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00:00:49.830 --> 00:01:08.989

Matt Amundson, MEd (he/him/his): Alright. Good morning, everyone. Welcome to another installment of the Dean's lecture series. I'm at Amazon, one of the learning and development managers for Ode. This session is being recorded, and it will be shared out within 2 days to all who registered for the event otherwise recording can be found under the education and training tab of the Ode website

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00:01:09.130 --> 00:01:29.070

Matt Amundson, MEd (he/him/his): live transcription has been enabled. Please know that the live transcription is not perfect as it is auto transcribed and we invite you to take care of yourself as necessary during today's session as we will not be taking a break any feedback or issues with accessibility, please email us at DIs dash odei@umn.edu.

3

00:01:29.070 --> 00:01:42.040

Matt Amundson, MEd (he/him/his): We asked that participants please use a. QA. Function instead of the chat. We will do our best to answer your questions, but please understand that we are working within a set window of time. Should we not get to your question, we will work.

4

00:01:42.710 --> 00:01:56.360

Matt Amundson, MEd (he/him/his): We will work with the presenters to get unanswered questions posted on the Dean's lecture series. Web Page. Paste it in the chat. You'll find links to the Dean's lecture Series website, the slides to our presenters lecture and the Dean's Lecture Series email address.

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00:01:57.610 --> 00:02:14.600

Matt Amundson, MEd (he/him/his): And with that I'd like you to welcome you. I'd like to welcome Dr. Nunez as our guest lecturer for today. So brief in intro to her. So vice de noon. Yes, so that her presentation day is called Strategies. To effectively engage

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00:02:14.650 --> 00:02:30.840

Matt Amundson, MEd (he/him/his): this session is designed to highlight practical approaches, to connect across differences, to better align and connect as team members to remote person centered problem solving and impart radical compassion to ourselves and each other as we show pace and uplift. What matters and who matters? Spoiler, alert. It's all of us

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00:02:31.010 --> 00:02:51.440

Matt Amundson, MEd (he/him/his): so, Dr. Nunez, Professor General, she's a professor of General Internal Medicine Advice, Dean for Diversity, equity, and Inclusion at the University of Minnesota Medical School. In her role as Vice Dean. She collaborates faculty staff, and students across the medical school as well as community partners to address issues of equities, bias and discrimination and clinical programs, recruiting curriculum and research.

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00:02:51.440 --> 00:03:05.149

Matt Amundson, MEd (he/him/his): She's also been named as integration, strategist and new leadership position within the clinical and Trans and Translational Science Institute or Ctsi at the University of Minnesota, where she oversees initiatives that promote inclusive excellence across Ctsi within our communities.

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00:03:05.150 --> 00:03:17.859

Matt Amundson, MEd (he/him/his): She received her doctorate Medicine at Hanuman University, and Bachelor of Science in Chemistry at Wolve University. She has fellowships in Medical education in Michigan State University, and Health Services Research in the association of medical Colleges

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00:03:18.120 --> 00:03:38.329

Matt Amundson, MEd (he/him/his): as a nationally recognized medical education and health services. Researcher, Dr. Nunez has developed novel curricula in the areas of sex and gender medicine, Primary care, trauma, Slush, Violence, prevention, and Cultural Competence. Prior to joining U. Of M. She served as the Associate Dean of Diversity at Inclusion, at Drexel University College of Medicine. For 4 years.

11

00:03:38.330 --> 00:04:00.509

Matt Amundson, MEd (he/him/his): She also served as the director for Drexel's nationally designated Center of excellence in Women's health. In addition, Dr. Yenes has been principal investigator on numerous Educational Health Service grants served as inaugural editor-in-chief Health Equity, and brings nearly 30 years of established clinical practice. She was recently appointed as chair elect of the double Amc. Group on Diversity and Inclusion steering committee

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00:04:00.770 --> 00:04:03.860

Matt Amundson, MEd (he/him/his): without further ado. Druniyas, I'll pass over to you

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00:04:04.220 --> 00:04:06.080

Ana Nunez MD: alright.

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00:04:07.340 --> 00:04:10.580

Ana Nunez MD: Do the sharing thing here. Good morning, everybody.

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00:04:11.230 --> 00:04:14.540

Script.

