

4. Medical Education and the Lasting Impact of its Trauma - with Dr. Kemia Sarraf (Part 2)



FULL EPISODE TRANSCRIPT

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Arpita: I am reminded of our, we had a quarterly call with you last week for the Lodestar coaches, and one of the things that you brought up with the case study that we discussed was, you know, how we want to create that safe space. And the way we created the safe space specifically was to say, we don't need to talk about anything that happened in the past, we're just gonna come and move forward from here. And, and you bring what you want. And we're gonna just talk about that. And I thought that was very powerful because that in and of itself is just opening the door to help the individual feel like they can say as little or as much as they want. We don't have to dive into the past, but it's obviously naturally probably gonna come up at some point when you're comfortable doing that. So that, yeah, very, very impactful.

Kemia: It's worth really just sort of drawing a big emphasis under that, right? Because I think that the concern that I have and also the concern that I think is a very realistic concern when one engages with people who are carrying trauma is how do I engage and not do harm? And how do I engage and stay in my lane? Right. And that's it. Which is that number one, we name it, we just simply name that, that is a part of this coaching experience, but also we name that while people may want to bring, you know, look the idea is that therapy is all about digging into the past and it's not, and the idea that coaching is all about looking to the future and it's not. Then let's also realize that there's always been overlap in that Venn diagram, right? And so people are going to show up as the complex individuals that they are. Right? The difference is that with coaching, you allow people their time and their space. If it's big, my son calls a big feelings. If big feelings show up, I'm comfortable with those. Holding the space for that and allowing them choice in how much they bring or not. But being trauma responsive, trauma-informed is really to your point, is about not digging when the client is clearly saying, not yet. Or not ever.

Arpita: Right? Right. Exactly. And the other point that was really just eye-opening for me when I began this journey was to recognize, I think even with your course, was that for me, med school was a trauma, right? I acknowledge that. I think for every physician, med school is a trauma, but half, more than half of us, I think the majority of us don't realize that that's the case. We are, you talked about things being out of control. It's out of our control. We're not listening to our bodies when we have needs that come up, when we're sick, we're continuing to work. So all of these things that we have done during training and was ingrained in our brain that, you know, you have to put the patient first, you have to do this. All of these things have kind of traumatized us in a sense, and it's made us numb to know what's going on now. Now that we're out, now that we're safe, in a sense, we are still not able to recognize, Hey, my body is telling me I need to rest. We still are pushing it off, and so. I guess, can you speak a little bit about that? The Microtraumas in a sense, microtraumas, that we might have experienced that we don't even recognize are there. And then the big traumas, obviously like major life events or, hardships such as what you were talking about with your son. There's two different levels of trauma and I think there's a level of unawareness with regards to microtraumas there.

4. Medical Education and the Lasting Impact of its Trauma - with Dr. Kemia Sarraf (Part 2)

Kemia: Yeah, I think it's such an important , it's an important noticing. I think. There are a few different things, you know one is, I think, again, coming back just to the word trauma and how that lands with some people. I always wanna be careful because it isn't trauma informed to name someone else's trauma for them. So that perhaps there are folks who moved through medical school without recognizing the impact. There may be some folks who were so well resourced in some ways that it didn't. That wasn't the experience. What I will say about it though, that's very, I think is exactly to your very important point, is we're coming back to this idea of dose. Cumulative and compounding dose over time without appropriate sort of countermeasures to that. And so there is a cumulative and compounding impact of this. Unrelenting, undisrupted, unmitigated toxic stress will over time begin to embed itself in our bodies in ways that is maybe unnoticeable in the beginning and very impactful over time.

And one of the things that I do think is close to universally true about medical school and residency also is it's a bit amputational. The training is a bit amputational at least at the time that we went through. I think so still now. I, I see it happening with the students and residents that I work with even today. To exactly what you're saying, we are deliberately ignoring our normal bodies, normal signals right? To sleep, to rest, to nourish ourselves, with something other than graham crackers that you find in the, at the nurse's station. Right? I lived on those graham crackers at Barnes. To rest when we ourselves become ill. right? I remember getting very sick as an intern to the point that I had to take a few days away, a horrible... I don't even remember what the diagnosis was, I could have had pneumonia for all I know, because did I see a doctor other than me? Hell no. Right? And that one incident, that one time that I took time away, that's the one that stands out in my mind from my intern year.

