



Episode 46 Asking for what you want at work

With guest Dr. Bradley Block

SEE THE SHOW NOTES AT: www.doctorscrossing.com/46

[0:0:00]

BB: “We're conditioned to think the opposite. We're conditioned to think how easily replaceable we are, because we could have been easily replaced in medical school. Someone could have filled our spot and residency, someone else wanted our fellowship. But now we're so trained, we need to recognize how much leverage we have.”

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So pull up a chair, my friend, and let's carpe that diem.

Hello, hello and welcome back to the Doctor's Crossing Carpe Diem podcast. The famous author, Maya Angelou said, “Ask for what you want in life and be prepared to get it”. While I love the positivity of this advice, the statement is so contrary to how many of us as physicians feel about asking for what we want in the workplace. Our version could be “Ask for what you want and be prepared to duck”.

www.doctorscrossing.com/46



From early on in our training, we are told what is expected of us, the hours we work, our call schedule, the types of patients we see, when we can take a vacation and even when we can eat and use the restroom. And we're not even Amazon warehouse employees. Not only are we wired to meet expectations, but we often feel compelled to exceed them, and certainly not question them.

If we think about asking for what we want, perhaps that's some adjustment to our schedule, have a half-day off, not take so many calls or do the most challenging surgeries. We may feel a deep reluctance. Even if we know we may need these changes. There are a number of reasons for this reluctance, not the least of which being that medicine has been changing dramatically to a corporate model where physicians don't have a lot of say in their work structure, and it can seem futile to even ask.

Another reason for the reluctance can be related to not knowing the best way to negotiate with your employer, or it could stem from concern about being perceived as weak in some way or not a team player.

To help us explore this topic of how to ask for what you need on the job, I'm joined by Dr. Bradley Block, an ENT surgeon, father of three boys, and creator of the Physician's Guide to Doctoring podcast. In his podcast, he addresses the softer skills that we were not taught in our training so we can better navigate the complex waters of being a physician in day-to-day practice.

We're going to be discussing strategies and tips for asking for what you want and having the best possible outcome. One of my mottoes of career transition is to fix it up before you give it up. If you're getting burnt out, it's worth the effort to see what you can do to improve things before you consider leaving. And even if you're not burned out, making things as good as they can be will help your work be more enjoyable and sustainable for the long haul. Without further ado, I'd like to give a very warm welcome to Dr. Bradley Block.



Hi Brad, how are you?

BB: Hey, Heather. I'm great. Thanks so much for having me. I'm excited about this.

HF: I am too. I am too. I'd like to start because I'm really curious about this. How did you decide to begin this podcast?

BB: I was scratching my own itch. I was a big consumer of podcasts for a few years. And one thing that I realized in my practice was that a lot of my partners could see patients more efficiently than me. They were able to see more patients an hour, presumably leave on time, do it well. And I seemed to struggle with keeping up with my schedule and keeping the patients satisfied. All the things we have to do, determine the diagnosis, communicate appropriately, document.

I thought that one of the things that I could do to improve that was get better at physician-patient communication. If I was better at that, I could do it more efficiently. The patient would be more likely to leave satisfied and I'd be able to move through the visit faster. It sounds like it was selfish, but ultimately it allowed me to deliver, I think, deliver better care.

I started the podcast because there was nothing out there. The only podcasts I was able to identify were dating podcasts on communication or communication in an executive function, in the boardroom or in sales, but not for the physician-patient relationship, it hadn't existed.

Now at this point, my podcast has been around for three years, maybe four years. It's hard to keep track. And there have been a lot more since I started, but that was the foundation. How can I move through the visits more efficiently while still maintaining the quality? And so, I figured if I just called people up and asked them who have written

books on stuff like this, they're not going to answer me, but if I have a podcast, well, now they have a reason to answer my emails.

HF: That was brilliant. I love that. And I'm sure that in three years' time you've proved quite a lot and you probably don't need the podcast to solve this problem anymore, but you're continuing on.

BB: I'm definitely better. I'm definitely better. But there is always room for improvement and also other aspects of communication, other questions that I have.

HF: This is a great segue since you are speaking about communication, how does the physician go and communicate the needs that they want, but also understand what are the needs of their employer? We paint this scenario. We have a physician who has been practicing for a couple of years, but things have changed.

Maybe it's a woman who was a surgeon who had a baby and now she wants to work less. She still wants to be part of the team, but she feels like there are more demands at home. And she's been thinking about this in her head and stewing, but afraid if she asks that she's going to look like she's not a team player, or they might show her the door. She makes up all these stories that it's going to go bad once she opens her mouth. So, how does someone like this even begin to prepare for a conversation?

