

41. Intentional Communication with Dr. Bradley Block



FULL EPISODE TRANSCRIPT

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Michael: Well, hey everyone, and welcome to another episode of Doctors Living Deliberately. We're so happy to have you here with us today. Of course, I want to welcome my co host, Dr. Arpita Gupta DePalma. How are you?

Arpita: I'm good, Dr. Hersh. How are you doing?

Michael: Doing well. Thank you for asking and excited to introduce our guest today. So our guest is Dr. Bradley Block. So he is a private practice otolaryngologist in my old stomping ground of Long Island, New York where he lives with his wife and three young sons. He's also a partner at ENT and Allergy Associates and the creator of the Physician's Guide to Doctoring podcast. So he realized that rapport was the key to gaining trust, seeing patients efficiently, enjoying his practice. and building his reputation. And when he went and looked for resources and tried to find a place where he could learn about all of these things, he couldn't find one. So he created it. And the tagline of his podcast, which I love is "everything we should have been learning while we were memorizing the Krebs cycle." And I'm so excited to get a chance to talk to him today. So welcome Dr. Bradley Block. How are you?

Bradley: I'm great. I'm great. I'm honored to be on the show and I'm really excited to be here.

Michael: Well, we are so excited to have you here. So I love the story about how you were looking for something, couldn't find it and just created it. Tell us a little bit about how that came to be.

Bradley: So I was an avid podcast listener, right? I was originally living in Manhattan when I first finished residency, moved back to New York, my office on Long Island, the same office that I'm still at. But I lived in Manhattan because I was single and the suburbs is where youth goes to die. So I moved into Manhattan paying exorbitant prices right for where I was living and spending a lot of time commuting. And so having just finished residency where every moment has to be accounted for, I suddenly was spending like all this time, and it's, it just killed me that I had all this time wasted. And so how could I use this time productively? And it's so funny how residency changes. I didn't go into residency being that person, and I'm still, you know, I'm 12 years out of residency and I'm still that person. I'm getting better though. I'm recovering. So because all that time had to be useful, podcasts, great way to learn, consume content and, you know, listen to it on high speed and you're learning even faster. And so I started out being an avid listener and in my office hours, I realized how much more efficiently some of my partners were able to see patients. They were able to see many more patients than me and get their notes done and go home. And I, I had no idea how some of them were able to see like five patients an hour. And I was struggling with three, struggling with three. So was there something that I could learn? And so I looked into it and apparently the term was social engineering. If you look up social engineering now, it's more like how to, how to engineer a social situation so you can learn someone's passwords, like it's, so I wouldn't, I wouldn't Google it now. But at least at the time it appeared like you're trying to engineer a socialist situation. So I looked up some social engineering podcasts and most of those were like dating and yet there was still, and you know, you know, as this is going on in time, but actually at that point met my wife and we were, you know, moving in together. So the way I'm telling it makes it sound like it happened overnight, but this is happening actually over years. So I find these social engineering episodes and they're really about dating, but some of that stuff you could really turn towards the doctor patient communication. But these were people who would never be invited to talk at grand rounds, right? Because they're like dating experts. But you can still use it in a different way.

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So I realized that there were people out there, they were teaching people about sales, they were teaching people about dating, executives, like how to communicate effectively. And certainly we learned that in medical school, but it seems like there was so much more information out there that we could capitalize. So I was like, okay, I'll gather that information. I'll write a book. Never happened. Never picked up a pen. Never opened my laptop. Nothing. So I was like, okay, I need to do it in bite sized chunks. I'll write a blog. Didn't do anything. Nothing. So I was like, okay, I'll do a podcast. And there I'll just ask them questions. Great. Great. I'll invite people to be on my podcast, but wait, I don't have a podcast. I can't email a bunch of strangers to be on my podcast that doesn't even exist yet. So how do I even get started? So I got started by looking at my own network. And I think that's something that physicians often don't even realize that like we did well in high school. We did well in college. We, you know, we were in medical school, like we surround ourselves with people who at this point in our lives are experts in their fields. Right? Like, whether they're friends from high school, college, and in med school, all of our friends are now experts. And I think people in medicine, we don't realize that you didn't need to be the one that wrote the article to be an expert, right? Like I'm an expert in otolaryngology and I haven't written an article since I was a resident. And it's the same for all of your listeners, right? They're experts in their field, and I'm sure many of them are experts in other, other things as well.