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00:04:14.640 --> 00:04:39.590

Ana Nunez MD: Okay. So I hope everybody's doing well. We actually did put a slide in here that has blue skies. So we can pretend that they're here rather than the sadly grey styles that we have. I decided that in terms of sort of putting this together, that it would be maybe a little bit more fun. To sort of frame this as a fireside chat.

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00:04:39.590 --> 00:05:02.670

Ana Nunez MD: So my my brave and daring sort of co-conspirator, Joy Parkin, who is the administrative director for Odi? His graciously agreed. To toss some questions. That being said with the fireside chat, I just couldn't help to not have some slides for those of you who need visual, not just auditory. If you're more than just a a podcast. Consumer

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00:05:02.670 --> 00:05:09.969

Ana Nunez MD: so we're kind of doing a a combo, a hybrid of those 2 to talk a little bit about sort of engagement.

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00:05:09.970 --> 00:05:21.739

Ana Nunez MD: So our intention as Matt so lovely. In introduced for our topic here was to highlight some practical approaches, to connect across difference, to better, align and connect.

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00:05:22.170 --> 00:05:38.920

Ana Nunez MD: promote person-centered problem, solving and impart radical compassion, compassion to ourselves and each other as we showcase and uplift. What matters and who matters? So that's that's where we're starting. And so let me just introduce at this point Joy Harkin.

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00:05:39.170 --> 00:05:40.170

Joy N Harken: Hi.

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00:05:40.500 --> 00:05:48.569

Joy N Harken: Hi! Thank you. Thanks for having me. I'm Joy Harkin, and I am ready to have fun, as you. As you said on this fireside chat. So

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00:05:48.580 --> 00:05:55.160

Joy N Harken: I've got some questions for you here and we can just go ahead and get started if you're ready. Okay?

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00:05:55.620 --> 00:06:10.349

Joy N Harken: So would you briefly share the impact that Ode has made thus far. Since you arrived here in Minnesota in 2,020. Just some high level stuff. What? What's the impact? Great? Well, we have been busy.

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00:06:10.400 --> 00:06:17.320

Ana Nunez MD: And you know, as we sort of talk about sort of the progress that we've made. It's certainly not a Me.

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00:06:17.350 --> 00:06:37.299

Ana Nunez MD: It's really an us, and we the progress that we have made has been the progress that you all have contributed to cause. There is no way know how that we could have done as much as we've done in a really relatively short period of time. For the past 3 years. Every single year we continue to recruit

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00:06:37.300 --> 00:07:01.500

Ana Nunez MD: diverse faculty, which was one of the areas that was identified as a priority prior to my even joining the you we've also been able to build out certain elements. We have a training unit, our Ode Learning and Development unit with Matt and Shaneya that many of you know, and had the opportunity to work with, and will have the opportunity if you're interested.

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00:07:01.530 --> 00:07:21.159

Ana Nunez MD: We've also been able to recruit some amazing folks as our new director for the Center for Women and medicine and science. Dr. Michelle Roe sort of joins us Associate Dean for medical student Dei, Doctor Nadia, Sama Guda as well as her administrative partner,

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00:07:21.640 --> 00:07:31.060

Ana Nunez MD: Isaiah Nolan, is on board in terms of working with our medical students. We have provided technical support for investigators who have done

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00:07:31.060 --> 00:07:52.130

Ana Nunez MD: a wonderful job increasing sort of activity by welcoming sort of new trainees in S, we've collaborated on grant reviews using equity lens. Our colleagues have done a wonderful job in terms of infusing Dei across the medical student curriculum.

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00:07:52.130 --> 00:08:07.069

Ana Nunez MD: We've included sort of new resource. Individuals like the Ei coaches in sort of within sort of student affairs. We've looked about and continue look in terms of gender equity and research as well as in pay gender equity

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00:08:07.070 --> 00:08:31.800

Ana Nunez MD: we've built collaborative spaces and affinity groups and connected with a number of amazing folks even more than we knew at the beginning. That's doing sort of work, both for our different stakeholders, like basic science, as well as sort of women and medicine and science as well. So we have been pretty busy in terms of trying to be responsive. Dei, as you know, is

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00:08:31.800 --> 00:08:38.599

Ana Nunez MD: embedded in mission. It's about, what do we do in research? What do we do in education and training. What do we do in terms of clinical care

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00:08:38.809 --> 00:08:47.359

Ana Nunez MD: and a productive workspace? And so those are the the areas that we have been sort of focusing on and had some incredible successes.