BB: How many times have we all done that in so many parts of our lives? Maybe even with our significant others. "Oh, this is how the conversation is going to go?" And then you stew and you stew and the outcomes are going to be worse if you spend that much time gloom and doom and stewing and putting that pressure. You're going to give yourself more anxiety.

How do you go about it? Well, the first thing I think is to take stock of yourself. You have to recognize what it is you're bringing to the table. And something that as physicians



we're not very good at is realizing how much we're really bringing to the table. But even if you're scaling back on your hours, we spend our careers going after positions where the number of applicants way outweigh the number of positions, right? Medical school, the competitive undergrads that we went to, medical school, residency, fellowship. Well, once you're done with that, the table really turns dramatically. In my practice, we're the biggest ENT practice in the New York Metro area. We're like 220 physicians, ENT allergists at this point. But when you look at it, if we're trying to hire someone new, we're looking for someone who's interested in private practice and being in the Northeast. But there are only like 250 ENT graduates a year. So, of those, how many are going to be interested in being in the New York Metro area, or even specifically in the vacancies that we have and how many of them are not interested in going into academics?

That pie suddenly gets drastically smaller. So, you have to realize that you are the sought-after commodity. And if you're in the position already, you're even more sought-after because they don't have to find someone now.

There's actually something that's going to be coming up that the HR departments are writing about called The Great Resignation. Everyone's unhappy right now. COVID has really taken its toll on the world. And people are just unhappy for countless reasons that we won't even get into. And so, a lot of people are looking for fulfillment elsewhere in their lives, and that includes their jobs.

A lot of people are going to be leaving their jobs, but that is mostly people that earn lower salaries because they see themselves as being more interchangeable than they might be. If you work at Target or you work at Gap, you'll be able to find something fairly easily at that same salary. But physicians were at the opposite end of that spectrum. We have a very specific skill set. We have higher salaries. And so, we're less likely to leave, but if we do, we're really hard to replace.

You have to realize the amount of money and the amount of time it's going to take to replace you. And the institution is really going to lose a ton if you leave. When you're thinking about asking for something, you have to keep in mind the amount of leverage that you have about that ask. They really don't want to lose you unless you're a terrible person, then they're going to be happy to see you go. But presumably that's not the situation they probably would have let you go before that.

Number one, you have to realize how much leverage you really have. And we're conditioned to think the opposite. We're conditioned to think how easily replaceable we are, because we could have been easily replaced in medical school. Someone could have filled our spot in residency. Someone else wanted our fellowship, but now we're so trained, we need to recognize how much leverage we have.

HF: We have to sort of shift our mindset and understand that we are coming to the table with leverage, even though I think a lot of the downsizing that's happened and the layoffs just made physicians feel more expendable. There is this paradoxical situation as we are expensive to replace, but yet people are getting let go.

BB: Yeah, that's an excellent point. And I think that's short-sighted in making those decisions because people are going to be looking for health care and then they're going to be looking for people again. And people are not going to want to go back to the place where they heard about these huge furloughs and these huge layoffs, because then they know that the loyalty is not there or they will and then they'll realize how much then they're going to ask for a lot more because nobody else is going to want to work there. But you're right. It makes us feel more expendable than we really are. Historically physicians are able to weather these economic storms, but when it was an illness without a precedent like this, this was different. This was different.

One, there is the mindset. And then there's the other thing of not knowing what the other cards the other person is holding. Meaning there's what you want and there's what they want. And it's often easier to find common ground than you might realize.

And so, what you need to think about is if you want to scale back on your hours, if that's the thing, or if you want to take more vacation time, you got to think of it like an exchange. You are a team player. This is really important to me. I need to spend more time at home. I have to make it happen one way or another. How can we work together to find a solution? Is there some committee that you really wanted someone to go to, but nobody wants any part of it? QI or something like that.

Is there something else like maybe I could try to see patients in the evenings two days a week because nobody wants to work evenings or nobody wants to work Saturdays or covering more calls? Some way that works for both of you. So, I think going into it as "Ah, they're never going to do it, I'm not here to play". How can I work better for the team? Because you are a puzzle piece. How can you fit better into this puzzle?

HF: That's a really great point. And it reminds me of something I read in this negotiating book by Stuart Diamond. One of my friends sent it to me. It was called Getting More. And he talks about figuring out what are the pictures in the other person's head. What are they seeing? How are they visualizing this scenario? And once you can really understand the pictures in their head, not just what's in your head of your vision, then like you said, you really have this common ground for negotiating or figuring out where you can meet and some common ground. What's in it for them and what's in it for you?

