

FIERCE FREEDOM AWAITS

with Dr. Yashika Dooley

Episode 3 – Negotiation and Clear Conversations with Dr. Erica Howe - Part 1

Welcome to the Fierce Freedom Awaits podcast, episode number 3. Are you negotiating with the strategic advantage and focus? Do you get caught in your emotional basement? I invite you to stick around and learn the simple strategies to never again get pulled into a conversation that is not serving your best interest. It's going to be a good one!

Yashika: Hello again. It's Dr. Yashika Dooley, and welcome. I am so excited to have Dr. Erica Howe. She is a full-time academic hospitalist and the CEO of The Medical Educator, an amazing online platform that provides webinars and online courses for clinicians, and trusted in really improving their teaching and leadership skills. She's also recently developed an, a CME conference exclusively for women physicians, and it is called the Women Physicians Wellness Conference, and it's going to be coming in the winter.

So, it's so great to have you here. Can you tell me a little bit about yourself, where did you grew up and, um, what did you want to be when you grew up?

Erica: Sure. Yeah. I, uh, so, I was actually a military brat. So, we lived all over in my early years of childhood. Uh, I, I was born in D.C. We moved to Virginia, Nebraska, um, kind of all over. And then we ended up settling in, uh, Utah when my dad retired from the military. So, from late elementary school on, I actually grew up in a small town outside of Salt Lake City, uh, called Bountiful, Utah, and whatever image that evokes for you, that is very likely, um, what it, uh, actually looks like. It's, it's just a small town, um, uh, you know, uh, mountains on the, uh, background, a really kind of beautiful place.

And what did I want to be when I grew up? Well, I actually was probably like a lot of, uh, physicians out there. I kind of always knew I wanted to be a doctor. So, um, I was always really fascinated with the human body. I was really interested in how it worked and what made things work the way they did when it came to the human body, and then also kind of when people got sick, what happened, why were they sick and why weren't things working the way they were supposed to.

And probably like a lot of other clinicians out there, I had an early exposure to medicine through, uh, a family member being ill. My mom was diagnosed with breast cancer when I was about 12 years old. And, uh, for the next four years, she went through all of the, um, struggles and, and, uh, remissions and then recurrences that, uh, that one does, and she ultimately passed away when I was about 16 years old.

And despite that actually being, you know, obviously, um, a very sad event in my life, I, I also got to see for those four years what it was like to witness, uh, people coming in to her life not really knowing her, but practicing medicine and, and at the same time showing a lot of that compassion and caring and concern for her and, and really, um, uh, you know, uh, struggling with those same obstacles that she was struggling with when, you know, um, the cancer would recur, but then also celebrating the remissions as well.

And, um, having some of those relationships, uh, that I got to see over a formidable amount of time in my childhood really solidified for me that that's what I was going to do when I, when I grew up, and so I did.

Yashika: That is a powerful way to have your first interactions with medicine and physicians. Wow!

Erica: Yes.

Yashika: That's, that's, that's amazing. Um, so, where did you go to school?

Erica: So, uh, I went to the University of Utah for undergrad, and then I, I took the year off and, uh, I waitressed. Uh, and then I went to medical school at the University of Utah as well. And then when I graduated from medical school, I decided that I wanted to get some new experiences and, and experience a different culture. And I, uh, went down to New Orleans, and I did my residency and then my chief residency at Tu- Tulane University in New Orleans, which was an incredible experience as you might imagine and, and very different from Utah, too.

Yashika: Absolutely. Um, and so, now, you are married and you have three little kids. Is that correct?

Erica: I do. I do. Absolutely. Yes. We are a, uh, a dual physician household. I'm married to a wonderful man, and we have three wild and crazy kids.

Yashika: Uh, now, in addition to all of that, you also have your own company. So, that sounds like you got a lot going on. Tell us a little bit about that, and kind of what your company provides.

Erica: Sure. Sure. So, uh, a little bit of backstory. When I was in residency, I learned really early on that I really love to teach. Some of the struggles that I was having, um, in mastering, uh, new material and new knowledge, um, I started to create these little handouts that I would then take to the interns when I was a senior resident, and we would do like a five or 10-minute teaching session before rounds each day.

And I found that that was actually one of the highlights of my day. It was being able to teach them and just seeing them master that material that maybe I had struggled with, and being able to learn it in a much more efficient way. So, I went on after residency

and I did a chief year at Tulane. And then my husband matched in fellowship at Johns Hopkins.

