

Seán Collins ([00:01](#)):

Two years ago in the winter of 2021, the Hear Me Now podcast brought you a story from the front lines. During a deadly COVID surge in Southern California, Zahra Esmail and Christina Rothans colleagues on a palliative care team told us about the stress of being caregivers in the midst of a pandemic.

(quiet music begins)

Christina Rothans LCSW ([00:30](#)):

And taking a few deep breaths in my car before having to put a mask on. I use a mask from the minute that I leave my car to the front door of the hospital out of respect for anybody that I come into contact with in route. Um, those, those last few breaths in the car always feel really precious because there's some of the last few I will take mask list for the next, you know, eight or nine hours.

Zahra Esmail DO ([01:00](#)):

So as a palliative care physician, I've been trained to facilitate difficult conversations with patients and their families as they face serious illness and try to cope with the ups and downs of the journey.

Christina Rothans LCSW ([01:19](#)):

The other day, I was taking an iPad to my patients, one of my patients bedside so that the patient's husband could just be with her. He called and said he was really distressed. He knows that she's dying. He knows she can't respond. He knows she can't say anything, but he just wants to be with her. And so I, I prop up the iPad on a bedside table that ordinarily is used to put food on and I make sure that it's lined up so that she can see him as as closely as possible. And then I leave her there, the patient and her husband on the iPad so that they can have that time together.

Zahra Esmail DO ([02:29](#)):

Our palliative care team at the hospital soon became the Zoom team as we offered to conduct family meetings virtually via the Zoom platform.

Christina Rothans LCSW ([02:40](#)):

And I'm not gonna lie, we are just like work people working from home have zoom fatigue. We all have zoom fatigue in the hospital because one of the jobs I never knew that I would have is setting up these Zoom meetings for families so that they can see and pray for and give words of loving encouragement to their, their pa our patients, their their people.

Zahra Esmail DO ([03:06](#)):

And we started taking in the iPads into the patient rooms so that families could get just a glimpse of their loved ones through a screen.

Christina Rothans LCSW ([03:16](#)):

And, you know, families love it. It is such a consolation prize. It is not what they want and they will take what they can get. And so, so often we do a zoom call, it feels really meaningful and good for the family, and then the very next day they're calling to have another one. And I can't tell you how many times I think, oh, I don't wanna do this. This is so painful. So I take a deep breath in my <laugh>, in my mask, in my face shield, and I tell myself, you know what? He's been married to her for 60 years. Imagine being married to someone for 60 years knowing that they're at the end of their life and that they're probably gonna die in that hospital without you. And that's all the perspective I need to get my little butt out of that chair and set up that zoom for that husband again, and I'll do it again and again and again until things go back to normal in the hospital.

Zahra Esmail DO ([04:34](#)):

I stood at the bedside many times to take in an experience these intimate moments that families would have with their loved ones as I struggled to hold that iPad wearing all my p p e mustering, all the courage and strength that I had not to break down in that moment.

Christina Rothans LCSW ([04:59](#)):

You know, when you're in person with someone or even a family who's grieving, you can only focus into or tune into one or two of them at a time as they're grieving. But when you're on Zoom and you have, let's see, earlier this week I had 45 people on Zoom for a zoom goodbye, 45. And you see all 45 of their faces crying and praying and grieving. I actually only recently figured out the other day how to turn the speaker off altogether because even when I turned the volume down, depending on the pitch of someone's voice and you know, crying has a particularly high pitch, it would still come through the phone. And so I don't say that to sound callous or like I don't wanna be present for people. I do when I am all of the time. But it's getting to the point where we're being traumatized by this ability to bear witness to more people's grief than we're used to.

(music ends)

Seán Collins ([06:26](#)):

Licensed clinical social worker, Christina Rothans and Dr. Zahra Esmail speaking with us in the winter of 2021. According to several national polls, one in five healthcare workers in America resigned during the pandemic. Zahra and Christina are both still working in palliative care today, caring for caregivers.