BB: Exactly, exactly. Because you don't know what's in their head. And the only way to do it is to find out. And if it is adversarial, if you go into it with an adversary relationship, that's going to be harder to figure out. And that's where this last suggestion comes in, where it's a little bit trickier to figure out how to make it less adversarial if you apply for a job elsewhere. Because these are small communities, everyone's talking to each other.

And so, I'm on Long Island. We've got Northwell, which is a huge institution, Mount Sinai, NYU, Columbia and Cornell. And so, if I start looking into a job elsewhere, my institution is probably going to catch wind of it. So, one, it educates me about what else is out there. How much am I worth? I'll find out pretty quickly by applying to another job. And then I can also use that as leverage for my own. That's an aggressive step to take.

HF: Yeah, maybe that sounds like sort of a last resort if the negotiation isn't going well, then you're really serious about potentially leaving.

BB: I think people do this in other industries more often than they do in our industry. They leverage different jobs, but it can be really useful because if they think there's a higher likelihood that you're going to leave then if the negotiations really don't go well, you'll have a place to land. So, you'll be able to negotiate from more of a position of power because you'll have another option instead of, "Okay, all right, I'll accept it". It's like, "Okay, no, this is unacceptable with my current lifestyle. I have another offer from this institution. It's for fewer hours, more money, less call". And that can be very powerful.

And I don't think it needs to be the nuclear option because how else are you going to educate yourself about what else is out there without finding out what else is out there? Yes, you can talk to your colleagues and I recommend you do so. And physicians are usually tight lipped about things like this.

But there are all these Facebook groups out there, call them up, go to the web, go to the websites of the different hospitals in your area and reach out to some colleagues. And just say, "I'd like to pick your brain about your institution" and ask those questions, and find out what else is out there. And then you can use that as leverage and or education to help you with your decision-making.

HF: I know that some physicians might be thinking “Well, if that is actually something that my employer gets wind of, what if they just say, sure, you want to go? Go”. And then feel like, “Well, I was just trying to get a better schedule. And now they just showed me the door”.

BB: This gets the idea that it is expensive and difficult and time-consuming to replace you. Especially less so in my area, because it's so saturated. But in a lot of countries, it is hard to recruit someone to your position. It is hard and it is expensive and there will be money lost while they're trying to find someone. Especially if you're getting along with everyone at the institution, they're not going to be so quick to show you the door.

They're not incentivized to show the door. They're incentivized to make this problem go away. How are we going to make this problem go away? Not by letting you go. Then you've got a bigger problem. How do we make it work with the person that we have, that we like, that works well, that takes good care of their patients, has a good reputation, and gets along with their colleagues? I don't want to let this person go. What can I do to make this work? And once I do, then the problem's gone rather than creating a bigger problem with a bigger hole in the schedule.

HF: Do you have some suggestions of how to frame the conversation when they're going to speak with their employer if there's certain strategies they should have, talking points or even a way to phrase what they want to ask for that will give a good chance of having a successful outcome?

BB: This is a situation where I think championships are won in the off-season. Meaning it shouldn't be one conversation that suddenly happens. I think this needs to be something that develops over time, where first of all, you're finding out who the decision-maker is because it might be the person that you think it is, who has control. And it depends on what you're asking for. Who has control over salaries might not be the same person who has control over call, who has the same control over schedule, who has the same control over overbooking.

And so, first you need to find out who this person is and then second you need to butter them up. I really think there's value to this. And so, how do you do that? People love to talk about themselves. So, find out who this person is and start chatting them up. It sounds just shallow and awful, but it's true.

HF: You don't want someone to just feel like they're using you. So, if someone is trying to establish a personal connection, it doesn't make you feel better. Even if it's a means to an end, they're engaging you and not just coming up and saying, "Why the heck can't you fix this cost schedule or why do you keep overbooking me?" That's not going to start off on a good foot.

BB: Exactly. They'll be more inclined to do it if you know who their significant other is. If you know their kids' names, if you know where they just went on vacation. I think there's a huge value to that. So, find out who the decision maker is for whatever problem you're having and start just building rapport. That's a better way to put it.

HF: We know what buttering is. I love that metaphor. That's a good visual.

BB: Yeah, you want to build rapport first before you're asking for that and then also lay the groundwork for your concerns. So, instead of just walking up and being like "I need more money" or "My schedule's overbooked again, why is this happening?" Part of the conversation that you're having needs to be so that they understand where you're coming from. Like, "Oh my son's baseball game was tonight, but I'm going to be late again because I'm overbooked". And that could be the end of the conversation. And then it comes up again and then it comes up again. And you're going to get to the point where this person is going to want to help you fix this problem.