So, I became faculty at Johns Hopkins for the next few years. And, uh, like many other junior faculty, you know, and I kind of graduated from this chief residency, loving to teach and doing a lot of it, and then suddenly, I was clinical and, and that was mainly my job. And I didn't know how to apply more of this passion for medical education to my daily work life, and I was struggling with some of the time efficiency issues that we all are challenged by.

But one of the great things about Johns Hopkins is they had a really great set of faculty development courses, and they had one in teaching skills, and they had another one in curriculum development. So, I ended up, uh, going through each of those, and those are really life-changing for me, the ... me hone my skills and learn a new set of skills when it came to curriculum development. And I, ultimately, was able to then develop a couple of curriculums for the hospitalist program at Johns Hopkins, and then also, uh, for the medical school as well.

And when I finished at Johns Hopkins and we decided to move to Kansas City, and I joined the University of Kansas Medical Center as an academic hospitalist, I noticed that they didn't have that same set of faculty development courses. So, I approached them and I said, "Hey, you know, could I create like a teaching skills course for you? I have some background in this, and I've done this at the other institution. Uh, you know, could I do it for you, too?" And, and they said, "Yeah, yeah. Let's give it a try and, and we'll see how it goes."

So, I developed it, and I introduced it to really just the Department of Medicine. I didn't know how much interest there was going to be. And, uh, at the beginning of the course, there were about 22 people that were registered, and by the end, 39 people were kind of informally attending. So, uh, that kind of spoke to me that, "Boy, there's a lot of, you know, really good interest, and this is meeting a need that has previously been unmet."

And over the next six years, we developed, uh, both a foundational course and an advanced course. And we had a, a lot of great feedback about those. But the one thing that I kept hearing over and over again was people approaching me and saying, "Hey, you know, I missed last Monday's session, um, because my OR ran late, my clinic, uh, ran late. Uh, you know, I had somebody who was unstable. I just couldn't come. Uh, I really wanted to come and I really wanted to gain that information. How can I get it, uh, some other way?"

And other than kind of sending them some articles or recommending a book, I didn't have anything else to offer. And it really bothered me that I couldn't offer them a way to gain that information some other way. I kept thinking, you know, "Here are these really busy clinicians and researchers, and they're taking time out of their busy day to come and seek out ways to improve their teaching and to be more dynamic and engaging and, and time-efficient in the way that they teach, and I can't even give them the resources.

So, I started thinking, you know, "With all the technology that we have, why not create a set of webinars?" So, I started building a set of webinars that would, uh, create basically what we have now, which is The Medical Educator Course, uh, and that is basically a foundational teaching skills course for a busy clinician that really doesn't have time to attend a live workshop or a live session or a whole longitudinal course. And of course, since that time, uh, I've also built up, uh, another course on conflict management and negotiation as well.

Yashika: Wow! That's awesome. That's, that's amazing. You've done a lot.

Erica: Thank you.

Yashika: So, I mean, it sounds like you've got this amazing business going. So, are you still full-time clinical? I mean-

Erica: I am.

Yashika: ... how are you doing all this? (laughs)

Erica: So, I am still a full-time academic hospitalist. So, my typical schedule, uh, uh, is that of a, that one would expect with a typical hospitalist. I have learners most of the time, um, so, residents and medical students and, and sub-Is that round with me on the general medicine inpatient service, uh, or the consult service. Uh, for about time I take calls from home. I don't do night shifts, thankfully. Um, and then I also triage from our hospital a fair amount, which is more of like a desk job. It's kind of a nine-to-five, uh, type job, where I answer phone calls for people wanting to transfer, uh, transfer patients into our hospital from other smaller or more community-based hospitals.

So, as far as how I do it, um, I think, um, probably the two ways I do is one, my, my Achilles heel, my weak spot is that I think everything in life is a little bit easier to do than it actually is. So, I, I usually start off that way thinking like, "Oh, how hard could this be? It will be fine." And then the next thing I know, I'm realizing that, that it's, "Oh, it's harder than I thought," but I've already gotten going with it, and so I don't want to stop.

And then I'm, I'm also, uh, a big believer in just trying to do a little bit every day, just checking one of those to-dos off of your list, uh, in each of the kind of sections of your life. And over time, that builds, and it kind of builds momentum a bit like a snowball, and before you know it, you've, uh, you, you've got something really powerful.

Yashika: So, you said a l- uh, briefly about, uh, conflict management. So, how did you start teaching conflict management and negotiation?