(Theme music begins)

Tricia James MD ([06:55](#)):

When I found coaching, personally, I found it to be the most transformative tool that I had ever experienced. Really life changing for me.

Seán Collins ([07:10](#)):

The pandemic has focused attention on the wellbeing of the people who work in healthcare for doctors, nurses, techs, and therapists. The toll of caregiving has been immense, driving many out of healthcare. Today we'll hear about a pilot program designed to help caregivers reframe their professional experiences.

Chrissie Ott MD ([07:33](#)):

We learned some version of helplessness and it's very difficult on a personal developmental level not to give in to this culture of complaint that then colors the rest of our lived lives. It colors how we come home to our families. It colors the goals that we set for ourselves. And unfortunately, when we look back from the end of our lives, it really shapes how we will have shown up and loved and lived for one another.

Seán Collins ([08:04](#)):

Coaching to change healthcare one caregiver at a time on the Hear Me Now podcast. I'm Sean Collins. I'm so glad you're listening

(music ends)

([08:19](#))

On the program today, we're gonna talk about a pilot program in Portland, Oregon aimed at helping healthcare professionals find satisfaction in their work to learn new strategies for dealing with the stress of their jobs, to find ways to take care of themselves as they take care of others. The program is 12 weeks long. 230 healthcare professionals have taken part to date in three cohorts. The 12 week program consists of one weekly didactic session as well as one hour of individual or small group coaching. Those alternate week by week participants can receive 24 hours of continuing medical education credits for participating. Dr. Hans Moller is an orthopedic trauma surgeon, a 38 year veteran of emergency rooms and operating rooms. He was one of the first docs to sign up for the coaching program when it was first offered to Providence Caregivers in Portland. He says the coaching program provided training. He wasn't really expecting.

Hans Moller MD ([09:30](#)):

You are the captain of the ship in that operating room, but if you even examine just that domain of our level of expertise and comfort as surgeons, I'm speaking now, I'll speak for myself as a surgeon. There are ways in that operating room to benefit the entire team. That's a unique idea. There's a team there. And to build that team to a higher performance level and that skill leading that team, maybe it's only six people, uh, is not taught very well. Some people are intuitive and

pick it up quickly. So to take even the ones that are intuitive to take that outside the operating room, it's very difficult when administrators have a different language when other people in the hospital or your clinic use different words that mean things to you in a different way. And, um, most surgeons aren't really interested in that. They say, you know what, tell me to go in that operating room and do five surgeries. I'm as happy as I can be. That's my happy place, but tell me to sit in a two hour meeting about strategy for our clinic in the next five years. And I will be bored, but it's a skill you have to develop. I could follow it. Well, I wasn't in the dark and, uh, develop some very, uh, positive introspective techniques for wellbeing. Um, so I had a great experience with it.

Seán Collins ([11:05](#)):

Hans Moller is an orthopedic surgeon at Providence Seaside Clinic in Seaside, Oregon. He was a member of the first cohort in the Providence Medical Staff Coaching Initiative being piloted in Portland, Oregon.

Chrissie Ott MD ([11:18](#)):

I'm Dr. Chrissie Ott. And I co-created and collaborated with Dr. James on this project as a direct response to the suffering of our many colleagues in medicine. Each of us have experienced the complexity of the US healthcare industry in different ways. And the syndrome that we abbreviate as burnout is an individually experienced phenomenon that comes directly from systems and workplace circumstances. So there are relatively few interventions that act at the crossroads of an individual's particular experience providing care in a dysfunctional system and helping them to locate where their locus of control is. Finding the sphere of control in which our participants could act upon the things that are within their control. So coaching often brings mindset tools where we recognize what's part of our own story, our own meaning making, which may be notoriously inaccurate, and where we can actually take action in service of the good and improving our own working conditions. And then the conditions where people access medicine in a more functional, more humanized way.