So I reached out to my own network of experts and I started recording episodes. So it wasn't just the content that I originally intended, it was just anything that could help doctors be, and I steal this from Ted Lasso, which wasn't out at the time, help doctors be the best versions of themselves. So my first three episodes were just everything that physicians get wrong or people that get wrong about the affordable care act, how to advocate for ourselves politically, you know, like lobbying, high return on investment, use of our time for that, for looking out for our own best interests politically. And then, you know, I had a gastroenterologist on the show to talk about everything that she wanted other physicians to know about gastroenterology that they might not. So, you know, that was three episodes right there. And then it just exploded from there. So that was the origin of the podcast. And that at this point was over five years ago.

Arpita: Wow. That's amazing. And you, you make it sound like it took no time, right? That you were able to get through it. And I thought about this, I want to do that. I wanted to write a blog. And now I just did a podcast. And it does take a lot of time, right? And tell us a little bit about like, you touched on it where we don't think that we're experts and we don't give ourselves credit for all the things that we've done and all the things that we've accomplished, because it is a little bit of this, maybe an imposter syndrome, maybe just kind of putting a lot of more just clout and other people's work and what they're doing. Did you feel like you had any imposter syndrome when you were beginning this? And if so, like, how did you overcome that?

Bradley: So with the podcast, I did not feel like I had imposter syndrome. And the reason was the whole idea behind the podcast was, I don't know stuff and I want to learn it from the experts, right? Like, and that's still what the podcast is. It's ultimately scratching my own itch. Like, what questions do I have? And it's, it's actually invigorated me in my practice. Cause what'll happen is I'll have a patient that I might have trouble with. And I'll, I'll say, okay, who's an expert in this particular dimension of communication. And then I'll have them on the show and I'll ask them, you know, those questions. I did an episode recently just on anxiety and patients, like in otolaryngology, we do a lot of procedures in the office, like we scope, you know, even taking out wax sometimes makes people nervous. So what can I do to, to kind of coach them through their anxiety? Or I'm talking to them about surgery. Like, how do I coach them through their anxiety? Even if they don't have like anxiety disorder per se, this stuff makes anybody nervous. So like these questions come up and it's helped me and you know, but I'm not the expert. I have them on the show and then they answer my questions. Now, after like over 250 episodes, I've gained some expertise from what I've learned and then brought to my own

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practice and kind of had, you know, different iterations of ways to integrate that stuff. But, you know no, I was not, I didn't have imposter syndrome cause I, I just didn't know.

Michael: Well, you know, so many doctors are afraid to do something new because one, that they're afraid that it's not going to work or that it's going to fail. And number two, they're afraid to kind of put themselves out there because that is not what a quote unquote good doctor does. Like a good doctor goes to the office, sees their patients, goes home, and that's it. And so it can be very hard for physicians to step out of kind of that routine to lean into something new. What was that experience like for you?

Bradley: That ignorance was probably the same. It's probably a similar answer. So first, it wasn't really a problem because there was nobody listening to the show. Right? Like I didn't have that many downloads. I wasn't concerned that, like, I was putting myself in a position where that would be a problem. Because I didn't think there was ever going to be a, a big enough audience. And it started off just as, like, a hobby. It's kind of evolved to its own thing since then. This beast that occupies quite a bit of time in my life. But to start out, no, I mean, it was just, it was ignorance on my part. I hadn't even considered these things. But as far as you're saying, like, this is not what good doctors do. I was just talking to a physician entrepreneur on the show and he brought up the fact that like he went to a national meeting and people look at him differently because it's not like he is, has devised a new piece of equipment. He's doing something else in the space that's helping doctors and patients. And it's a great idea. But you know, he's getting looked at because you're just supposed to stay within this narrow space. Right? Like you do research in the medical field, you publish in medical journals, you climb this hierarchical ladder that we have for you. And this is what you do. And when he stepped outside of that, some people started looking at it a little differently.