Erica: Sure. Uh, yeah. It's one of those moments of kind of kismet and I, I very much believe in that. Um, so, when I was at Hopkins, I was approached, uh, by my boss, actually, who asked me to teach a session for the residents that were moving from intern year to their, uh, second year, and teach them a little bit about conflict management and

negotiation. And that really peaked my interest, uh, because I was not so great at managing conflicts myself, you know. They say, um, "What you want to learn the most is what you teach," right?

Uh, so, I, I really found that fascinating, and that kind of led me to start researching it more and exploring it more as a topic. And then when I developed the teaching skills course at KU, I naturally included the topic of conflict management and some of the other challenges that we all face in medicine like time management. And from there, I started becoming a guest lecturer, uh, for a number of different departments at KU, and then they heard of me at the AAMC. And I was invited to first attend their AAMC Early Career Women Faculty Leadership Development Conference.

And then a few months after that, the program chair actually presented at our Women in Medicine Retreat, and I approached her about teaching a session on conflict management, and they had an opening, and I was invited to start teaching at their annual, what they call, EWIMS Conference, and the rest is history.

Yashika: You have done a lot in a very short period of time. (laughs) And so, now, you are doing these wellness retreats. So, how did this all come about that you now transitioned to doing this much bigger thing?

Erica: Yeah. You know, it's funny. I, well, it kind of goes back to both, um, uh, you know, how to eat an elephant one bite at a time. (laughs) So, I, you know, I had found that in teaching these teaching skills courses, you know, keep, people kept bringing the same subjects up over and over again, the same struggles, time management and how to balance their clinical life with some of the other challenges. both academic and administrative, and research, and then, uh, of course, negotiating and the difficult learners and how to approach somebody in, in a conflict.

And so I kept kind of putting these topics into my teaching skills course because they apply to learners, and they apply to clinical teaching, but also, it was just a kind of a universal issue that we were all dealing with. Um, and I just, I found that, boy, the more I kept doing it, the more realize that I was developing something that was a little bit more than teaching skills course. It was almost like a professional development course as well.

And, uh, then I, I actually ended up going on, uh, an anniversary trip with my husband. We went to, um, the Caribbean and I, I thought to myself, "Gosh! You know, this is, this is a lovely place. What, what if I put on a, a conference and just really focus on some of these wellness issues that we're all dealing with?" I had been running into all of these women friends of mine at other departments that I had known through the faculty development courses.

And you know, we'd run into each other in the hallway at 6:00 at night, and we'd be kind of saying like, "Oh, I'm running to pick up the kids," and then she would say, "Oh, yeah. Me, too." And I say, "Yeah. I don't even know what we're going to do for dinner,"

and then she'd say, "Well, oh, gosh! Did you think about this?" and, "Here's how I do it," and, "Did you, you know, meal prep at the beginning of the week?" And we'd be basically comparing notes in the hallway and giving each other tips and strategies along the way. But we only had about five minutes to do it each time.

And I thought to myself, "There's got to be a better way." And that, that got me thinking that when I was in the Caribbean, gosh, you know, I, I've planned a wedding before. So, okay. I can plan a conference and, which of course, is not at all the same thing, but you know, like I said, I always think things easier to do than they actually are. And it kind of just snowballed from there. I, I was talking to some friends about it and they were really excited. And, uh, and here we are today with the Women Physicians Wellness Conference.

Yashika: That's great. You know, I, I think it really is true. We are constantly, what? Like curbside con- consulting one another in hallways.

Erica: Yes.

Yashika: Um, and you know, like, "We're going to get together. I'll text you. We'll do this. We'll do that."

Erica: Yes.

Yashika: But actually making it happen I think is just the hardest part.

Erica: Absolutely.

Yashika: Absolutely.

Erica: Absolutely, and, and to take that time away, to be able to give CME credits for it, and to take that time to really step away from our lives and just focus, and focus together as a community at Women Physicians because we deal with very universal issues in some cases, but also sometimes very specific issues to our profession that other people may not be able to relate to in the same way.

And so, to be able to do come together as a community to discuss those issues and those challenges, and how we can use them as opportunities to grow is just so valuable, but it's something that we really haven't had until now and been able to focus on. And, and that's really what the conference is about.

Yashika: So, you spoke a little bit about, um, Women Physicians. So, is that who this conference is geared for and like, what can a woman expect if they're attending this conference?