Tricia James MD ([12:54](#)):

My name is Dr. Tricia James and I had actually started bringing coaching to the hospitalist group at Providence, Portland Medical Center through another project that I was working on. And it was really, uh, born out of my own experience of finding coaching. And I have been in the wellness arena for over a decade. And when I found coaching personally, kind of by chance, I found it to be the most transformative tool that I had ever experienced. Really life-changing for me. And so as I had the experience of being coached and experienced and lived through the transformation, I knew that I wanted to bring it to as many people as possible. And so that started through this other grant project and bringing it to the hospitalist group at PPMC and really learning more and more about how important it is to empower individuals and groups to identify where they have control and modify it so that it's working for them, <laugh>. So, you know, that's how I kind of think about coaching in general. And we had an opportunity to partner across locations and then across specialties in Oregon and really bring people together from their silos <laugh>, to have an experience, um, in a way that we've never had before.

Seán Collins ([14:54](#)):

Dr. James, Dr. Ott, welcome to the podcast. I'm so glad you're here to talk about this project.

Chrissie Ott MD ([15:00](#)):

Thank you for having us. We are delighted to share our experience with you and your audience.

Seán Collins ([15:06](#)):

I'm intrigued to hear you talk about locating where you have control. Um, and immediately what that brings to my mind as a layman is have you all been focusing on things you don't have control over?

Tricia James MD ([15:22](#)):

<laugh>

Chrissie Ott MD ([15:23](#)):

I think there's a resounding yes there,

Tricia James MD ([15:26](#)):

<laugh>. I think what I have seen happen is that healthcare has just grown exponentially in the size of our organizations and the complexity of our organizations and honestly, even just healthcare complexity has grown. Like the number of medications and, um, procedures we can do, like, it's just exploded. And so from a day-to-day perspective, it has actually shifted a lot what we do have control over <laugh>. And so when you're in an environment where you're working for a big organization, and particularly during COVID when things are changing every single day, it's very easy to lose sight of what do I actually have control over? And there is a very widespread kind of experience of decreasing autonomy over time as we're interfacing with this increasingly complex system.

Seán Collins ([16:41](#)):

Chrissie, do you agree?

Chrissie Ott MD ([16:43](#)):

I sure do. I think that a lot of our colleagues, uh, at the front lines in this healthcare environment find an unending cycle of frustration because they would like to provide care for their patients and find many times their barriers beyond their control. We're also seeing unprecedented volumes with unprecedented complexity at an unprecedented pace. And at the same time, we are held more to account than ever for quality outcomes, safety and customer service or customer satisfaction. And as the, uh, as the old, uh, saying goes, you can have it two ways, you can have it cheap, faster, good, um, and right now we're, we're really trying to do all three and it's not sustainable and it's not humane and we all feel it in different ways. So the patients feel it with

problems having access. And the frontline providers in outpatient or ambulatory settings feel it with an inbox, a pace of, you know, patient turnover.

(17:51)

They can't keep up with an inpatient. Doctors see it as days that basically never end an unbelievably complex care, uh, that just feels insurmountable. So we learned some version of helplessness and it's very difficult on a personal developmental level not to give into or give up to this, um, culture of complaint and sort of landing on cynicism as a stance, landing as cynicism or um, helplessness as a mood that then colors the rest of our lived lives. It colors how we come home to our families, it colors the goals that we set for ourselves. And unfortunately when we look back from the end of our lives, it really shapes how we will have shown up and loved and lived for one another. So changing this has a radical, radical potential of actually shifting the tracks of our lived lives. And when I say that it, it sounds really quite, um, you know, superlative, um, extreme, but I think that this is in fact the potential that's been reflected back to us from many of the participants who engaged with this material over a simple 12 week intervention.

Seán Collins (19:21):

Yeah. Earlier we heard from Dr. Hans Moller, the orthopedic surgeon in Seaside, Oregon, who was part of your first cohort. I want to go back to him now. Let's, let's listen.