Arpita: Right? Yeah. We still have a little bit of guilt and like, what's this gonna do to my colleagues that are there? Are they gonna believe that I'm really sick? Are they gonna think that I'm just faking it because I don't...

Kemia: Weak, that's the word we used, right? Weak.

Arpita: Yeah, exactly.

Kemia: Strong work. And what's the opposite of that? You're weak. If you have to... rather than you're human, right? Right? You're human, and you're a human taking care of sick humans. And let's not carry that sickness in and risk exposing them. But even more importantly, let's recognize that what we tell our patients also applies to us. Except we're supposed to be something more than human. We're supposed to be superhuman or subhuman. I'm not sure, which of those is actually what's being taught, but it is very amputational, and so what that does to us over time, I can tell you to this day, you've heard me say this before. I do not recognize when my body is telling me, girl, you're sleepy. Now I have great sleep hygiene because I have forced myself to learn that as part of my own health

4. Medical Education and the Lasting Impact of its Trauma - with Dr. Kemia Sarraf (Part 2)

and wellness practice. And if I don't tend to that, I don't notice. Right? It's like a little bit of a broken pathway. I just don't notice that I'm sleepy. I don't notice those signals.

And there are a lot of those, those switches that we turn off; thirst, need to use the bathroom to pee. That disembodiment, that sort of cutting our heads off, again, coming back to that mental health, physical health almost, that cutting ourselves off from the rest of our body has really profound implications because what our systems will do is it will get louder and louder and louder until it is screaming at us to listen. And when it begins to scream and we can no longer ignore it it's, I don't wanna say that it's too late. It is that we are at a point of it's a tipping point that feels like breaking.

Arpita: Yeah. It's that, it's that toxicity. And that's what almost scars us, you know, that's where it's the beginning of this internal damage per se, where we don't even recognize that that's what's happening. So...

Kemia: And the behaviors, you know, the thing that makes me so sad about it is that the behaviors that start to show up are not us either, right? Like bring me the first year medical student who says, I wanna be the surgeon who's throwing scalpels across the room 10 years from now, 15 years from now. Bring me the first year medical student who says, I wanna be a clipboard flinger. Bring me the medical student who says, I wanna be a closet drunk 20 years from now. I mean, bring me that student. That's not how we go in.

Arpita: Right? Right, exactly. Right.

Kemia: We go in with all kinds of beautiful, sweet, I love first year medical students are so squishy and delicious, right? We go in with so much joy and hope and stars in our eyes for this profession that I love to this day so much and it chips away and no one is teaching us the skills to, you know, either patch those chips back on or protect from those chips because no one taught our teachers, or their teachers, you know? That do one, see one, teach one model sucks, because we perpetuate the do one, see one, teach one of harm too.

Arpita: Right. And we're changing that now.

Michael: Right. Well, you know, one thing you know that really spoke to me is when you were talking about how the whole medical education process is cumulative, right? Because I too, was that kind of wide-eyed first year medical student that transformed into the angry GI fellow that like nobody wanted to interact with, that nobody wanted to deal with, because, you know, and I would blame it on kind of the, you know, the 20 consults a day and the relentless barrage of pages and being woken up all night. But it's a hundred percent true as well, that the trauma was cumulative over time. And where I can look back at medical school with smiles and look back at, you know, three years of internal medicine with smiles, when I think back on my fellowship, I see trauma. Right? And so but

4. Medical Education and the Lasting Impact of its Trauma - with Dr. Kemia Sarraf (Part 2)

it, these are not things that I recognized before finding coaching. And so what would you say to physicians? Do you have maybe like two or three tips about like what to do, how to recognize it, where to go?

Kemia: Yeah. It's such a great question and I wanna just also say thank you for that transparency and honesty and Arpita as well, because it's not an easy thing to reflect on ourselves in this way and say, you know, oh, I became the asshole who... I became the... right? But here's the thing, and we'll use the word trauma, it demands discharge. Right? And we will either discharge it out and it shows up looking like what you just said, anger, you know, aggression you know, these behaviors that we go, who in the hell is this person? And at the same time, well, if you were living my life, you'd be showing up this way too. Right? Or it gets directed inwards. Right? And so the discharge can also occur at self. We hear a lot of physicians talking about, and you know, I threw the phrase out there, you know, becoming an alcoholic. Well that's, you know, sort of tail end. But we also hear a lot of physicians talking about the ways they self-medicate. Right? And it, it may not have crossed whatever invisible line exists into addiction, but still is harming them. Right? And they see it and they know it. So trauma demands a discharge, and the cycle that can get into makes it harder to do one's job.