Erica: Right. Absolutely. Yeah. So, this is specifically for women physicians. Um, and it is focused on faculty physicians, although, certainly, we do welcome, uh, people who are still in their training. Um, and you know, I, I, I really wanted this to be a chance for

women to compare notes, to share their challenges, uh, and then to step away and really kind of gain some clarity around some of their personal and professional goals. I think sometimes we kind of just get into the rut of our daily routine, and a couple of year slips by and you go, "Oh, yeah. I, I meant to, I meant to apply for promotion. I meant to, you know, start really focusing on narrowing down some of those committees I was on, so I could get back on track with my teaching."

You know, sometimes our daily lives just really get in the way of us sticking to those career goals that we are really meant to achieve along the way. So, that's what this conference is about is, is overcoming some of the things that affect our wellness and then certainly, helping us kind of get back on track when it comes to some of those goals that we've got.

I, I purposely chose a tropical location for the conference, uh, in the winter simply because it's often a destination anyway for people. Um, and so, especially for our overworked and overwhelmed women physicians, I wanted them to actually be able to add a couple of days to the front end of the backend of the conference and actually make it a vacation. I mean, you and I-

Yashika: That's a good idea.

Erica: ... probably know more than anybody that, you know, as physicians, we don't tend to use all our vacation, if any of it. Um, and I think that that is, that is time off that we have earned and that we need to be more productive when we come back. So, I, I want people to build this into, um, you know, like really take this as like a CME vacation. You come, you go to the conference, and then you have some vacation time afterwards or before to really kind of focus on you.

Um, in addition, each of the conference days only goes till noon. So, you, if all you have is the time at the conference, you're still going to get some rest and relaxation and the ability to recharge while you're there. But that said, I think that everyone is going to find the conference itself to be really powerful and inspiring.

Um, each of the five speakers is going to be speaking on a number of different topics. I don't know about you, but I've been to some conferences where there's been a really amazing dynamic speaker, and all you get were those 45 minutes or an hour, and then they're gone. And you're like, "I want to hear more. I want to know more," like, "I, I, I bet you have so much more to pass on." So, I tried to make sure that each of our speakers is speaking at least twice-

Yashika: Oh, that's nice.

Erica: .. on different, different subjects, and they're also going to be sharing their personal narratives, their personal stories, as well as some of the strategies that they put into play that have worked really well for the challenges that they've been faced with in their clinical medicine careers.

Yashika: Oh, that's awesome. So, I know, previously, we talked a little bit about this Thomas–Kilmann Instrument and how that's-

Erica: Yes.

Yashika: ... kind of one of the places where you start. So, tell me about that and how you can start using this at work.

Erica: Yes. So, the Thomas–Kilmann Instrument is a fantastic, uh, instrument. It's basically a survey that you take where you choose, um, uh, two, one of two answers or statements that you relate to most when it comes to a negotiation or a conflict. And you go through this set of, um, you know, choices for each of these answers. It's a great survey that helps you clarify what your negotiating style strengths are. So, there are five different negotiating styles by the Thomas–Kilmann Instrument. So, if you're okay with it, I can talk about those.

Yashika: Oh, yeah. Absolutely.

Erica: So, each style has two components of concern. So, regardless of which of your styles, um, are the ones that you kind of lean on the more, the most heavily, um, each of them has these two components, um, of focus. One is, of course, like getting your needs met, right? Um, so, yourself. Then the other one is the other person, specifically, your relationship with them and getting their needs met.

Yashika: Mm-hmm (affirmative).

Erica: So, this is like always a balancing act, right? Um, uh, each style balances those two concerns differently.

So, uh, the first one is competing. That's a pretty obvious one. This is basically where the entire goal of the negotiation for you is to get your needs met, and you have no interest in building a relationship with the other person. So, that other concern is kind of thrown out the window. And in fact, you're okay even burning a bridge, um, and, and maybe hurting other person's feelings.

So, an example of this, uh, that's pretty classic is like the used car salesman. So, you go in to buy a car, and you're not interested in going up to coffee next Tuesday with the car salesman. So, you may be kind of a tough negotiator in that situation, um, because you don't care about the relationship as much with that other person. It's really about getting the car, and getting your need met.

Um, so, other examples of this could be like a code situation. So, in a code, you really need to have some quick decisive action take place. There isn't a lot of room for debate or discussion. Uh, there may be a quick, you know, "Does everybody agree with me here?" But that is often about all there is. This is just not a time where you're, you're relationship building. This can be an advan- uh, uh, an advantageous style with people

who take advantage of other people, too. So, if someone else is manipulating, um, that may be a time where you choose competing.