Hans Moller MD (19:34):

I think one thing I learned was, uh, a deeper sense of listening and just to at times be quiet and let the quietness settle in the group and not feel like I need to speak to correct something or to improve something or to fix something. Cuz surgeons fix things. We all providers fix things. So to let people speak and listen deeply to what they're saying, a concrete example of that would be to develop relationships with their patients, with their peers. And the administrative side to simplify is transactional. So we really suffered burnout because these relationships weren't developing like they normally did, and there was good reason they couldn't. And when that was taken away, that isolation of building relationships with folks, patients became very difficult, uh, to see, uh, a a value that kept you going prime administrator. And it is a business. My success is based on a transactional relationship with the figures that are, that are given to me.

(21:02)

How successful am I economically? How successful am I, uh, the market share, and I'm not an expert at these words in this language, but it's a totally different relationship that and measurement than uh, a provider who, um, is sitting at someone's bedside. So I learned to listen more and learned to be quiet and let it settle. And I really found some of these providers, particularly the critical care guys that were in the middle of COVID on patients and respirators, there were several of 'em in the cohort, how close they were to really thinking deep depressive thoughts. And it was the first time they had really been able to sit and say, place and open up and say, you know, I've really thought about quit. Well, they're not so deep depressive thoughts where I've thought about quitting. The real depressive ones are I'm thinking about suicidal ideation stuff. And I was shocked. These are young, young doctors, uh, into things. Eight to 10 years is all, and I'm thinking, what? That's just crazy talk. But they felt they could say these things and uh, were supported and they immensely, uh, felt to be very positive.

Chrissie Ott MD ([22:26](#)):

I remember that interaction as really a pinnacle moment in our first cohort and such a strong impetus of encouragement to pursue further funding for future cohorts because just knowing that this initiative had reached one person who was so important to that moment in medicine this deeply, that that person's suffering was able to come into the light to be witnessed by carrying others and to be processed in a way that allowed that person to stay in their incredibly valuable role. Uh, and to feel supported. Not at all to say that everything is peachy keen and we don't have problems, but we have connection. So we don't have problems alone and we have tools. So we know that our first reaction to the problem is sometimes flavored by other inputs that we're not immediately conscious of. Hmm.

Seán Collins ([23:37](#)):

Tricia, you're nodding.

Tricia James MD ([23:39](#)):

Yeah, I think, you know, I just reflecting on so many of my own challenges in my career, the hardest part is the isolation. You know, when you feel so disconnected and you start to believe that it's only you that you are broken and that's a really dangerous place to be. And so giving people permission to be human and share whatever they're experiencing in their life, I don't know how you put even a price on that. And I think it, to me, what it brings up is we're at this place in the US right now where healthcare is a business that's just true. And we're forced to operate like a business in many ways. And yet what we're missing is the humanity, the connection, the ability and time and space to walk down your hall and stop in and talk to a colleague about, Hey, I'm struggling with this. Or a patient who comes in struggling that really needs that time and attention is oftentimes indirect conflict with we're running a business, we need to see X number of patients to pay the bills.

Seán Collins ([25:19](#)):

Right, right. My guests today are Dr. Tricia James and Dr. Chrissie Ott, co-creators and the medical staff coaching initiative being piloted at Providence Hospitals in Portland, Oregon. Kimi Powers is a family medicine physician assistant. She went through the coaching program a year ago now, and her coach was Maneesha Ahluwalia, an infectious disease doc based in Baltimore. All the coaches in this program are both physicians and certified coaches. We ask Ms. Powers and Dr. Ahluwalia to get back together to reflect on their time together as participant and coach.

Kimi Powers PA-C ([26:02](#)):

I stumbled across the Coaching for Institutions initiative in a staff email by chance, read through the staff email and I was like, oh wow. This is something that I've been looking for and I didn't know or potentially could be really helpful. Um, at the time I was considering a really big change in my career, um, personally going through a separation. Um, so making some really big pivots in my life or considering them at that point. So, um, having some resources or having an additional tool to help me navigate that. And you know, of course for both of us, this is in the

background of COVID practicing medicine in the time of COVID. So I think everybody was burnt out for similar reasons.