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00:08:48.770 --> 00:09:03.150

Joy N Harken: Thank you. That's that is quite a bit we've been quite busy. And I look forward to hearing about what you envision for the future. Another question for you. So when we talk about aligning across differences.

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00:09:03.510 --> 00:09:07.740

Joy N Harken: what kind of differences do you mean? And why is it important to highlight this?

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00:09:10.000 --> 00:09:38.019

Ana Nunez MD: So differences run across a lot of different areas, you know, as I mentioned before, sort of diversifies, all of us in terms of cognitive diversity, social diversity, identity, diversity. All those different things that have bring. We are all complicated sort of creatures. And all of those areas of difference should be able to sort of be present and engaged in terms of when we sort of come together. There is a phrase that I've heard here of. Go along to get along

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00:09:38.020 --> 00:10:00.779

Ana Nunez MD: and go along to get along. Is it really a pro inclusion sort of phrase. It is sort of like, you know you could be you as long as you don't make me realize that you're different than me. And difference, unfortunately, sometimes gets a taint that it is a negative rather than sort of a positive in terms of a different perspective and strengths. This is my! I think this might be my first

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00:10:00.830 --> 00:10:20.069

Ana Nunez MD: episode ever of going on Instagram. That's what a social media naivete I have. But I share this picture at the bottom in terms of how diversity brings us strength. So apparently this is and I'm thinking it's Italian. I'm sure somebody in the audience can tell me what language this is. I don't know

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00:10:20.300 --> 00:10:32.249

Ana Nunez MD: but it's at a pizza place, and so on the left-hand side. In the video the gentlemen there are trying to continue to add pizza pie curtains to these stacks.

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00:10:32.250 --> 00:10:56.239

Ana Nunez MD: and they're tossing them up and tossing them up and tossing them up, not doing a great job, because the piles are pretty high, right? And so you see them trying and trying and trying. And then the the camera pans to these 2 ladies, who are also increasing, you know. Sort of this the stacking of these boxes, and you see them just lift the bottom one up and put the box in and lift the box up rather than just throwing them up

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00:10:56.240 --> 00:11:20.089

Ana Nunez MD: in the air. Sometimes that difference makes life a lot easier, and we have to be able to have all the solutions in terms of moving it forward. So some differences. We see some differences. We don't see, some of them are about how we communicate. Some are about our expectations. And so it is about sort of being okay that things aren't exactly as we do it, but there's space for everybody

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00:11:20.090 --> 00:11:23.930

Ana Nunez MD: sort of in terms of being able to collaborate and sort of work together.

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00:11:24.240 --> 00:11:53.780

Ana Nunez MD: Sometimes, if we don't get it right. We have sort of otherness that we end up excluding and we exclude oftentimes in terms of identities or abilities in different ways, that, like, okay, all the cool kids are over here and these people are out. You know, these folks are in the clubhouse. These folks are not that sort of exclusionary othering, and understandably that behavior for folks that sort of join us. Is really sort of something that shuts folks down.

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00:11:53.780 --> 00:12:11.709

Ana Nunez MD: They they're not as productive. They're not as engaged. They don't feel like anybody has their back, or anybody sort of is is a buddy for them in terms of sort of helping and knowing how well we have each other's back, how well we can do those things. I think this is a gap that we need to work on

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00:12:11.710 --> 00:12:32.829

Ana Nunez MD: what I like about this in terms of Dr. Canalysis. Sort of work is she talks about inclusionary othering. Usually, when we say, you know, othering. It's like outside negative pushing you away. You're out in the snow inclusionary. Othering she referred to as using power within relationships for transformation and Coalition building.

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00:12:33.120 --> 00:12:44.349

Ana Nunez MD: And I really like that right? Because we have to move from transactional. What do you want? What do I give you that kind of stuff into relationship. How do we have sort of those healthy relationships.

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00:12:44.390 --> 00:13:01.679

Ana Nunez MD: then, to transformation and coalition building, and the way in terms of inclusionary othering is leading with creativity and curiosity about difference. How did you get there? That was a really weird comment. You made helping me understand creativity and curiosity and creating those connections.