Now, like the flip side of this is accommodating. So, that's like style number two. Now, here, you are putting the relationship at the forefront. So, you are willing to give up your needs and having your needs met in order to make sure that the relationship go smoothly. Accommodating is something that tends to happen more often when there's unequal power between the two people negotiating. So, if you're negotiating with your boss, you may be more likely to accommodate than you would in another situation simply because there's that unequal power.

Um, now, accommodating is really valuable, too. Uh, so, this can be helpful in a situation where you can first see that you're going to need to negotiate for something bigger down the line. So, you may not actually care that much about the negotiation that you're having right now. So, you may choose to give it up to build social credits for later or to build the relationship and have a stronger relationship, so that when you negotiate next time, you can kind of refer back to that first negotiation saying, "Hey, I gave you what you want then, so, can I get what I want this time?"

Now, avoiding is kind of like the extreme version of accommodating. So, avoiding is, basically, you don't show up at the negotiating table at all. So, you don't build a relationship with the other person because you're not physically present. Um, and then you don't get your needs met also because, well, you didn't even negotiate.

Um, now, uh, this is actually one that I think is, um, a really valuable tool a lot of the time now that I have three young children. I use this one all the time. Um, but I have been trained by my toddlers over time to use this. But you can, you can see like how it could be valuable. Like a trivial issue that just doesn't matter to you, you know, you get an email, you're on that group email and somebody else has sent it and, and they feel really, really heated and angry about some issue, and you really just don't care one way or the other.

Yashika: Yeah.

Erica: You know, it doesn't matter to you how things turn out. Uh, so, you're just going to ignore it. And you know, there'll be 20 more emails that come through, but in the end, somebody else will solve this problem and they'll just tell you what the solution was.

Yashika: Yeah. Yeah.

Erica: Um, you, if you don't care about the outcome, um, or you don't want to spend the effort and the energy and the resources and the time, uh, to devote to it, then avoiding is really valuable. Um, also, if you feel like you have a really low chance of winning the argument. So, sometimes, uh, people will avoid when they're interacting with a competitor, uh, because, you know, "Gosh! I just don't think I'm going to be able to win this. This person is going to come and they're going to yell at me, and it's highly unlikely

I'll be effective in this conversation. So, I'm just going to kind of walk away, uh, or just not, not interact." Also, when you need time to cool down or you know the other person needs time to cool down-

Yashika: Mm-hmm (affirmative).

Erica: ... or you need time to, um, gain more data, so you don't ... Maybe you feel like, "Gosh! I, I don't know exactly what's going on here. I need to get a little more information before we sit down and talk about this." You'll hear a lot of leaders use that, uh, tactic. They say, "Okay. You know, thanks for sharing with me what the concern was and what you wanted to address. Um, let me get back to you on this. Let me, let me look into it." And that's them, um, not avoiding in an unkind way, but really just saying, "I need to stop the conversation now because I need to go collect some more data. I need to explore some other, um, some more options and get some more information."

And then the last two are compromising. Compromising is probably just what you think. It's you get part of your needs met, the other person gets part of their needs met. Um, you don't necessarily relationship build. It's not like kumbaya when you end, uh, the negotiation, but at the same time, you're not damaging the relationship either.

This is actually a really important one when your needs are mutually exclusive, when you really have to meet halfway with the other person because, um, somebody's going to have to give up everything to get somebody else's needs met 100%. This can also be really valuable when you need to come to a temporary solution. Um, uh, you just, you know, kind of, "We got to get through the next six months, and then we're going to come back and readdress this when maybe we have more resources, we have more time, et cetera." So, compromising has a lot of value, too.

And then collaborating is like the gold standard. Um, when people have inner dependent needs met, um, that's when you can collaborate. And collaborating is really building a relationship, at the same time, you're getting 100% of your needs met. It's a challenge, and a lot of times, it, it can't happen simply because of circumstance. Um, but when it does happen, obviously, it's very valuable and, um, and it feels really good, too.

Yashika: Wow! I'm actually thinking I, I have no idea what, what, what I'd do. I'm, I mean, I feel like, well, maybe I use a little bit of all of them. Um, do you know ... What's your negotiation style?

Erica: Yeah. You know, it's funny. Everybody uses all the styles depending on the situation.

Yashika: Wow.

Erica: So, even someone who is like mainly an accommodator and avoider, you know, if your, you know, i- if your best friend was hit by a car and you needed help right away, you would turn into a competer in that situation because that is an emergency situation. So, and then alternately, uh, people that may not feel very much like an avoider can

definitely become avoiders given the right set of circumstances, if the, they feel like the issue is, is trivial.