Maneesha Ahluwalia MD ([27:00](#)):

Yeah, that, that's a good point. This idea of pivot and coaching I think is a great meeting point for the two. Right. So people are in general at the stage where they find coaches are at a stage when they're generally pivoting. And that's why we usually meet people that are probably in their thirties, forties, fifties, and somewhere in that age range. And because they've had some experience doing what they trained to do and are starting to think about what else is out there, or perhaps they've been in a relationship and now they're considering transitioning in that relationship and or perhaps they've had kids and now there's a time where they're managing not only them their personal lives, but their kids' lives as well as work lives. And so now we need a little more kind of support in that time period in their lives. So I feel like the, the word pivot is perfect for this entry into coaching because whether it be career, whether it be personal, like you mentioned, and then for everybody in the healthcare industry, the pandemic was a huge time to pivot.

([28:05](#))

And I, I would say for me that was exactly when I needed a coach as well. I was making a huge transition in my own life. I was trying to get pregnant. I needed help getting my health in order. And I hired coaches who were physicians because I thought that we would at least have that common thread of knowing the healthcare industry and knowing kind of the emotions that we go through when as healthcare workers we're having our own health issues or other crises or transition times. And there's that relatability when we're all in healthcare that I think is really helpful. Um, but you know, specific to you, Kimi, I remember having this impression that when we first started working together, you had a foundation of self-awareness, a foundation of a desire of self-development that was already part of you. And you were coming in with a, a level of awareness that I think was different from many other clients that I've coached. Um, we shared a few more phrases and language I would say that, that people hear in the self-development world. Things like, uh, holding space, which is basically making sure that everybody feels safe to speak their thoughts and have their feelings. Um, you were familiar with things like, uh, trauma and trauma informed practices, also just mindfulness in general. And so I, I think that that was something unique I encountered specifically with you. I don't know if you have anything to add to that.

Kimi Powers PA-C ([29:41](#)):

No, that's interesting. Thanks for sharing that. Um, I think I was feeling stuck. Like I think I had the insight to know that I was lost in certain ways and it really was looking for some insight on how to get unstuck. And I think even though, I don't know if we had like two or three sessions, I feel like you were very direct, you were very straightforward, you were also very compassionate and like right from the get-go I felt like, okay, I can really dive in and it feels vulnerable and I can also be really curious about exploring these, these new ideas. So I felt like I did go into the experience being really open, um, for new paradigms, like new ways to relate to, you know, my thoughts, feelings, and actions. We talked about that a lot.

Maneesha Ahluwalia MD ([30:46](#)):

Yes. Thoughts, feelings, and actions. Absolutely. And I'm just thinking about somebody who might be listening, thinking about what it would be like to be in a coaching environment and have a coaching experience from your standpoint or from the client standpoint. Like, okay, there's, I think there's this idea that we do know there's something more. We do know that there's something to explore that's tugging at us from the inside. We do know that there's something waiting to be answered and we don't quite know what it might be. We have like a, a level of language that we can speak in. Like, I know I wanna think about maybe leaving this relationship. I know I wanna think about maybe, uh, you know, climbing in my career or doing, taking the next step in my career advancement, but putting the deeper thoughts into words and sort of bringing out what we really are thinking from the inside. Like what's that really internal language that we haven't been able to quite see And bringing that up in a session, allowing ourselves to be in a place where we can just speak freely and the other person can mirror back what we're saying for us to actually hear in almost a more tangible way what's already inside. I don't, that's kind of been my experience of being coached, but also seeing the client's experience coming through on the screen.

Kimi Powers PA-C ([32:13](#)):

Yeah, it's a interesting dynamic and I, I was feeling that I was feeling this restlessness, but with the daily milieu, you know, it's so easy to just ignore it or compartmentalize it or set it aside and not address it and then it bubbles up in other ways. So going into a coaching session, I knew it was gonna feel vulnerable cuz I was gonna, you know, do a lot, lot of self-reflection and think about uncomfortable things, but also there's a sense of relief to it. Like I, I now have this space to set everything aside and really live with intention in this coaching, coaching session. So the relief to it really helped with the potential discomfort or vulnerability or fear.