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00:13:03.240 --> 00:13:22.119

Ana Nunez MD: It is, you know, important. Not that other. The the sameness is not necessarily a goal. I you know this is this is a a an ancient thing from Saturday night live back in the seventies. And so Dan Ackroyd had sort of a fish a bass and he said, Oh, you know what could make this fish better

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00:13:22.390 --> 00:13:49.759

Ana Nunez MD: if we emulsify it. And so he had sort of the bathomatic. So he put this lovely, innocent little fish into the blender, and he said, Isn't this great? It's all the same now, right? Well, you know, sameness might make things a little bit easier. But sameness isn't necessarily an ideal in terms of sort of baths. So we have to sort of like things as if it's a salad with all these other things rather than sort of emulsifying in a blender.

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00:13:49.760 --> 00:14:04.370

Ana Nunez MD: And so recognizing how you know, we can sort of play a role in terms of expanding, that that otherness is inclusionary. Other otherness rather than exclusionary. Otherness, I think, is sort of an important thing for us to pay attention to.

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00:14:06.170 --> 00:14:09.990

Joy N Harken: Thank you. And and I have seen that video on

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00:14:10.040 --> 00:14:17.820

Joy N Harken: Instagram, where they're tossing the boxes. And it makes me think about the phrase, you know, work smarter, not harder, and

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00:14:17.860 --> 00:14:31.790

Joy N Harken: really leads to the inspiration that's generated with new ideas and from new perspectives. And so I'll can relate to to what you were just talking about.

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00:14:31.880 --> 00:14:53.949

Ana Nunez MD: So it does to the thing about sort of you know we have some of that golden rule, you know. Do unto others as you do unto yourself type of thing. But the problem is that means you and I are the same. We're out of printer. It's also me centered and not you centered right? And so there are people that talk about. We have to reframe that golden rule to the platinum rule which is you centered

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00:14:54.090 --> 00:15:23.639

Ana Nunez MD: to the way you'd want to be treated, not, you know, like a nice sort of joke of let's say I do a great job, and you know you send me chocolates to thank me. And let's pretend, because we know it's not true, that I, anaphylax to chocolate right? So I get this lovely gift, I said. Oh, my and I said, were you trying to kill me? Right? Because it's sort of you center dot me centered but in truth we need to give to others what they want, which means we have to know what they want to be able to sort of do that.

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00:15:23.640 --> 00:15:27.080

Joy N Harken: But you know, purposes of clarity. I do like chocolate.

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00:15:28.360 --> 00:15:37.870

Joy N Harken: Thank you. So switching gears a little bit freedom of speech and academic freedom parameters can be really confusing.

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00:15:38.090 --> 00:15:40.630

Joy N Harken: Can you explain about both of those?

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00:15:41.640 --> 00:16:10.139

Ana Nunez MD: I'll give it a try now, you know I don't have a Jd. Degree, and I do. But I do have frequent conversations with our colleagues here. Who have those kind of degrees. But but let me share with you in terms of sort of the the functional frame that we operate under. So first, we're gonna start with freedom of speech, and freedom of speech is actually one of the cool things about being in a participatory democracy. It means that citizens in the United States can say things

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00:16:10.140 --> 00:16:22.889

Ana Nunez MD: and say things that maybe aren't wanted in terms of sort of the government and the government doesn't come in and put them in jail for what they're saying. You know, when I had the opportunity to to travel to Beijing.

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00:16:23.320 --> 00:16:29.699

Ana Nunez MD: This is many years ago. They mentioned that you'd had to be careful what kind of books

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00:16:29.710 --> 00:16:38.889

Ana Nunez MD: you had, because if you had a book that had a group that was viewed as an anti Chinese government book.

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00:16:38.940 --> 00:16:43.610

Ana Nunez MD: They would actually, when you arrived there, look through your stuff and they would send you back home

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00:16:43.780 --> 00:17:11.409

Ana Nunez MD: because it was against the rules, the laws in China that there would be any subversive things in a book that wasn't sort of pro the Chinese government. That doesn't happen in the United States. And so we have the ability to say, what's on our mind to have sort of civil discourse. To have those conversations. Which is, you know, a really amazing piece and important for us to all engage.

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00:17:11.410 --> 00:17:20.140

Ana Nunez MD: because a participatory democracy doesn't work if we're all in the Barker lounge, and we don't vote, and we don't engage. So really, really important in terms of freedom of speech.

