Fostering Empathic Medicine:
A Conversation with Ross Ungerleider and Jamie Dickey Ungerleider

An Interview with Bonnie Badenoch

In the quality and cadence of their voices, in their openness to conversation, in their capacity for listening as well as speaking, Ross and Jamie embody their message – supporting empathic team-building in the medical community. In a profession that invites dissociation away from humanness because of the difficulty of the work and cultural norms developed over decades of incessant pressure, the support of a team that is linked by respect, empathy, and openness is central to the well-being of everyone involved in the healing experience from patients to all those creating a sanctuary for recovery.

Jamie is the founder and director of The Student Wellness Center at Wake Forest University, providing a place where medical students and others can find the resources to release stress, develop mindfulness, and be cared for in the difficult days of schooling. This quality of support underlies the capacity to be open to becoming team- and relationship-centered within the stresses of the medical culture.

Ross, a pioneer in pediatric heart surgery as well as an innovator and leader in building empathic surgical teams, is now with the Brenner Children's Hospital at Wake Forest University Baptist Medical Center as chief of the pediatric cardiovascular surgery team and director of the pediatric heart program. I first met Ross in 2005 at the Mindsight Symposium in Portland, Oregon, and was immediately taken by the empathy he radiated as he talked about working on the hearts of these tiniest of humans.

Together, Ross and Jamie support others in the medical field to find more respectful, mindful, and empathic ways of being together and with their patients.

Bonnie: I so value the way you're trying to bring human connections into medical teams. Could you two talk about where your work is right now? Where you see the hope in the work and where you see the challenges?

Ross: You know, we work in healthcare, and I think that the emphasis in the healthcare cultures has changed in the past couple of decades certainly, from being individual-physician-focused, that is the star focus of somebody who is beyond reproach, knows everything, shouldn't be questioned - one person who knows it all and everybody follows that person. Now the culture is a little bit more focused on the needs of a patient, which require expertise across an entire service line and not just from a single

individual. There are times during the care of a patient where the knowledge or skills of a single individual may be important, but then they may become less important as the patient has other needs from another individual. So the culture now is moving from physician-focused to patient-focused, from an individual adulation of a single practitioner, to something that is more consistent with how well does this team function and support all of the needs that this patient might have.

Bonnie: That's good to hear.

Ross: So how we work now with medical organizations is to try to help them become comfortable with that cultural change. And it begins with med students.

Bonnie: So you really see that the culture is not only capable of changing, but is actually experiencing change at this point?

Ross: Well, you know, whenever we ask people to change, there's always that discomfort that comes in the Satir model of chaos, wanting to go back to where they were. I think it's important for people doing the kind of work that Jamie and I are doing to appreciate that chaos can be expressed in a lot of different ways. That there will be some form of resistance, and to have compassion for it. Because people will change when they are ready to change. And organizations will change when they are ready to change. So we offer this information, and we try to model it. I think that the most heartening thing is that when people come, when I have visitors who watch my pediatric or cardiac team, for example, they walk away with a feeling of "Wow, it felt good to be with that team. They seemed to genuinely care about one another and work together." When people have curiosity about that, then we have an ability to start working with them.

Bonnie: I believe seeing it embodied makes all the difference.

Jamie: Bonnie, one of the things that I would add, especially in terms of Dan's model, is what he says about the linkage of differentiated parts. And I think that the teams that work the best truly honor the differentiation, but they work in a way that is closely linked and with a common goal.

Bonnie: I completely agree.

Ross: I think the same things happen in medicine that happened in the aviation industry back in the '80s and early '90s, where there was a culture in which the pilot was in charge and was all-knowing and no one else was allowed to say anything. Then the FAA instituted cockpit resource management where everyone in the cockpit was expected, not just invited but was expected, to say something if they had a concern. We start out every operation that we do in a particular way. Before we make an incision, I look at all the members of the team, and we go through a process of introductions and making sure that people in the room all know that they have permission to speak. I'll always say, "If anybody sees anything that concerns you, I expect you to say something." And the most important part of this, Bonnie, is that when somebody on the team does say something, we stop and acknowledge with gratitude that they had the courage to speak up.

Bonnie: Ah…That feels so right.