So, it really shouldn't be a one-time "I have this problem. I need you to fix it". It really is about the rapport building. So that at one point it's just the natural flow of the

conversation where it's like, "Listen, it happened again. And this is really not working for me. You double-booked me again. I'm coming home late again". With me, bedtime is I have three boys, five and under, putting them to bed is a challenge. And when I don't make it home for bedtime, it is really taxing on my wife. Actually, it's not, she's much better when she's not home and I have to do it. It's really taxing on me, but they don't need to know that.

And so, I think it's going to come as a natural extension of the conversations that you've had a few times. Now, if it's about money, it's a different story because that's probably a decision-maker that you don't see that often. And so, still nonetheless, rapport building is important. You might want to just pop by and see how everything's going. See how your reviews are, make sure that you're living up to all of your responsibilities, see if there's anything that they need.

And then rather than just asking for more money you might be able to do some type of an exchange. Like, "Ah, they know that they need someone for this committee. Listen, I am willing to be on this committee, but I'm going to have to scale back on my hours if I'm going to do that. Or I get compensated for my time and my other responsibilities. If you want me to do this, I'm going to need compensation for it".

If you think about it, all those administrators, they sit on committees all the time. That's their job, sitting on committee meetings. When we're asked to sit on committees, we're told to do it for free. So, how come they get paid to be on committees and we have to be on committees for free?

HF: I know. It's not a good situation at all with this precedent of so many things that are just expected of us again, because we're physicians, we're not lawyers. We're not billing for every second of our time.

BB: That'd be nice though, wouldn't it?

HF: Yes. So, we've talked about really knowing your value and knowing that you do have leverage and building a rapport before just asking for something. Really understanding their side, what are their issues, what are their constraints? What are they dealing with that may make it hard for them to do what we're asking for? And also see if there's some type of exchange that could be offered. I can do this if you could do that for me.

I know one of my clients who was really, really hesitant to ask for some changes, and she had recently had a baby. When she did actually have that conversation, it went well and it worked out. And some of the things that she told me afterwards were that the timing was really good. She said, if she had asked six months earlier, when things were more chaotic and they were short of physicians, that would not have been a good time. So that's a good thing to pay attention to.

And she also said, she asked what her bosses' concerns were if she did go down in time? So, she was trying to get his perspective and she heard he didn't want the call coverage to be unequal. And so, even as she went down in time, he wanted her to maintain her call and she was okay with that. That was an okay compromise. And she also gave him the indication that this wasn't a step to stay out the door, that she is committed. They want to stay in the area. And that gave him peace of mind that this wasn't some warning bell going off, that there was going to be another conversation down the road, which was going to be painful.

BB: Right. Exactly. We're in this together. We're on the same team. How can we make this work?

HF: Yeah. Yeah. It's interesting what you said about the change doesn't necessarily happen after one conversation, because it's a point that Stuart Diamond brought up in that negotiating book too, where he says negotiation is usually incremental. And he had this interesting graph where we may think it's this arc of a vector where you go from what

you want to what you get. But he showed these little vector arrows that were more like baby steps. So, I love that you brought that out, that it may not be “one and done”, but you can start building your movement in that direction.

BB: They may even end up suggesting it. When they really recognize what you're going through and what your goals are and how this is affecting you as a person, it humanizes you and your experience. And then they can be an ally in what you're trying to accomplish and not an adversary.

HF: That's true. We're all human. Most people have loved ones that they go home to, that they want to be available for no matter what your role is in. I think we can relate to that humanness of what we all really basically want, which is to be able to give and be at service in our job, but also come home and have a life that fills us so we can come back and do it all over again.

BB: Exactly. My wife and kids sometimes come to my office, so my staff knows them. And so, when something comes up, like I'm going to be late then they know who they are. They are real people who they've seen before. It's not this blank nebulous figure. It's a real person who they can see. He's going to be upset because his dad is not at the baseball game that he promised to be at. And so, that then really changes the dynamic.

HF: It's so true. It's so much easier for people to say “no” when they're disconnected from who's on the receiving end or to judge or be critical or any of those things that we can do.

BB: Exactly.

HF: Do you have any other suggestions as to how to approach these conversations? Some people have questions about logistics. Should I email them and say, “Could I schedule a

time to meet with you?” Should they put some of these ideas in a document? What do you think are good ways to enter into this dialogue?