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00:17:20.970 --> 00:17:38.839

Ana Nunez MD: freedom of speech also means that sometimes there's stuff that we don't like that we have to hear. And sometimes there's stuff other people don't like that. They have to hear and I sort of jokingly said sometimes that means it feels like to put Kevlar on your ears because you don't really want to hear it. But those are differences of opinion

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00:17:38.950 --> 00:18:03.029

Ana Nunez MD: having the ability for us to have civil discourse, so that we can sort of hear, where is this person coming from cause. That's not where I would be coming from. And where am I coming from? And having sort of healthy disagreements in terms of understanding, is actually a really really important thing in terms of academic centers. If we can't. Instead of academic space sort of talk about pros and cons debate, different issues.

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00:18:03.030 --> 00:18:12.109

Ana Nunez MD: learn and expand sort of things which might not change our mind, but at least have those conversations. Then we miss an important opportunity for us as an institution.



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00:18:12.380 --> 00:18:23.749

Ana Nunez MD: so that takes us to academic freedom and academic freedom is really sort of framed, that if you are an expert as a faculty person on a particular area.

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00:18:23.760 --> 00:18:31.850

Ana Nunez MD: Then, because of academic freedom, it is within your purview to sort of say, based on what my know as a study person in this area.

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00:18:31.850 --> 00:18:56.100

Ana Nunez MD: here's sort of findings. Here's an article about this etc. And so we have sort of the opportunity based upon our area of expertise. To be able to sort of weigh in on particular topics. It isn't necessarily the same thing that we could sort of say, whatever happens to come into our head that moment on, you know, sort of Mars or something. If we have no expertise about Mars, that's not sort of academic freedom.

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00:18:56.100 --> 00:19:02.450

Ana Nunez MD: it starts with sort of what's your body of scholarship? And then how do you sort of weigh in in terms of doing that?

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00:19:02.450 --> 00:19:16.989

Ana Nunez MD: But having the ability to be respectful in terms of sort of different perspectives, and having at the same time balancing an inclusive environment. That we can have those conversations is an area that we're seeing lots of places struggling with

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00:19:17.030 --> 00:19:36.870

Ana Nunez MD: and including us in terms of, you know, needing to have more spaces where we and listen to each other, where we could support each other, to be able to have open honest conversations that are mindful about sort of an inclusive environment. And so I think that that's an important thing that's sort of happening out in the in the world and and inside with us.

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00:19:38.000 --> 00:19:40.430

Joy N Harken: So you you've talked about

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00:19:40.620 --> 00:19:43.699

Joy N Harken: many perspectives being good.

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00:19:43.830 --> 00:19:58.380

Joy N Harken: many ideas, new ideas. New perspectives. It's good for creativity and innovation. But how do we do that safely, so that everyone feels prepared to engage and have the conversation and feel safe enough

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00:19:58.400 --> 00:19:59.490

Joy N Harken: to

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00:19:59.590 --> 00:20:09.049

Joy N Harken: to have the civil discourse that you're talking about. So what does psychological safety mean? And what role does everyone

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00:20:09.340 --> 00:20:11.689

Joy N Harken: with accountability have in maintaining it.

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00:20:11.700 --> 00:20:18.650

Joy N Harken: What pitfalls have you seen happen? When people do try to address psychological safety?

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00:20:18.650 --> 00:20:41.969

Ana Nunez MD: Great great question, great question. Because again, we can't get here in terms of sort of freedom of speech and sort of engaging, unless we have sort of that foundational piece of psychological safety. So psychological safety is comes from stuff from Dr. Amy Edmondson back in 1999, where she did research. And she found that teams where it was okay to making more mistakes

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00:20:41.970 --> 00:20:45.030

Ana Nunez MD: and better outcomes than teams that had to hide them.

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00:20:45.050 --> 00:21:07.780

Ana Nunez MD: So teams that had to hide them actually had worse outcomes. It wasn't sort of good for productivity and good for teams or good for the individual in the teams, if it was incredibly punitive about mistakes when people had to hide them. So it was coin, if she coined the term, the belief that one will not be punished or humiliated for speaking up with ideas.