Ross: In the team, that is exactly what we want. In one case it was, "Boy, I'm sure glad you said something." Or, in another case, "I think we're okay, but don't ever think that means you shouldn't speak." This is exactly what we're expecting, a permission in the organization for people to communicate safely with

one another. It's the same thing as when people drive a car down the street. Jamie and I have done this for years. Jamie may say something to me like, “You see that truck that is about to come into our lane?” Even if I see it, I say, “I saw it, and thank you.” Always inviting people to say what they see. Sort of like Satir's five freedoms. To say what you feel or think, and to see what you actually see, and to be able to vocalize it.

There's so much work being done now with human factors. I was asked to give the keynote address at the Human Factors and Ergonomic Society meeting in Baltimore next spring. That is a big honor. This is a significant organization that includes industries, everything from pharmaceuticals to aviation, medicine, where human interactions can affect outcomes. There's so much information out there now about human error, which are called human factors, oftentimes coming from either a miscommunication - people misunderstanding each other, or a non-communication - someone not saying something they should have said, or because of the absence of a checklist, not doing something that should have been done, and those are all human errors. I think that what I want to talk about is the good side of human factors. There are so many, I don't know how to measure them yet. I'm getting interested in it. How do we measure all the creativity that comes from humans interacting when they interact well? And when they communicate well?

Jamie: One of the things that was very powerful for us and very moving, and kind of fits with what Ross is talking about, was that 2005 conference where Dan and others spoke in Portland. I think Dan is the one who said, “We want to explore, understand and join, instead of interrogate, judge, and fix.” I really think it's at the heart of how we create psychological safety. We often say that in a mechanical system like an elevator, you probably do want to interrogate, judge, fix. When it comes to people, nobody really wants to be fixed. They want to be understood.

Bonnie: That puts the brain in a position to be able to be open and to really contribute instead of being in a protective, closed, guarded, aroused state. So it's key to everything.

Ross: Yes. You just articulated something that I think is at the core of this, Bonnie. If you are working in an organization where you don’t feel safe to say what you see, or to think what you think, then you're in a constant state of protecting yourself. You're not going to really contribute the best of Bonnie to that organization. So how can we create, especially in stressful endeavors - and many of us are in lives that have stressful circumstances – a culture in which people feel safe to say what they want to say, and for leaders to be able to invite speaking up, even if they don't act on it.

You know, for me to be able to hear something from someone and say, “Thank you. I'm really glad you said that, and this is what I'm going to do.” I may not do what that person is suggesting, but I want that person to at least know they were heard. And if I make a mistake, to be able to say, “I wish I had listened to your suggestion at that time.”

A lot of the stuff Jamie and I do, it's really been influenced greatly by the work of so many people we get to listen to at your meetings, whether it's John Gottman or Dan Siegel or others. All these people telling us that the same things that work for human relationships work for team relationships.

Jamie: Absolutely, which are human relationships in a different format, circumstance.

Bonnie: I think Steve Porges' work around autonomic nervous system is potentially life-changing for organizations when they are able to understand all the things that unfold in the brain, body, and relationships once there is a sense of safety and respect.

Jamie: I don't know why there seems to be a lag right now on that. I don't know why people are so resistant at an organizational level. I think it's still worth pursuing, the dissemination of knowledge in that area.

Bonnie: I don't believe we have a society that in general feels very safe to many people right now.

Jamie: Right.

Bonnie: I think when we begin to push in the direction of how can we create safety, it often runs into what people are experiencing personally.

Jamie: I'm going to divert us a little bit. I took a brief vacation about three weeks ago and went to DC and did all the touristy kinds of things. I hadn't done that since I was a child. I was really struck at the museum of natural history that it was all about the predator and the prey. Then you do American history and it's all about the wars we have experienced. Then the space museum, and it's all about the race to the moon. It was just interesting to me, when I think about the need for compassion and all those things that I think create environments where people can reach their potential, to instead see that our school children are learning about winning over others or simply annihilating others. It would be helpful to emphasize that successes are rooted in collaboration by teams of people who connect with one another and who have compassion for one another. Those are the kinds of teams we want to be on and that, in medicine, create the best quality outcome.

Bonnie: I have gotten really caught up in Iain McGilchrist's work on the two hemispheres of the brain. It's really informing how I see things. It seems that fear drives us into the left hemisphere. Then from there, relational capacity goes out the window, because that circuitry is in the right hemisphere. Instead, we see all the things you're citing, Jamie, the competition and fighting.

Are both of you going out, in addition to your practice, working with teams in different hospital settings a lot?