So, everybody has all of these in their back pocket. Um, and you pull them out depending on the situation. Now, that said, you're going to pull out certain styles more than others just naturally because of your history, because of the skills that you've learned were effective for you, and just your style, your personality in general.

So, um, I'll tell you, uh, my negotiating style. I used to be a big competer. Um, so competing was definitely my number one by a long shot. Um, but then gotta tell you, I had three kids. (laughs) And there is nothing like the exponential growth of those negotiations that take place when you have three kids around. That will train you to be an avoider and an accommodator because you're like, "I don't care about the cookie." You go, "Fine. Have the cookie," you know?

Yashika: Yeah.

Erica: So, it, it changes over time. Um, and, and that really speaks to how much of a skill this is, too. Yes, we're born with certain leanings when it comes to negotiating just based on our personality and what we feel comfortable in an interaction, uh, or a disagreement with somebody else, but that is a skill that can be developed and fine-tuned over time with practice and, and who you practice with, of course, and then what you practice negotiating can also have a big influence on this.

So, I mean, I say start small, and just keep honing those skills over time, so that you can really sharpen them, especially if there's, uh, an aspect of those styles that you want to start working on using more.

Yashika: That makes sense. I'm actually thinking it's, uh, it's interesting that it comes out more with kids because I would think, "Well, maybe when you get married or in like a more serious relationship."

Erica: Sure.

Yashika: But I think kids kind of push you in a way that adults probably don't. So, that probably is, true.

Erica: Totally.

Yashika: And then when you have multiple kids. So, you know, and then they like to attack. They go all in.

Erica: (laughs) Totally.

Yashika: I know one of the things that we talked about and you have a whole class on is this emotional basement, and why should, why you should never negotiate from this space,

which I feel like when I walk in the door, I've had a long day and my kids go at me, I'm probably already negotiating from that emotional basement.

Erica: (laughs) You may be in that emotional basement.

Yashika: So, help me out. What can we do? Talk to us about this.

Erica: (laughs) Yes. You may be there, and let me tell you, I go to my emotional basement quickly. Some people like they stroll down the stairs to their basement. I don't. I just take one giant leap and I'm suddenly there. So, I can definitely relate to that. Um, so, you know, like I tell my learners, um, I say, you know, 30% of what I do is clinical medicine, and then 30% of what I do is interacting with reasonable, rational people, um, and negotiate with them, and try to convince them that I'm on their side, and I want to do the best thing by them.

And then the other 30% is negotiating with people who are less reasonable and less rational, and I'm also trying to convince them that I'm doing the right thing by them. So, there is just, there is a ton of ne- negotiating, uh, and managing emotional basements that, uh, takes place in our personal lives, as well as our professional lives.

So, I think of it like you have a house with three floors. So, there's your basement, there's your ground floor, and there's your balcony. So, your ground floor is where you're having most of your conversations and interactions with other people. This, this is kind of the normal dialogue that you have on a day-to-day. But then sometimes you're thinking and your emotions just kind of go awry because it's an extreme or a stressful situation, um, and maybe you're not performing at your best.

So, this is kind of like the worst version of ourselves, and that's when you go into your emotional basement. You know, like my basement, I've got, you know, the Halloween decorations, I got boxes from high school. I don't really want people to see all that.

Yashika: Yeah.

Erica: But you know, like if you want to go to my basement, I'm going to try to, you know, bring you back upstairs. You don't need to see that, right?

Yashika: Yes.

Erica: So, that's kind of like an analogy of like kind of just like the worst version of ourselves. It's a very, uh, strong emotional place. So, like, what sends us there? Um, so, you mentioned a great example. You know, you walk in the door, the kids are all talking to you at the same time, and suddenly, you know, the surprise of that or confusion, not knowing what's going on, um, not really feeling like you have a control on the situation, that can send you to your emotional basement. So, um, I'll give you an example of this, actually. Um, so, and, and this was my mistake. This actually happened. It was completely my mistake, and I should have seen it coming.

Yashika: Yeah.

Erica: But one day, I, I was done rounding. I gave my medical students feedback. It was, it was a kind feedback. It wasn't, you know, it wasn't even really all that constructive. It ... I mean, it was constructive, but they, but they weren't doing anything wrong.

Yashika: Right.