So I think you know, when physicians have that fear, I think it's justified because some people might end up looking at you differently, but it's not because there's a flaw in you. It's their problem and I would think it's even their own insecurity looking back at them, right? Like oh, I should have thought of this. I didn't think of that. Look how great he's doing in this space, I kind of resent it a little so I'm gonna justify that thought by like, you know thinking that he shouldn't even be doing this

Arpita: Yeah. I mean, there's a lot of catching ourselves. I know we talked a little bit offline about something related, but the comparisonitis can always kind of really hinder us from reaching our full potential. Right? And it's like comparisonitis is a thief of joy. It's a very common quote that people will put out there, but it really expends a lot of our energy when we're sitting there thinking about what other people are doing. And what we need to do to either be at their level or to catch up to that level. And, you know, when we can kind of just kind of stay in our lane and just be content with what we're doing, how we're doing it and recognizing that we're having, you know, breakthroughs and creating things that are amazing because it's unique for who we are, that is where our gift is. And what we were talking about a little bit offline was how we kind of might get a little bit sucked into the, Oh, Hey, we got to keep doing more now. You know, we have, as you mentioned, the arrival fallacy of, I want to start a podcast. Okay. I did this and now I want to get a sponsor. Okay. I got one. Okay. Now I want this many sponsors on it. So talk a little bit about that from your perspective of starting the podcast and how you've had success and what you do when you catch yourself in that space of, Oh, Hey.

Bradley: It was just my wife that caught me a little, I didn't even catch myself. It was my wife that caught me because when I started off the podcast, it was, it was a hobby, right? I was doing it to get my own questions answered. And the fact that I was able to get guests that I didn't think I would get, like I, you know, one of my, I was like my 28th episode, there was an article in the Huffington post about how doctors don't know how to

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talk to patients about obesity. Right? We're all terrible at it. So I reached out to one of the psychologists that was quoted in the article and I said, Hey, if we don't know how to do it well, can you come on my podcast and we'll, we'll talk about it. We'll learn, teach the physician listeners how to do this better. She was like, I love podcasts. That would be great. And I told him, Oh my God, she wrote me back. She wrote me back. She's going to be on the show. This is gonna be such a good episode. I was like, so excited. It was just the, the show itself that was good enough. I was producing good content. I was getting my own questions answered and I knew the stuff that I was creating was good.

And so that at that point was good enough. And then it very quickly stopped being good enough. And then I started, you know comparison is a thief joy. Yeah. I started looking at how many downloads I had and I heard about other podcasts where they had more downloads than me and they had sponsors and it was, you know, it was never, I was like, I wasn't, I'm not even close to that. I don't know how I'm going to get there. But I still enjoyed it, but it took some of the joy out of it and you know, but I'm still, I still enjoyed it enough that I was podcasting along. Meanwhile, it's helping me be a better doctor. The listeners, I'm sure it's helping them be better doctors. It helped me be a better dad. It helped me be a better partner, like spouse. It, it helped me be a better manager to my, my staff. Like it's helped me in so many ways that that should be good enough. And yet there's this thought in my head that it's not, I look at the downloads and they're never good enough. And now I've got, I'm in this place where I've got sponsors. I'm like consistently, I've got sponsors. I'm doing well. Like I'm expanding. I'm now at like two episodes a week. And, and yet, and yet, you know, it should be for its own sake, which is what it started as, but now it's kind of evolved into this own beast where, you know, a little while ago, one of my kids was like, can't you just stay and hang out with us? Cause I've got to come down to the basement and record my episodes. I'm like, I want to, I just got home from work like 10 minutes ago. I want to hang out with you. And actually something I heard on, on your podcast about like work life balance. Like, yes, but you know, this also gives me the ability to be a better dad when I'm with you. So like, yes, he pulled on the heartstrings. He knows how to do that. It's very deliberate. But I shouldn't feel guilty about it because the time that I'm with him, I'm able to be present, something else I hear you guys talking about so.