Ross: Well, when we're asked. And that happens. You know, some of the other work we do is with work-life balance. We are usually asked to go to a hospital to talk to the physicians there. We don't even call it balance anymore. We call it work-life integration. Because it isn't really about balance. Balance suggests that there are premeasured amounts of things that you're supposed to do in your life that should balance out. You know, for some people balance is 90 percent one thing and 10 percent another because that is the choice that they have integrated into their well-being. They have decided what consequences of those choices they are willing to accept. So we talk about it as work-life integration, or leading a choice-driven life as opposed to living a life that is about what other people want you to do.

Jamie: We just did a workshop about three weeks ago for the faculty in the physician assistance program on how to connect to your attention and clarify your intention. We do a lot with what I call the observer self or what Dan Siegel calls using that curious, open, and accepting with love stance to help people

understand how to be in the moment and get clarity around the moment. I don't think people can have very good work-life balance if they are not attuned to that inside sense of self.

Ross: I think what happens, Bonnie, is that people hear us speak. When we give our talks, as I said, we try to use a lot of human examples and a lot of videos, weave them into the work that is published about interpersonal neurobiology to try to give some credence and credibility to the things that we're talking about. Generally, it will resonate with some of the people in the audience in a way that they will approach us and want to know more. That is how I think change happens, from the inside out at these organizations. It rarely happens because we come in and say that is the prescription. It happens because people are no longer content or happy with living a life like this.

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You like to think when you go to a hospital to receive care that the people caring for you also know how to take care of themselves; that they have compassion for you because they have learned to have compassion for themselves. So that is what we're trying to emphasize with people - that the world of medicine is demanding, it can be extremely stressful, and if you begin at an early stage in your career development to cultivate openness to the experiences you have every day, and not holding yourself accountable necessarily for outcome but rather accountable for behaviors and for thinking about the attitudes that underlie those, I think we'll create a healthier medical culture. I think we have a lot of people who go into medicine that are focused on "I have to achieve this result, and this end justifies any means." I see a lot of organizations where they just disintegrate after a few years because nobody can tolerate working with one another anymore.

Bonnie: Yes. The focus in my work has more and more gone to the implicit memory streams that guide people in those directions. These old templates are often from early attachment experiences, including what was rewarded and what was seen as their core value. It seems as though these then drive so many people in their professional lives to be a certain way. Unless that becomes conscious and we can be with it in the moment, it continues to just move us down that road so we're not making any kind of choice at all, but just being limbically driven.

Ross: Yes, just getting in touch with what it felt like because that might be part of the implicit memory. I don't have any biographical memory, but this kind of connected me to something that felt right.

Bonnie: Or connecting to something that didn't feel good.

Ross: Or something that didn't.

Bonnie: Maybe we can begin to realize that is what is moving us along, and from that point, be able to get some compassion going, like you're saying. Then maybe we can add help from someone else to let that healing come in, and from there, make a different choice about how to move forward. Because that is a tricky thing about implicit memory. It operates so much below the level of conscious awareness that we can follow it along, not even realizing where it's coming from or why we might feel so miserable.

Ross: What is really interesting, Bonnie, is that as we give this education through formal talks to people, we're creating some awareness of things like this that operate beyond their knowledge because they

haven't been trained to know about this type of work. So they can move from having unconscious incompetence to conscious incompetence. And that is huge. You can never begin to practice the things that can create competence unless you have awareness that there are things out there that you can catch yourself learning more about.

One of the biggest challenges that I think exists in our culture, medical culture, but probably exists throughout our entire culture, is this difference between what I call learners and knowers. This is also in Carol Dweck's work. She wrote *Mindset* and has studied learning styles. She calls it the growth mindset versus the fixed mindset. However, I call it learning versus knowing. In the medical culture, people think they have to be experts and that they have to know, that not knowing means that they have failed. So they reward themselves by being smart, and by being considered smart.

Carol found in some of her early work – I think it was with fifth graders - that when she took kids out of class and gave them puzzles to do, and she told half the kids afterwards, "You must be very smart at this," and she told the other kids afterwards, "Wow, you must have really worked hard at this," then she followed them longitudinally, and the kids who were rewarded for working hard, in putting forth effort and not necessarily knowing but working hard, were not afraid to fail. When they did fail, they wanted to learn more about what others knew that they didn't so that they could become better the next time, and ultimately they became much more competent than the kids who were told that they were smart and who had to constantly protect the illusion of smartness by being right. So they would start doing simpler problems or just doing the ones that they had done before so they could always get it right. When given an opportunity to learn, they wanted to see how much smarter they were than kids who had done worse, as opposed to having the chance to look at what kids who had done better had done. And they didn't do as well long-term.