Maneesha Ahluwalia MD ([33:05](#)):

Yeah. And I think about the scheduling that we do in our lives. We can schedule a meeting and meet with other people and talk and we can schedule something for our kids to go to and we can schedule, you know, a patient encounter and then when we schedule time for ourselves to sit and let's say meditate or journal, it's so easy to put something else in place of that. And I, I like what you said because when we schedule a coaching session, it's like a guarantee that we're going to have time to reflect and be introspective and have someone on the other end listening. And that feeling of being heard is so invaluable that I think is what is so rewarding on both sides.

Kimi Powers PA-C ([33:55](#)):

It is. And I think this is, this was such a compelling and unique opportunity for me because you are a physician, so as a caregiver we're in this profession of caregiving, right? Taking care of people, healing people. And to have a caregiver, like another healthcare professional say, oh Kimi, it's okay for you to take this time for yourself like you deserve this time. And having that reflected from another caregiver had extra strength for me.

Maneesha Ahluwalia MD ([34:26](#)):

I see that that's a really good reflection as well. What about the idea that I can read things in self-development, I can listen to podcasts, I could go to a therapist and do you remember what your thoughts were at that time? And I know this is a year ago, but like why coaching instead of another podcast or a book or articles or therapy or talking to a friend or other people that are your loved ones? Why a coach?

Kimi Powers PA-C ([34:58](#)):

I think that's a great question. I liked this coaching for institutions program because it, there was group coaching, so in the context of COVID and in the context of at the time I was practicing retail medicine, which is me as the healthcare provider, plus one medical assistant. And through a 12 hour shift it was just two people. So with COVID feeling really isolated from other healthcare professionals cuz I know we were all really struggling in fundamental ways with the isolation from COVID having an opportunity to connect in group sessions with other healthcare providers. I had a team of apps, so advanced practice providers, so they were midwives, nurse practitioners, other physician assistants. Having that sense of community when you're feeling closed off from the world was amazing. And having individual counseling, even with somebody, you know, you were across the country, right? But the universality of the struggles that we deal with as healthcare professionals felt really joining in ways that listening to a podcast or it also really active, I felt like an active participant in a sense of community. It, it lends itself to a different experience than reading a book or listening to a podcast cuz there's, uh, an engagement in it that meant a lot during a pandemic especially.

Maneesha Ahluwalia MD ([36:30](#)):

And that can also be different in therapy because in therapy generally it's, I mean, I know that there's group therapy, but generally people seek out therapists, uh, as one-to-one sessions. And in the coaching for institutions model, there's the availability of both. And so you get the both the group coaching experience with peers, right? People who are working in the same institution as you, perhaps in their own siloed positions and their own specialties and their own buildings and their own towns even. But you're meeting for the first time online and seeing that actually everybody is sharing an experience in their own minds. Like we're all having the same thoughts, we're all having the same feelings and we're not finding a way to express it is something that we hear a lot, which was as a benefit of the group coaching experience, but then the one-to-one sessions lend themselves to an even more customized personalized experience for the person who wants to take it deeper.

([37:35](#))

So to, to me, it feels like when I'm a client, it feels like I can snuggle in under the covers, feel really safe, know that it might be hard to get into the zone. Know, might be hard to face some of those topics that I don't really wanna talk about in other areas, but then I can feel really safe talking about it here and know that I'll have somebody who's skilled to be able to be with me in those really tough moments that I'm talking about. And if, if you want to bring up some of the things that we talked about, I'm, I'm open to even going back to some of that that we shared together. And if not, you can even talk in generalities just like what that was like getting into some of the more personal and difficult moments that we talked about during our coaching sessions.

Kimi Powers PA-C ([38:27](#)):

There was a level of empowerment to the things that we were, we were going over. And one of the things specifically was like waiting, like I am going to, things will get better when dot, dot, dot, or you know, I'm working towards a goal and I'll be at peace with myself once I achieve that goal. It's, I, I think I called it like the dangling carrot of self-actualization, right? Like I was always chasing something and always feeling kind of bothered and unsettled and not taking each moment for what it was like having one step in. Yes, I'm one step closer to this thing, but you challenged me to think what if I'm exactly where I need to be? What if there are things that I'm uncomfortable with and I'm happy, I'm happy. So like having this duality to consider and being okay with it was really liberating for me.