BB: Well, my experience about something like this has always been, if you're going to write an email, then often you get a phone call in response because they don't want stuff like this documented. In case there's a lawsuit or something, it's discoverable. You're going to be able to show it to them and say, “Oh, but you said this”. I think it's important to organize your thoughts, but it's really very institutional dependent.

If it's someone who you don't interact with very much, I think putting it in email is reasonable, but I wouldn't put all of your grievances into an email. It shouldn't be some big, emotional tire down for you. But it should be like you said, incremental. “There's a concern that I have that I'd like to speak to you about. Is there a good time to do this?”

Whereas in a smaller institution, it's going to be much easier to just swing by their office and make it seem like that wasn't the reason that you're there. You're there to find out how they're doing and then maybe you'll bring it up. Oh, interesting that you said that. Something similar happened to me a week ago. And then I ended up being, I know this is the example I keep going back to but my son doesn't play baseball actually. So, I think weaving it in like that is ultimately going to be more effective. But it just depends.

But what I would absolutely not do is I wouldn't put everything in an email and just send, and then cross your fingers and hope you get everything that you want. It needs to be built. An argument, a case needs to be built over time.

HF: And you make a really good point here too, which is that it's great to build relationships when you don't want anything. Just think about the people that you have interacted with. If you truly are interested in them and curious about them, you're building a foundation just by getting to know them. And then later, if you do want to ask for something, you have this strong fabric that sort of knit the two of you together, and



they're just much more likely to want to help you when it's sincere as well. There wasn't an agenda for getting to know them or to build a relationship.

BB: I'll give you an example of when we're in the hospital as residents and we've got our list of things to do. We're trying to just blow through that list as quickly as possible to get everything done, to make it in time for rounds so that we can say that we accomplished everything we were supposed to.

But when you're attending, and this can also work when you're a resident, sometimes you're going to be on your way somewhere. And you see someone and you stop and chat with them. And you might regard that as a waste of time. But those are potential allies as you work your way through the system. These administrators, the nursing manager for this floor, or the dermatologist that has an office near me, this rapport building is important for leadership roles, if that's what you're looking for later on.

It's important that you recognize that your list of things to do from rounds, if it gets interrupted by chatting, is actually more productive than you probably realize. Those chit-chats are the foundation for later collaborations, for who knows what. But that is stuff that you can leverage later on. So, you can't think of it as like, "Oh, waste of time. I wasted so much time chatting with this person". It's not a waste of time. Get to know them, enjoy them, enjoy that time and recognize that it might be something, a relationship that is useful to you in other ways.

HF: Right, exactly. And they might spontaneously want to do something for us without even asking, just because we're building a friendship with them. And people like to do things, they generally do like to help other people out. They do.

BB: And it doesn't mean you have to have them over for dinner just because you chat them up in the hospital.



HF: No, no. This has been a great conversation and I would love it if you want to let folks know how they can get in touch with you or find your podcast.

BB: Yes. My podcast is the Physician's Guide to Doctoring and it is a pretty wide-ranging podcast topic-wise. It's really anything that's under the umbrella of professional or personal development for physicians. There are going to be episodes there for you. So, check it out just anywhere. Physician's Guide to Doctoring, look me up Bradley Block, or go to my website, which is physiciansguidetodoctoring.com or on Twitter I'm @physiciansguide. And on Instagram, I'm barely there. I'm still figuring it out. Also, at physiciansguide.

HF: And if they reach out, you won't think they're just buttering you up for something later on. All right. Well, thank you so much and I hope everybody has enjoyed this episode. I just want to encourage you that if you are hesitant to ask for something you think would be important, think of what the cost is to you for not asking.

And when you do ask, what's the worst that could happen? They could say “no”, but it also might be “not now”. It might be “later”. And you owe it to yourself because you want to be able to bring the best of you to work and they can help you do that if they really know what your needs are.

And if you ask and you find out that it's a “no”, that can be information too. It might mean it's time to move on. So regardless, you'll get value out of pursuing this type of conversation. So, thank you so much Brad for helping us explore this topic. I appreciate you being on. And don't forget guys to carpe that diem. And I'll see you in the next episode. Bye for now.

You've been listening to the Doctor's Crossing Carpe Diem podcast. If you've enjoyed what you've heard, I'd love it if you'd take a moment to rate and review this podcast and hit the subscribe button below so you don't miss an episode. If you'd like some

www.doctorscrossing.com/46



additional resources, head on over to my website at doctorscrossing.com and check out the free resources tab. You can also go to doctorscrossing.com/free-resources. And if you want to find more podcast episodes, you can also find them on the website under the podcast tab. And I hope to see you back in the next episode. Bye for now.

[00:33:20]

Podcast details

END OF TRANSCRIPT