And it's the, the comparison is the thief of joy. And so these thoughts persist, but I think it's important. They're inevitable. They're inevitable. You know, I think there was something where if you give a chimp a cucumber, they'll eat it. And if you give his friend a grape, that first chimp will throw the cucumber at you because now his cucumber is not good enough. And so we do the same things for ourselves. So I think it's important to recognize it when it happens and then, you know, recognize what, what you have. So yes, it's not good enough, which allows me to push harder and do better and find different ways to help this grow, but at the same time, I do recognize I kind of am where I wanted to be a little while ago, and that should be good enough. It's like two contrasting ideas that it's hard to hold them in your head at the same time.

Michael: And you know, I hear you saying it should be good enough, right? And, and it's not that it should be, right? That's something that I think Arpita and I cue in is when people kind of are shoulding on themselves. It's okay that, that sometimes you dangle the carrot out in front of you and, and give yourself the motivation to try new things and to move forward and to try to get to a different part of your life. But I think what you're talking about is being mindful of the, the physician brain, the physician hustle, like is what I like to call it, where it you're always just trying to move to the very next thing and never taking a moment to pause and take a look back, which is the other thing you were just speaking about. And so giving yourself an opportunity like you were just saying about at one point in my life this is exactly where I wanted to be. So even if the very next thought is, yes, and I want another sponsor, you, you don't lose sight of the fact that you are at a place now that

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had you not made those decisions in 2018, you wouldn't even be here. And so it just builds the gratitude inside of you.

And you're right. I think all of us, the three of us for sure, are doing this because we are better people. when we are with our families. So sure, you and I both had to come home from work and walk away from our children after not seeing them all day. And the time that we do spend with our kids is so much more valuable. And I can be so much more present because of this work. So kudos to you. I want to give you a pat on the back because this is such important work. And the reason that you went into this was so that you could be more deliberate with your patients also. So talk to us a little bit about how your podcast has informed your, your clinical practice. Because I think that was kind of one of the big reasons why you started doing this.

Bradley: Exactly. So I wanted to be more efficient, but more efficient, not just like crank through patients and get them out of the room, like be able to communicate in a way that was effective and efficient. Right? And so, you know, there's some things that I've learned from my guests that I've incorporated into the practice. And for instance, one is nonverbal communication, right? Recognizing that there are two things that the patients need to glean from us from our nonverbal cues. So it's interest and authority and you exhibit interest through your facial expressions. And so some of us are not very emotive in our faces, and that's a problem for the patients. And so they might read you as being completely disinterested because you just move your eyebrows that much right? You don't move your face that much. And so, but you need to, you need to and you might have to force yourself to just be a little more animated than you typically are. But if you do that, they're going to perceive that as interest in their particular situation. And if you don't do that, the visit might take a lot longer because they think you're not interested. So they're going to continue to persevere on the same ideas because it seems like you're not even paying attention. So that's, that's one thing.

And the authority comes from the vocal tonation. So make sure you're very deliberate about the way that you use your voice so that they don't perceive that you are, you know, wishy washy in what you're thinking of their condition. Now, yeah. That doesn't mean that you can't communicate like lack of predictability, right? We talk about that all the time. Like we, as physicians, we can't predict the future. Uncertainty, rather. You can still communicate uncertainty but still be very authoritative in the way that you communicate that. So those are two different ideas and I just don't want the audience to be like, well, but we can't be sure of everything. We're not sure of everything. No, but you're sure that this is the right next step to take.