Maneesha Ahluwalia MD ([39:37](#)):

Yeah. Yep. I remember those moments and I remember them not only with you, but a lot of people have that takeaway, which is, I was working towards this arrival and experiencing the arrival fallacy over and over because the if and then I can rest or the, if then I can feel accomplished and proud comes and it's so fleeting that we're always looking for the next arrival. And when we offer that, what if we're not making decisions and that's okay. What if we're deciding to rest and that's okay. What if we're doing some internal reflection and not taking any actions? And that's okay. That is a very liberating paradigm shift, like you said,

Seán Collins ([40:33](#)):

Maneesha Ahluwalia and Kimi Powers reflecting on their experience as coach and participant with the medical staff coaching initiative at Providence in Portland. You can hear more of their conversation on our website visit hear.me.now.podcast.org for a link back now with Dr. Tricia James and Dr. Chrissie Ott, co-creators of the coaching initiative, Chrissie ot, if you jump on an elevator with someone, what do you tell them about this pilot program?

Chrissie Ott MD ([41:06](#)):

The encapsulated version of this program is that it's a 12 week program that includes 12 didactic sessions, six, one-on-one coaching sessions and six small group sessions through which people get new tools in coaching and mindset optimization. That can really shift the way we see our circumstances and shift the results we're able to create our lives and especially in our work lives. I have an equation that, uh, came up at the beginning of this adventure with Tricia, which is that coaching has the potential to equal mental health optimization times professional development minus stigma.

Seán Collins ([41:50](#)):

That's great.

Chrissie Ott MD ([41:51](#)):

Yeah. There's a reason that physicians and ABPs don't often access the available mental health services. It's often a mismatch of perceived need because we don't feel that we're having a pathological response to the situations we've been put in. Even though we may be exhibiting signs of anxiety, depression, P T S D or other mental illnesses, we still feel like we should be able to hold it together, fix it ourselves, or we don't have time or we're concerned about it, perhaps getting to a place where we're gonna have to report it on our credentialing and licensure. Mm-hmm. <affirmative> Reapplications. So this really has the potential to answer some of the suffering without some of the barriers to receiving support.

Seán Collins ([42:38](#)):

Tricia James, what's your elevator version of this?

Tricia James MD ([42:43](#)):

Yeah, I think that this program is a way for people to clearly identify what they have control over and therefore rediscover their power and to do it with a community that they're on the journey with. And I like to think about, I, I think the reason that coaching speaks to providers better than our mental health models is we're not broken <laugh>. You know, like we're, we're responding as you might expect to this extremely complicated, challenging job. And so the model of coaching is you're not broken, you just might want to create a different result than you have right now, and let us help you get there.

Seán Collins ([43:48](#)):

Did the two of you work together before this know one another? Well before this

Tricia James MD ([43:54](#)):

We peripherally we knew each other a little bit. <laugh>, um, Chrissie was the chair at St. Wellness chair at St. Vincent's and I was the wellness chair at PP m c. And, um, I would say yes, absolutely, you know, friends and colleagues, but we have gotten to know each other much, much better through this journey. Anything you wanna add, Chrissie <laugh>.

Chrissie Ott MD ([44:22](#)):

I just love remembering back to our first coffee together in which this was really born and, and it really moved forward so quickly. I mean, within four months of that coffee we were starting our first cohort, um, largely because Tricia had experiences, um, that helped us know what steps to take and, and the shared intelligences moved us forward at a much faster pace than either one of us would've been able to do on our own. So I am eternally grateful for the partnership and collaboration and the shared success of this program and how many people it has touched, and then the ripples that each of them have had in their clinical and personal lives. Uh, and we continue to hear back from them about how they've touched resident lives with this information or they've used it in their parenting or in their partner relationships. It's, it's just an ongoing reward cycle.