Right? So if you become the angry doctor, right? Those around you, activation begets activation. You show up angry people are gonna show up defensive. You show up angry people are gonna retreat and not do. Right? And then around and around we go. So what we start to notice is that, that there's this activation, counteract activation feedback loop, just like I was talking about organizations and individuals. There's a feedback loop in our daily engagement too.

Okay. So here's the tip. It begins with noticing and having a name for it. Right? Every bit of this work always begins with self. And what physicians have been trained to do is look at others and diagnose problems in others. And so taking a step back and saying, we're gonna begin with self, this is not to say the system isn't broken, this is not to say your team isn't broken. This is not to say that healthcare isn't broken. Yes. Yes, yes. And let's begin with internal reflection. What are you noticing? Let's give it a name. Let's learn to notice it sooner.

So here's the brilliant thing about this system that has evolved, right? My amygdala, my threat detection system gives me physical cues that I'm picking up something, that it is reading as dangerous. The cues will show up in my body before it shows up here. Why? I don't need this prefrontal cortex to fight off the face eating bear, right? This is not what I need when I'm engaged with an apex predator. What I need are my fists right? Or my feet or, or to drop and pretend I'm dead right? but it will give us little embodied signals very early on.

Coming back to Arpita's very insightful question, the problem then is that we are disconnected from what's happening. We haven't paid attention to those signals for so long. Reconnecting with this and

4. Medical Education and the Lasting Impact of its Trauma - with Dr. Kemia Sarraf (Part 2)

beginning to look at, look for, notice and get curious about those signals is a first step. And what follows quickly on the heels of that is then curiosity that, okay, wait a minute, am I actually in danger here? Or is this really primed sensitized threat detection system misreading, misinterpreting, miscuing, what's going on? Because the damn thing reads physical threat and social threat in exactly the same way, it activates the exact same pathway. It doesn't differentiate between face eating bear, and I'm about to get kicked out of the community. Reads them the same way. Social threat and physical threat.

And so we can begin to get curious. We start to notice and that that activation, so my activation now, what I noticed very, very, very early, is my activation always starts in my throat. That's my first embodied signal that says something feels threatening about this situation. I have colleagues who talk about tingling in their fingers. I always love it when they're like, oh, I get pain in my shoulder and they grab their left shoulder. I'm like, well, that requires a trip to the cardiologist, but you know, it can show up in different, in the gut. You know, I'm like, oh, I've got this like, I get these weird butterfly, gross, I'm gonna throw up feelings.

As we begin to tune into that, so we've noticed it, we start to name it, am I in danger or is this a misfire? Then we can, we get into choice? How do I want to navigate? I call this the five N's in case anybody's wondering. Notice name, navigate um, oh, normalize. Sorry, normalize is the third one, navigate and nurture. So normalizing is, oh this happens, this happens to me. This happens to Michael. This happens to Arpita. This happens to everyone. Not that we want to normalize trauma. The goal is to reduce trauma. We want to normalize the fact that these are universal experiences. That's why we say same, same, same. You know, people start talking about their experiences and the, the first thing that comes up is fear and shame, I'm the only one. I'm the only one who had to take days off as an intern and feels ashamed about that. Weak because of that. I am the only one. When we sit with someone who goes, oh yeah, yeah, I get it. Me too. Same, same, same. Right? Suddenly we have this exhale. Our threat detection system doubles down on us by telling us to self-protect, right? Armor up, be alone.

We're hardwired for threat detection. I can't do anything about that, nor would I. It's kept us alive for, you know, millennia. We also are hardwired for connection and it is that connection that before anything else will disrupt, will mitigate the traumas we've experienced. And unfortunately the traumas we experience disrupt our desire to connect and rewire us to self-protect. As physicians in particular, when we begin to notice that, when we have names for what we're doing, I'm self protecting, because I am... I am disengaging. I am disconnecting because I am, right? I'm harmed, I'm afraid. I'm whatever. I'm, I'm miscuing what's happening. Then we can be in choice.