Erica: And I, I walked back to my office. I get back to my office, which is literally about a quarter of a mile from the wards, from the inpatient service. So, you know, you got to take all these hallways and everything. And I thought, "You know, I could have done better with that, that feedback. It was, it wasn't as specific as it could have been, and I could have given them some really good tips, uh, for moving forward and for really kind of being superstars moving forward."

So, I called up my senior resident, who's in the team room and I say, "Hey, um, can you send the medical students over to my office. I need to give them some more feedback." That's all I said. He says, "Yes. That's fine." Hangs up the phone. So, about 10 minutes later, my medical students arrived and one of them arrived in tears.

Yashika: Oh, my gosh!

Erica: Yes. (laughs) And I am very surprised. I'm like, "Whoa! What happened? You know, did somebody code? Is somebody really sick? Are you okay? Did you get bad news?" And I come to learn that that medical student had basically been surprised and confused to hear that they were going to, going to receive more feedback from me.

Yashika: Oh.

Erica: And that led them to their emotional basement. So, that is a great example of surprise or confusion really causing some strong emotions. And the reason that you want to get out of your emotional basement is that those strong emotions, having those strong emotions can affect your decision making in a negotiation. So, that's a really big deal.

So, there's a couple of interesting studies. Uh, there's more than a couple, actually. There's hundreds, um, but, uh, there's a couple that I always talk about in my talks.

Yashika: Mm-hmm (affirmative).

Erica: And one of them is basically people who were made to watch sad videos, and then they ask them to go sell an object like, "Here, here's a lamp. Go sell it at this garage sale. Try to get 20 bucks for it, if you can." Well, they found that people who have, had been, uh, led to feel these strong sad emotions were more likely to settle on a lower asking price. Uh, and the thought behind that was that you're looking for a win. You're looking for a way to feel good again.

Yashika: Mm-hmm (affirmative).

Erica: And the success of selling the object outweighed not getting as much for it. Uh, now, you can imagine how that could translate to like a negotiation at your work, right?

Yashika: Right.

Erica: You know, you're feeling sad. That day, you had a fight with your spouse or your partner, and then you go into renegotiate your salary, and maybe you want to sell, settle for a lower asking price now, uh, for that negotiation simply because you want, you want that win. You want that success. You want to feel good again. Well, that can be really dangerous when you're talking about things like your salary or more lab space or things that kind of affect your day-to-day, uh, clinical or professional life.

Uh, there's another interesting study, actually, where people were made to feel, uh, frustrated anger, and then they were given a variety of lottery tickets to choose from. And they found that people that felt frustrated anger were more likely to choose a really high risk, high reward ticket than people would normally choose, uh, based on those options.

Yashika: Oh, wow.

Erica: I mean, like, yeah, same thing, same dangerous, uh, response, right? You know, you're, you're driving to work in traffic and you get frustrated. And by the time you get there, you have a, a meeting, uh, with your boss in front of you and you have a negotiation in front of you. And you may start to want to use stronger language than you would otherwise, um, or say things that you wouldn't otherwise want to say in that situation. So, those are all, I think, nice examples of why it's really important for you to get out of your emotional basement before you negotiate.

Yashika: And so, now, you said the house has three floors, so there's this basement. So, we know we don't want to be there. So, now, what about the ground floor and this balcony? Like, are we supposed to just negotiate in the ground floor or is the balcony like, that's the top, so that's the place where you really want to be.

Erica: The balcony is really a solution-oriented kind of brainstorming coming to, uh, getting both of your needs met. So, uh, that's where really kind of the higher level critical not just decision making, but really negotiating is going to take place.

Yashika: Okay. So, I'm in my emotional basement. So, like, how am I going to get out of this emotional basement? What am I supposed to do?

Erica: Yeah. Absolutely. And you know, each of us knows ourselves the best. So, you're going to know for yourself like some of those physical signs that go along with your emotional basement 'cause most of us have them like, you know, your neck starts to feel warm or you start to feel flushed or, you know, you kind of starts sweating a little bit or you

clench your jaw, all of that. That's a great thing to look for whatever those physical signs for you are.

Yashika: Mm-hmm (affirmative).

Erica: But, um, uh, many times, this can happen because we've told ourselves a story. So, going back to the medical student example. Uh, that medical student had told themselves a story about what I was going to say. All the information I had given was, "Come to my office. I need to give more feedback," but what that feedback was going to entail was a story that that person had told to themselves, right?

Yashika: Yeah.