Tricia James MD ([45:32](#)):

Well said. Chrissie <laugh>,

Seán Collins ([45:35](#)):

Can you tell me anything more about that coffee? Do you remember how the conversation unfolded?

Chrissie Ott MD ([45:43](#)):

<laugh>, I wish we had recorded that Coffee

Seán Collins ([45:45](#)):

<laugh>. Was there like an aha moment? Like, oh, we we're onto something here and you built on it or,

Chrissie Ott MD ([45:51](#)):

You know what? I remember Mo is putting my chapstick on wonky and us having a big laugh about it. <laugh> <laugh>.

Tricia James MD ([46:00](#)):

I remember, I think, you know, we were, we were at this place where we had the ideas and the specifics of what might be possible, um, around coaching for institutions and partnering with them. And, um, it was that really early phase of like, what I remember from that coffee is the belief that it was possible. And it was, so what I remember is the feeling the most of just like being really excited that we could do this <laugh>. Um, and I remember taking, you know, voracious notes during the whole thing and I did set off all the next steps.

Chrissie Ott MD ([46:45](#)):

Yeah, there's, it's such a, um, exemplar of what relationship and collaboration can do. It's, it's profound.

Seán Collins ([46:54](#)):

Have you all written about it? Have you presented on it yet? Have you shared this with colleagues outside of your immediate orbit?

Chrissie Ott MD ([47:02](#)):

We have. We had the opportunity to co-present about this project at the international conference on physician health last fall. And I would say the, the National Wellbeing Community has heard about it in a variety of forums from one or both of us. And there is tremendous excitement being reflected back from other institutions about how wonderful it is that Providence was able to fund

this and support this and move it forward. And that as of today, we will, we'll be completing our fourth cohort and will have gotten 300 physicians and apps through the 12 week cohort, which is really such an impact in our culture in Oregon.

(music begins)

Seán Collins ([47:49](#)):

Well, I wanna congratulate you both, um, what amazing work you're doing for your colleagues. Thank you for taking the time to talk with me about the program and good luck to you as it moves forward.

Tricia James MD ([48:03](#)):

My pleasure.

Chrissie Ott MD ([48:04](#)):

It was my great pleasure. Thank you so much Sean.

Seán Collins ([48:08](#)):

Dr. Tricia James is on the Internal Medicine Residency Faculty and she's the medical director for wellness at the Providence Portland Medical Center in Oregon. And Dr. Chrissie Ott is an internist and pediatrician and the medical director of the Center for Medically Fragile Children in Portland, Oregon. And the Providence Regional Medical Director of Wellbeing, Doctors Ott and James are co-creators of the medical staff coaching initiative being piloted at Providence in Portland. If you want more information about the program, please visit our website, [hear me now podcast.org](http://hear-menow-podcast.org) for links to more information and ways to connect with Drs. James and Ott. You'll also find more of Dr. Maneesha Ahluwalia's conversation with physician assistant Kimi Powers talking about their coaching relationship forged in this program. Links to that on our website as well -- HearMeNowPodcast.org. Earlier we heard from Dr. Hans Moller, an orthopedic surgeon at the Providence Seaside Clinic in Seaside, Oregon.

([49:19](#))

Many thanks to all our guests today. We're really grateful. We began today's program with an excerpt from Dr. Zahra Esmail and Palliative Care social worker Christina Rothans, describing their work in the midst of the COVID surge in Southern California back in January of 2021. You'll find links to the rest of their story on our website. The Hear Me Now Podcast is a production of the Providence Health System and its family of organizations. Find us on the web at www.hearmenowpodcast.org.

([49:58](#))

Hey, if someone forwarded this episode to you, please consider subscribing. You can do that through your podcast app or by visiting us at Hear Me Now podcast.org. Our program is produced by Scott Acord and Melody Fawcett. We have research help from medical librarians, Carrie Grinstead, Basia Delawska-Elliot, Sarah Viscuso, and Heather Martin. Our theme music

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was written by Roger Neill, the executive producer is Michael Drummond. I'm Sean Collins.
Thanks so much for listening. Be well.

(music ends)