So we've noticed it, we've named it, we've normalized it, now we navigate what does it look like when, how would I choose to show up for this? What does it look like when the best version of me shows up for this? What does it look like when I say I'm sorry that does not work for me. It's my

4. Medical Education and the Lasting Impact of its Trauma - with Dr. Kemia Sarraf (Part 2)

favorite. Anybody takes anything from this? I'm sorry that doesn't work for me, is acceptable. Right? When I choose something different. And then how can we nurture each other? How can we look at each other and say, it is okay, it is appropriate, in fact, not only is it healthy, it is helpful for you to set boundaries. Boundaries aren't about keeping people away. Boundaries are not about keeping people out. Boundaries are about what does it look like when I am standing in my integrity, when I am showing up as the person I want to be. And when I am clear about that, I am so much more useful in this world. I am a better mother, partner, friend, coach, physician, teacher. I have something to give. When I don't get clear about that and I simply let pieces of me be pulled away, I end up a bit of a shell.

Arpita: Yeah.

Kemia: And that person is brittle and mean. God. She's mean and angry.

Arpita: Totally. Totally.

Kemia: I don't like her, nobody else does either.

Arpita: Oh gosh. Well, Kemia this has been so enlightening and so just full of nuggets and knowledge and pieces that I think a lot of our listeners will be able to kind of implement and, and really take away and grow from. I wanna be mindful of our time, but I do wanna ask how can our listeners, if they wanna learn more about your program, or if they want to reach out to you about trauma-informed coaching, tell us how they can do that. What's the best way to get in touch with you?

Kemia: Yeah, I appreciate the question. Now I'm looking at the clock and realizing I took us way over your allotted time, so my apologies for not tending that guard rail.

Arpita: So good though. So good.

Michael: This was, I wanna just say before you tell, I mean, this is incredible. I loved all of this and it's so informative and I, I'm so grateful that you took the time to explain all of this, because I think, again, just bringing us back to this is something that we as physicians do not talk about. and I'm so glad that the conversations are growing and that we are learning to, you know, I don't even wanna call it untangling because I think you touched on it, it's not an untangling, but it is about a noticing and allowing and a recognition. And so I just, I appreciate all the work that you're doing. I just wanted to take a moment and now please tell us how people can find you.

Kemia: Oh, well, I, I love that. I love it when I get to meet someone new and I sort of watch, even as we were talking, I could see the wheels spinning faster and faster. There would've been smoke

4. Medical Education and the Lasting Impact of its Trauma - with Dr. Kemia Sarraf (Part 2)

coming outta your ears if you were a cartoon character and I love it, and I get to see that all the time because we really do want to have a better way forward, right? I mean none of us would have dedicated the blood, sweat, tears and time to this profession if we, if we didn't truly believe in what it is meant to be in its best version of what it means to be a healer. And I think that the path back for all of us is shorter than we are afraid it is. The fear which prevents us from doing, from stepping into the space, the fear is that it is dark and undoable. The truth is that the path back, I think is much clearer than we are afraid that it is and shorter actually even than we are afraid that it is. And that the more of us who are engaged at the same time, linking hands, linking arms, very kumbaya, to do so helps us to get there faster.

And so you can find us at Lodestarc.com stands for professional coaching. We have classes that are up on the website. We've opened all of our first half of 2023 courses are open. Those are our brave coaching, our trauma mitigation masterclass for coaches.

Arpita: Which is amazing by the way. I will say it's an amazing course.

Kemia: Thank you. I appreciate that. The other thing is that we do have an incredible group of coaches, affiliate coaches that people can connect with on the website as well. All of them have worked with me extensively. They are not all physicians, many of them are. But we also have nurses and public health professionals and deans and, and associate deans who are in medical education we have attorneys. The harm is beyond just the medical profession and probably 50% of my clients, my private clients right now are from industry, are from businesses. Are, you know, are C-suiters from other places. They also are experiencing this. So there's a universality that is daunting and hopeful, again, because as more and more people recognize this, we can learn skills to engage differently.

Arpita: Yeah. Wonderful.

Michael: Amazing. So good. It's all so good.

Arpita: Yes. Thank you so much Dr. Sarraf, I am so honored to have you on our show today and we look forward, we may have you come back and talk more about some of these things. We really, really enjoyed it so.

Kemia: Well, I don't, I don't have very many things to say, so I, I, I'd work hard to come up with something new.

Michael: I love that. I love that.

Kemia: Oh, thank you, thank you both. This was, this was really a lot of fun for me and and I appreciate all the timing and space you gave me. I really, really do.

4. Medical Education and the Lasting Impact of its Trauma - with Dr. Kemia Sarraf (Part 2)

Arpita: Thank you.

Michael: Thank you so much for coming. All right. Bye-Bye.