So we're trying to create a culture in our organization that I call a learning culture. When I was in Oregon, I actually got rid of teaching awards because teaching is pretty easy. I mean, you just tell people what you know. And if you do it in a certain manner, they might actually think you're right. Then if you reward somebody for teaching, they will become really bombastic and do more of that. Instead, we crated a culture that invited vulnerability. We asked our faculty what they didn't know but wanted to learn. We gave them permission to "not know," and asked them how they wanted to learn. Did they want to go somewhere and watch someone, or have some time to practice it, or have someone come here, or read about it or go to a lab, whatever it might be? Let's just figure out how you can learn.

Then we gave them permission to struggle, because you aren't an expert right away at anything that is worth learning. So if it's really worth learning, you're going to not look like that expert that is the all-knowing, all-powerful, all-doing, but rather somebody who is a beginner. If you are willing to do that, that takes courage.

Bonnie: And humility. It puts humility as a primary value, which is so important.

Ross: It's huge, isn't it? And if you have humility, you might actually be able to appreciate others who are learners when they struggle. What we really want to create in our organization is a willingness to be vulnerable. To not have to be perfect. And to constantly keep pushing ourselves to learn more.

I thought it was enormously successful for the time that I was there, but I'm sad that after I left, the new leaders re-established as "knowing culture." It is pervasive in medicine, especially by people who have never trained differently. I always tell young people when we round that we have a culture where you're supposed to know the answer. In fact, Jamie can tell you that the medical students are constantly being drilled to know the right answer, which is really very diminishing, if you think about it, because if there's a right answer, there's no room for creative new innovative answers. I'm always telling people when we're on rounds and somebody asks a question, rather than just answering right away, think about three other questions you can ask. So we're constantly asking questions. Pretty soon, the answers find us.

And if you have humility, you might actually be able to appreciate that in others who are learners when they struggle. What we really want to create in our organization is a willingness to be vulnerable. To not have to be perfect. And to constantly keep pushing ourselves to learn more.

Bonnie: I love that.

Ross: We hope to create in people a mindset of curiosity and a comfort with not knowing. In order to do that, we have to model it. When there's something that comes up on rounds and somebody uses the initials or syndrome or something I don't know, I'll stop and say well, I don't know, what is that? I figure if I'm allowed to look stupid, then maybe other people are, too.

Bonnie: It's really true. I think that is just wonderful. What I hear over and over from both you, especially with the two of you teaching together as a team, is that people get a chance to experience all of this in an embodied way. That makes an impression on the right hemisphere and can begin to shift implicit memory in ways that no amount of didactic left hemisphere teaching can.

Ross: I think that is right. The things that you practice and experience have a different impact on you than the things that you just read. So we want to get practice experience. Then, if they are interested, we can give them some books to read to see this isn't just woo woo stuff. This takes a lot of work. This is not something that comes naturally.

Bonnie: Yes. What we practice has a much better chance of activating the right hemisphere, so we're not just learning with the left.

Ross: We see this all the time. The medical culture is a very logical culture where people want to stay in the left hemisphere. From there, we don't have to really connect to ourselves or to others. We just have to have the logical, computer-generated solution, which is where Dan's concept of mindsight is really important because the solutions really exist within me and within you. When I can have insight into myself and empathic openness to you, and try to understand you and not just assume that you are just like me, then we have a chance to innovate in very different ways.

Bonnie: I couldn't agree more. From the first time I met you at that Portland conference in 2005, I could sense that was the case with you. The little time I have had with you, Jamie, feels the same. The people you work with who can feel that, which again is a right hemisphere capacity, will want more of that and will draw you toward them. And that is how seeds get planted.

Ross: Maya Angelou is here at Wake Forest. There's the wonderful statement of hers, “You won't remember what they said, you won't remember what they did, but you will remember how they made you feel.”

Jamie: You will always remember how they made you feel.

Ross: That is probably right, isn't it? That happens at some neurobiological level of transmitting expression. And that is the implicit memory.

Jamie and I met when we were both doing Satir work back in the late '90s. I was probably one of the few physicians who was there. But we were both very attracted to the way we wanted to integrate this into the way we live.

It's not just about being nice to people because that is placating and self-annihilation. We always tell people, to be a good leader you also have to have a really good sense of who you are and what you want. That is that intentional life, to be able to stay connected to that while you still make a space for the others in your system. It takes a lot of work and a lot of practice.