Erica: So, this is something that happens to us all the time. You're presented with information, data, kind of objective, uh, pieces of information, uh, and then based on those facts, that data, um, we make assumptions about it. Those stories that we tell ourselves just aren't accurate. They're strongly influenced by our histories, and applying what's happened in the past to what could happen right now could be highly inaccurate. And so, you may be reading the situation wrong. Um, so, when you're in your emotional basement, you got to ask yourself, "What is the story that I'm telling myself here? What data was presented to me, and what assumptions did I make about that data versus what was actual fact?"

You know, for that medical student, the fact was I asked them to come to the office, but the assumption was that there was going to be a negative interaction, and that there was going to be, you know, maybe a failing grade with that, you know, or remediation. There was a lot of, uh, a lot of assumptions that were being made in that moment.

So, I have these question starters that I think are really valuable. Um, one is, "Why am I here? Why am I so upset about this? Why am I in my emotional basement right now? What's led me here?"

Yashika: Mm-hmm (affirmative).

Erica: Um, "What brought me to this place?" Um, and, and march yourself back up to the stairs and figure out what that data that was presented to you actually was versus what you're assuming. And then, "Who am I going to be regardless of this situation?" So, "What are my goals, and what if I made a choice to be and act differently than what I'm feeling right now?" And then also, "What are my interests be on these emotions?"

Our, our goal is oftentimes not to just make somebody else feel bad. There's usually something behind that. "I, I don't want to work nights anymore. I feel like I should get a pay raise." You know, what is the underlying goal? Yes, there's those strong emotions, but oftentimes, there's something else that's really the underlying g- goal that, "Boy, if I got that need met, I, I would feel better," and focusing on that, and saying, "Yes, I can feel frustration over this, but I, I need to step away from this situation a little bit and

realize that, that's not my interest. My interest is not to express to, you know, Bob how angry I am right now. It's really to make sure that, you know, we collaborate better moving forward on this research project."

Yashika: Yeah.

Erica: And, and then the last thing is just what if. So, a lot of times when we're making assumptions and telling ourselves these stories, we're only seeing one view of that situation, of that, uh, of what's presented to us. So, trying to understand, "Okay. Could there be another reason for what's happening, and for why ...?" I think it looks like this. "Could there be another way to view this situation, uh, a little bit differently that could explain all of this?"

Yashika: Wow! That's, that's, that's amazing, and I think that is helpful. I mean, there's so many times you get caught in the moment.

Erica: Yeah.

Yashika: Um, so, those questions are to help you just take a second and kind of reassess the situation.

Erica: Exactly. Exactly. It just kind of helps you step back for a minute and realize that, "Gosh! Yes, I'm really mad right now. Yes, I'm, I'm really fearful or really anxious, but let me take a step back here. Let me, let me look at this a little differently, and try to get a clear picture of what's really going on and, and what has really been presented to me as an issue versus what I'm hearing and, and what I'm interpreting."

Yashika: Yeah. So, I mean, so, once I've gotten out of my emotional basement, then what am I supposed to do? What's next?

Erica: Oh, yes. Okay. So, this is ... I think this is the most important part. You know, many times we all have those tools to get ourselves out of our emotional basements, and it's simply recognizing that, uh, if there's no other take home that you never negotiate in your own emotional basement. Um, if, if, if everybody takes one, one thing away, that would be it for me. But beyond that, you have really another goal on top of that because you need to get your needs met, right? You, you, you have an interest that you're, you're coming to the table to get addressed. So, you gotta get that other person out of their emotional basement, too.

Yashika: Oh, my God! (laughs)

Erica: Yeah. (laughs)

Yashika: Okay.

Erica: 'Cause unfortunately, now, to, much to much dismay, um, not everyone will have heard this podcast or come to my talks to know that they, they need to get themselves out. So, you actually gotta help the other person get out of their emotional basement, to start to have a more productive dialogue.

I hope you enjoyed part one of this two-part series. As you know I am all about removing thoughts and beliefs that are just not serving you. And if you are operating from your emotional basement that is definitely not serving you.

I invite you to join us next week as we continue this conversation. You don't want to miss the amazing information all about getting out of your emotional basement, how to process conflict management, and negotiate. Dr. Howe has some great stuff, you're not going to want to miss it.

And if you're enjoying these episodes I hope you come back each week and subscribe to the podcast. I'd love to hear what you're thinking. Join the conversation. If you're a women physician you can go to the [Cultivate Me](#) Facebook group and we will be continuing the talk there. Have a great day and I'll be talking to you soon!