quick learner and hasn't been able to improve her performance at all," this generates feelings of frustration, anger and impatience in me. If then my action is to pull her aside and talk to her about her performance, how do I show up in that meeting when I'm feeling frustrated, angry and impatient? Not great, right? I'm not coming from the best version of myself. I'll probably be short with her, not let her talk, not be interested in her take on the problem or any ideas she has for solutions. The result of that

meeting for me is that I still think she's a terrible MA. I've worsened my relationship with her and I don't feel any better.

Instead, the way I like to approach a situation like this is by asking myself what results I want to have for me at the end of the meeting with this underperforming MA. Remember, the result can't be what someone else does or knows. The result can't be that the MA performs better. That's totally out of my control. It even can't be that she knows what she needs to do to improve her performance because even though I might have told her all that, she might not have understood me or she might have been distracted or wasn't listening or who knows what? The result has to be for me. In this case, the result I choose is to have clearly and calmly conveyed my concerns to the MA, created a performance improvement plan with her and know that I showed up for me and her with integrity.

Then we go up the model. If the result is that I've clearly and calmly conveyed my concerns to the MA, created a PIP, and know that I showed up with integrity, what actions will I have to take to make that be the result? In this case, I utilized the feedback sandwich so that she knows what she's doing well and what needs improvement. I'd be sure to give her time to talk and to listen to what's going on for her, meaning what she's struggling with and what's preventing her from doing better. I'd carve out enough time for the meeting, so we don't feel rushed and distracted. I'd approach her with a genuine feeling of caring and encouragement. I wouldn't be short and snippy with her.

Then we move up the model one more step to the feelings line. How do I need to feel going into that meeting, so that I use the feedback sandwich, listen, allow enough time, et cetera? I'd choose to feel calm, caring and hopeful. Then I have to move up one more step to the thoughts line. What thoughts about this MA and her performance make me genuinely feel calm, caring and hopeful? I would choose "there's a real possibility that I can help this MA improve her performance. If I can't, then I know I've done everything I can to help her. This job may not be a great fit for her and if that's the case, I can help her to find something that plays to her strengths." Then when it's time to meet with her, I think these thoughts on purpose with intention.

It's feedback because my intention is to help her. It would be criticism if I just wanted to unload all my grievances on her so I could feel better. I think these thoughts and create the feelings of calm, caring and hopeful for myself. Then I go into that meeting and create the results I want. We can also extrapolate this to any relationships we have. I'm sure you can see that, right? When you talk to your kids about something or your husband or your neighbor or your mother or the owner of a store or anyone really. You can think, "Is what I'm about to tell them criticism or feedback? What is my intention in telling them this?" Check yourself to make sure the emotions you're feeling are going to cause you to show up the way you need to to get the results that you want for yourself.

This is such good stuff and totally changes your relationships with people, especially the ones who tend to be more "difficult" in your life. Give this a try and let me know how it works for you over on the show notes page for this episode, which you can find at katrinaubellmd.com/25. Oh, and if you are an MD or DO physician in practice and you think you might want to work with me in my upcoming doctors-only coaching group, make sure you get your name on the email list for folks who are interested. To do that, go to katrinaubellmd.com/group and sign up. Then be sure to check your email to confirm that you want to opt-in to the list.

On that note, I hope you have a super fun 4th of July. Stay safe. Your friendly neighborhood pediatrician comment: don't let your little kids hold sparklers. They all end up with burns on their hands and everywhere else. Not a good idea. Use glow sticks instead. Okay, you guys. Have a great fourth. I'll talk to you next week. Take care. Bye bye.