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Shared Decision Making

A Tool to Ensure Patient-Centered Care



Using Shared Decision Making as a Tool To Work With Physicians

By Michelle Mudge-Riley, DO, MHA

What do you do when you are a doctor who doesn't want to or can't perform your job in the most traditional sense anymore? Most doctors have no idea what to do when faced with this situation. What do you tell people? Your colleagues and the administrators you work with don't know what to do with you or what to make of you. You have no idea what to do or where to turn. You may even go through stages of feeling like you are a failure.

Most doctors I work with are facing this situation in some form or another. Some of these doctors must transition out of clinical practice because of a disability or a physical or mental limitation that has suddenly or gradually developed, making their clinical work difficult or impossible to continue. But not all doctors fall into that category. Maybe the doctor is burned out and has become disruptive and unable to continue practicing in the most traditional way. Some doctors just want to practice in a way that better serves their patients and to have a three-to-five year career plan and a diverse skill set in addition to their clinical skills. There are also physicians who want to develop their leadership potential to serve their practice or health system on a larger scale in an executive position. Then there are some who want to transition out of clinical medicine completely for a variety of reasons. None of these doctors have a good idea about the resources and tools out there, or that there are a number of people they can turn to. All of them are suffering from corresponding feelings of uncertainty and loss of self-confidence. We just aren't taught those skills or given those resources during the otherwise difficult physical, mental and emotional road toward our medical degree.

I should know. Ten years ago, I was a young doctor, fresh out of school, successful in the sense that I had done very well in medical school and for the most part, people liked me. But although I had wanted to be a doctor since I was a little girl, I was coming to realize that I didn't want to be a traditional doctor who did what traditional doctors do for the next 40 years. This made me feel very alone because I didn't know what I could do or what was out there for someone like me. I was scared and angry and felt like a huge failure. Back then, it was hard to find someone who understood, and I didn't know there were other doctors who had taken a nontraditional path.

A decade later I've become an entrepreneur and a career coach for other doctors. In my work, I serve as a career transition coach, a leadership development coach, a change management coach and career development coach for

doctors and for other executives who need help with their career(s).

For these people, shared decision making (SDM) has become a powerful tool with a predictable ability for rapid and successful outcomes. SDM works with all the situations described above because the key to SDM is that it empowers the individual and sets him or her up for success. As individuals are led through the process, SDM helps to foster their innate passions and talents and to reconnect with themselves and find meaning in their work.

What is SDM? In my role, it is the conscious effort to lead someone to resources and tools, show him or her how to use those tools and then give that person homework that will force him or her to actively utilize those things they have been shown. It relies on the person being willing to take responsibility and engage in the process and in doing so, empowers this person. For this to work, the foundation must be trust and respect between the two people. Doctors respond to peer-to-peer interaction. I've seen remarkable transformations within individuals over a three-to-five month period. This internal motivation and newly discovered ability to use the tools given to them continues over time and helps the doctor discover things about himself or herself that can facilitate the journey along a career path. Interestingly, this also bleeds over into personal life, also making that more fulfilling and rewarding.

Sharing Success Stories

Dr. Ryan Nickols is a vascular surgeon who strongly felt that he needed to expand his leadership abilities and talents and wanted to become more of a physician leader. He hadn't been taken seriously in his efforts to convince the administration to give him a seat at the decision-making table. His frustration was becoming apparent in his clinical work and his high productivity had been reduced. Through SDM with me, Dr. Nickols learned his networking approach was too timid and passive. He also realized there were others out there like him who could mentor him and ways he could communicate better and be better understood as a team player. Dr. Nickols now holds a leadership position at his hospital and he splits his time between administrative and clinical duties.

Dr. Amanda Foster is a pediatrician who had always felt the desire to do something nonclinical but still continues to serve in a way that used her medical education and experience. She had been in private practice for the past nine years and

longed to find out what else was out there but had been trying unsuccessfully on her own for the past three years. Using SDM, we explored a number of different industries, including the financial sector, wellness, business development and consulting. Nine months later, Dr. Foster became a consultant and is able to use her background and experiences in medicine to serve in a larger way.

I've also used SDM with physicians like Dr. Emily Lisleon. Dr. Lisleon is a surgeon who had been labeled a "disruptive physician." She'd been known to throw instruments, belittle staff and yell at anyone who got in her way when she was in a "certain mood." Numerous attempts to talk with her by different administrators had been unproductive and nothing changed. Shared decision making and a peer-to-peer trusting relationship with an outside physician enabled her to trust and open up about some things in her private life that were causing her a great deal of anxiety. After working with me for three months, Dr. Lisleon has learned to use certain tools to help her manage that anxiety and is a much happier person both at work and in her private life.

This work was done through my company, Physicians Helping Physicians (www.phphysicians.com), but I've also had the opportunity to help a number of doctors through serving as a contracted consultant vendor for companies such as Assurant Employee Benefits. Steve Birkholz, a vocational specialist with Assurant, lives by the words, "You may have a disability," but "You are not disabled." And "Work is the way to get healthy," rather than "Needing to get healthy to work." Together, we have been able to help several doctors return to work in nontraditional medical careers. For example, we worked with a physician who suffered a stroke that left him unable to practice after a 20-year career. Using SDM, we built a trusting relationship with the doctor and gave him the tools and resources he didn't know existed. Within two months of working with us and using SDM, this doctor was employed as a physician advisor, and two years later he continues to work in that position and is quite happy.

Most people want to heal and return to work or be more productive at work. Many times their anxieties and behaviors bleed over into their private lives, making them more unhappy. Physicians are especially vulnerable to perfectionist tendencies and possess characteristics that can leave them vulnerable to stress, anxiety, burnout and boredom. A physical limitation can also render a physician unable to practice a skill that he or she has worked for decades to hone and perfect. This leads to a lot of uncertainty and a loss of self-confidence. When you realize you have gotten to that place, it's hard to find a way out. Shared decision making through peer-to-peer interaction and coaching can help engage and empower a physician to make more informed decisions and regain their productivity and their job satisfaction. Personal life also benefits from use of these tools in one's professional arena. The key to SDM is that these doctors were all willing to take an active role in their process. This gave them back a sense of control and hope and accelerated their journey toward their ultimate goals of a successful and fulfilling career.



Dr. Michelle Mudge-Riley received her medical degree from Des Moines University Osteopathic Medical School and her Masters Degree in Health Administration from Virginia Commonwealth University. She completed a medical internship at Virginia Commonwealth University Hospital System (VCUHS) and a business residency under the CEO of the same hospital system. She mentors and coaches doctors in various locations and health systems throughout the United States on career strategy, coding and documentation, burnout prevention, wellness and change management. Contact: mudgeriley@yahoo.com

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