Another thing is just when you walk in the room, how do you greet your patient? How do you greet your patient? So, you know, you might have a patient with a pronoun that might not match with their name. Or maybe it's different from what it shows on their government ID. And that's what automatically gets interested. Like there's a lot out there. And so when you introduce yourself to your patient, be deliberate about the way you do it. And I've found an effective way to do it is, Hi, my name is Brad Block. You can call me Dr. Brad. You can call me Dr. Block. You can call me just Brad. How would you like me to refer to you? And, you know, I have some older patients that want me to call them Mr. or Mrs. So and so. And I have some younger patients that want me to call them by their first name and want to call me by my first name. And so, you know, being intentional about the way that you introduce yourself. And introduce yourself to everybody in the room because everybody in the room might not be who you think they are. That might not be dad. That might be grandpa. That might be uncle. That might be just a friend that drove them to the visit. So, you know, making these assumptions. So, you know, having ways to, to introduce, and it's important to acknowledge everyone in the room. So, you know, there's a lot that I've learned from talking to my guests that's allowed me to be a better, more effective, and more, again, more efficient.

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Another thing that helps me be more efficient is recognizing that there is often what I call the question behind the question. You know, they're here for a sore throat, but they're worried they have throat cancer. So you might evaluate them fully, and determine that, and you might even think to yourself, well, not throat cancer, right? But unless you say it, they don't know that you've evaluated them for that. And they might ask questions to clarify that without actually asking that question, they might not want you to perceive them as someone who is, they're like, I'm not a crazy person. But that there's an undercurrent there in the most reasonable of people that you get a symptom. And this is, you know, we catastrophize, human beings catastrophize. It's how we've evolved and lived on this planet this long and how, you know, everyone that came before us survived to produce us. So, you know, but they don't want you to have this perception of them. So they might not say it, but if you say it, the visit might be a lot shorter and a lot more fulfilling for everybody. So, you know, there's, I could go on forever.

Arpita: Yeah. I think what you're referring to, like all these little tidbits is really just the art of practicing medicine, right? We have so many different ways. We have the ability to have the book smarts for how we're supposed to show up and what we need to do for each of the visits. But it's that little uniqueness of how we each can be present for that visit and be able to honestly almost be an empath with feeling and noticing in the environment, what type of energy you're getting from the person. And if there's anxiety in the air, or if there's fear, apprehension, you can pick up on that when you're simply in the room with a person. So it's tuning into that, tuning into our skills of like our spidey sense of what is going on to be able to show up in a way that really is most beneficial for the patient. And yeah, of course, if it's a good visit with good communication and good interactions, because you're picking up on those cues, you're going to have a more efficient visit. You're going to have a visit that's much more gratifying and satisfactory for both parties.

I think, and it's not just in medicine, it's the art of everything that we do, the art of coaching for Michael and I, right? There are people that have gone through the coach certification who may not feel as skilled at it as others. It's any profession, honestly. It's what is the art, that piece that you don't learn from the books. That's what we need to bring in to be able to show up as the best version of whatever we're trying to do.

Bradley: And I think being methodical and deliberate and iterative, right? About this. Like, you know, if you have a visit that didn't go well, okay, what didn't go well about it? How can I do it better? I think, you know, it behooves us and it will help our patients if we can be all of those things for our visits. So, you know, deliberately, you're doctoring deliberately. You're in the exam room and being very deliberate about everything. And I think sometimes we just get into these routines where, you know, you might watch a mentor and they had such a great way with the patient, but they don't even know how they got there. Right? That's just who they are as a person. And for me, it was a struggle because it's not, you know, it doesn't come naturally to me. And so I had to like break everything down and it's helped me a ton. So I think it's, it's a good idea for everybody to be like, what are the particular parts about the visit that I'm struggling with and how can I improve them?