In medicine, when we have a less than desirable outcome, which is a euphemism for either a patient dies or has a major complication, we get together as a group. What I try to do is rather than judge it and find the root cause for it, it comes back to let's talk about shared accountability. Isn't that the antidote for John Gottman's defensiveness? People go around the room and we'll ask each person in the room, if you could have done anything differently, or not done something, or whatever it might be, what would it have been in this case? As we go around the room and everybody owns a piece, pretty soon the team feels connected because it's not just that one thing that one person did at the end.

We want people to get away, if they can, from annihilating themselves with blame of themselves or annihilating others by blaming others, and deluding themselves into thinking that if they just have the perfect protocol or perfect checklist, that no bad things will ever happen.

I don't know if you saw the movie Benjamin Button. There's a little video clip we have from there where Daisy gets hit by a taxi. Prior to her getting hit, there are a number of interconnected events, any of which had they not happened, she probably would have just walked down the street unscathed, just like we do every day. But whenever something happens, we always go back and think about all the interconnected events. What if I had left home two seconds later or anything like that. I think what we want people to understand is that because of the complexity of the world we are in, we can't just reduce it to some mechanical, left-brain analysis.

We want people to get away, if they can, from annihilating themselves with blame of themselves or annihilating others by blaming others, and deluding themselves into thinking that if they just have the perfect protocol or perfect checklist, that no bad things will ever happen. Because we're humans, and things do happen. And we're taking care of biological systems that don't always respond the way the previous biological system did. So there are no perfect solutions that will never result in a complication or a death. We all eventually die. No physician or medical treatment has ever stopped that inevitable end. What we have to understand is our interconnected relationships during the treatment of that patient, and how can we just appreciate that and value it. We can't always fix it. We can try to understand it.

After ranging through some shared connections in the medical world, our conversation turned toward how it may be possible to nurture medical students. This is a particular love of Jamie's.

Jamie: Two years ago, when we came to Wake Forest, there was no program for counseling or wellness program or anything of that sort for the medical students. We started the student wellness program here, but we're right in the midst of really expanding it and trying to create something that is much more systemic so that at every level of the curriculum, there's an opportunity for students to practice reflection and mindfulness.

Pressure on the students starts so early because these kids get tracked, at least into middle school or high school around their grades. And that continues on into college.

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One of the first things I say in orientation to the students when they are coming in the first year class is, "Do not get who you are confused with the number on a piece of paper." It's really hard for them. Our curriculum is basically an ABCDEF curriculum. It's honors, high pass, pass, less than satisfactory, fail. And they are on a continuum; they are ranked. It's norm-based. So everybody has the potential to be your enemy because you're fighting with them for your rank, which will determine where you get a residency. There's nothing built into the system other than an internal sense of who they are and what their values are and what their integrity is that would invite them to have compassion and kindness and generosity towards one another. It breaks my heart. It's very hard sometimes to be a witness to that and to try to just make as many inroads as I can.

Ross: The way to really begin changing the medical culture is to get to them as medical students, like Jamie is, and begin to instill in them that they do have some choice to either play the system the way it's been, or to say, "That doesn't fit for me. I want to make sure I stay connected to the values that are my values and work with people who also express those."

My wish and hope is that we'll find in the next decade fewer physicians who are walking around believing that it's okay to intimidate others, which means that they suppress the great ideas that might percolate up from those around them. If they are hurtful or contemptuous of others, or compete against each other for their own self-glorification, that works to the detriment of the patient being able to be the recipient of care that invites others into a system that can contribute other ways of seeing.

We might then see medical care become cultures of teams that integrate the strengths of one another into some form of a coalesced care for a patient who people genuinely care about and that isn't just some number on a piece of paper to show how good our outcomes are. I tell our team every day, "When we have these kinds of discussions, every day is just an opportunity for us to work together to do some good and to try to help people." And to just enjoy the experience. It's hard enough. But if we just stay connected to each other in what our goals are, we'll get joy each day out of what we do. And we'll learn.

Study hard what interests you the most in the most undisciplined, irreverent and original manner possible.
-Richard P. Feynman

The important thing is not to stop questioning. Curiosity has its own reason for existing."
-Albert Einstein

I think, at a child's birth, if a mother could ask a fairy godmother to endow it with the most useful gift, that gift would be curiosity.
-Eleanor Roosevelt