Michael: And I think sometimes we as physicians, like if you're not being intentional and deliberate about those visits, you might automatically say like, Oh, it was the patient. And if you give yourself a moment to say, what if it was me? What if there's a, a 10 percent chance that it was me not showing up in this visit as my best self? It really can be extremely informative about how that visit could have gone differently and can help you to figure out what to do differently

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Bradley: Yeah, there's a physician, Joan Naidorf,, N A I D O R F, who wrote a book on that exact thing, right? Those patients that you're like, you see them on your schedule and you're like, Oh, them and it's, they are who they are and, and actually I've heard you guys talk about this on the show too. We're like, we can, we can manage our response to that. We can't change them, but we can change our response. And so that she, she wrote a whole book on that. And it's helped me improve my perspective and I make it sound like I'm some Zen master where like every patient visit, every patient love. No, you can check out my Google reviews there. I've got my fair share of one star reviews where I had a crappy day. It was a crappy visit. It did not go well. No, please I'm not Yoda. Like this is, this is real life. So, yeah,

Arpita: It's funny that you brought that up. I was just, I was actually talking to Michael Hersh about that right before we started today. Right? That we are going to do our best to show up as our best selves. And that doesn't mean that in the past we might have not been our best selves. We might've been horrible and, and not really showing up in the best manner and we can recognize that we've made changes to get to where we are today. We've had awareness around what things we didn't like about how we were showing up that we want to change. And in so doing, people may or may not notice that. People may or may not want to see those changes. People might be stuck in the old versions of ourselves. And when they have those opinions about us, they're allowed to be wrong about us, right? We have made the changes. We know what we're doing. It's how we're choosing to show up in that situation still. And it doesn't feel great when we get a negative review or we have a negative interaction with somebody. But it is what it is, right? If you know in your heart that you've truly have done the best you can and you're working to make changes and improve, you're doing your best and that's all that really matters.

So. Well, yeah, well, I have enjoyed this conversation, Dr. Bradley Block. Tell us if you had a couple of nuggets that you really feel would be your top tidbits to share with the audience, our physicians on how to show up as your best self or whatever you feel are your main points, what would you like to offer to them?

Bradley: I think to dovetail into that, like, recognize that you will some days not show up as your best self, right? And be okay with that, right? Don't beat yourself up. Like, you get that one star review and it's like the end of the world. mean, maybe if you're running an Airbnb in a competitive market, then it might be the end of the world. But like, you know, as physicians, there will always be more patients. You will have plenty of time to correct that but like, take it as an opportunity to think like, what could I have done better rather than beating yourself up. Like recognize that you are a person who strives to do their best, but you're also a human being. And so you're going to take that as an opportunity to try and become a better version of yourself. So there's a way to do that. And, you know, without thinking so poorly of yourself. And I think, you know, we're, we're perfectionists. So when you get that one star review You have a tendency to dwell on it, right?

Because that's what, that's what their brain does, right? It dwells in the negative. It's not there for us to thrive. It's there for us to survive. And if this was like 10, 000 years ago and you got a one star review, you'd be kicked out of the tribe and you'd starve to death or be, you know, murdered by a neighboring tribe, but like nowadays it's just makes you feel kind of bad and I think just being able to process that and be like, you know what, it happens. Not everyone's going to like me. Not everyone likes my brand of cooking, and so I'm gonna learn from it, and I'm gonna, I'm gonna move on.

Michael: And you mentioned Ted Lasso earlier, so I'll do another Ted Lasso reference, which is you know, be a goldfish, right? Have a very short memory when it comes to these things. Super important. Well, this, this has been great. When our audience wants to hear more from you, where can they find you?

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Bradley: So the website's PhysiciansGuideToDoctoring. com. Of course, I'm on every platform, so you can look it up at, look me up at Bradley B Block or just look up Physicians Guide to Doctoring. You can find it on all the platforms if you want to follow me. I'm probably be on Twitter for like 20 more minutes because apparently he's going to be charging us for it. So I'm at physician's guide on instagram and on threads and on LinkedIn, Bradley B Block. So check me out at any of those places and please, you know, hit me up. I'd love to hear from listeners. I'd love to hear what people are interested in hearing more of cause we'll then we'll have that on the show.

Michael: Perfect. Well, Dr. Bradley Block, thank you so much for being here with us today. We so appreciate it. And thanks to all of you for joining us on this episode of Doctors Living Deliberately. We appreciate you so much and we will see you next time. Take care.

Arpita: Bye.