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00:21:07.780 --> 00:21:33.000

Ana Nunez MD: questions, concerns, mistakes and that the team is safe for interpersonal risk taking. So as we kind of shine the light a little bit on this, it starts with that interpersonal starts with relationships. We have to have healthy relationships that aren't transactional, that I get to know you. And you get to know me. And we sort of build upon in terms of doing that. So that we have interpersonal relationships

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00:21:33.210 --> 00:21:35.650

Ana Nunez MD: that we can sort of make these connections

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00:21:35.680 --> 00:21:54.210

Ana Nunez MD: and then sort of ask about different elements, right? And so we have to actually first say, we want to have psychological safety. And and you said, You know, like, what are some of the pitfalls. Sometimes people like I'm gonna do this, but it's a place where it isn't necessarily safe. So then they're taking a risk, and it doesn't go so well.

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00:21:54.470 --> 00:22:17.319

Ana Nunez MD: So there has to be quite frankly sort of that focus on as we talk about de and I. This is sort of a bit of the I piece the inclusion, how do? How safe do we feel? It is small, medium, and large. How much do we need to sort of move the needle to this. And how much do we say? We strive to have sort of psychological safety? So the good stuff that we are doing, we wanna do more

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00:22:17.440 --> 00:22:40.910

Ana Nunez MD: the stuff that we're not doing. We wanna start doing in terms of sort of doing this. And then we wanna try create that in terms of maybe learning new skills. It is, it is challenging. It is challenging. Because in general, people don't want, you know, risk risk is tough, right? It's like it's. It's much easier to stay in the bark. Lounger, you know, eat and bonbons than it is to sort of take risk.

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00:22:40.950 --> 00:22:44.269

Ana Nunez MD: But the old link but risk is also problem solving.

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00:22:44.500 --> 00:23:07.940

Ana Nunez MD: And so if we don't problem solve, then we just have more problems. And we get consequences in those problems. So we really need to get to a different level in terms of sort of being less aversive in terms of sort of problem solving and I think that that's one of the challenges we need to work to identify where we are doing a good job in terms of psychological safety. And how do we sort of move it forward.

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00:23:08.220 --> 00:23:32.150

Ana Nunez MD: This is a very busy slide. Sorry it's early but this is sort of amazing work. Dr. Edo and colleagues have done looking at psychological safety. So you could see there's a lot going on here. There are structures and policies. So as we look at sort of issues of sort of equity in terms of Dei, or you all do. There's things like that that make sort of situations where it's

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00:23:32.220 --> 00:23:46.940

Ana Nunez MD: a place where you can take risks and you can be safe. We have to interrogate those to make sure that they're supporting what we want. There are those interpersonal factors that I've been talking about the trust, the respect, the effective relationships, the support

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00:23:47.030 --> 00:23:57.740

Ana Nunez MD: amping up our communication skills and individual leadership behaviors to be able to have that accountability because we can't have environments where you take risk

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00:23:57.820 --> 00:24:06.619

Ana Nunez MD: where people are to hold accountable right. If you do something, then you have to be accountable both in terms of you did it great. So you have. You're an exemplar, and you get allotted.

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00:24:06.620 --> 00:24:30.590

Ana Nunez MD: or if you didn't do it so well, you have a chat in terms of how can you do it better next time? So there has to be sort of a one on line between that psychological safety and accountability to ensure that it happens, but sort of working on those strong interpersonal relationships and sort of the group level phenomena is really important so that we can create a culture that is one about learning and growing, because in learning and growing, you try stuff.

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00:24:30.590 --> 00:24:40.629

Ana Nunez MD: Some stuff works, some stuff doesn't right. But this isn't sort of sweep it under the rug type of thing. This is that sometimes it is, and sometimes it isn't as we sort of move forward

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00:24:40.880 --> 00:25:03.209

Ana Nunez MD: and then behavioral outcomes in terms of sort of learning behavior, speaking up behavior, less negative behavior and increasing sort of communication. So it really does take us that we have to migrate to have skill building in healthy disagreements right where we listen. We display empathy, we understand. And you know, quite frankly, this isn't novel.

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00:25:03.210 --> 00:25:20.209

Ana Nunez MD: Lots of you out there probably already. Do this every single day individuals in the clinical setting, you know. You see a patient, and you get a consultant, and the consultant gives you an opinion that isn't the same as yours, and you have a healthy disagreement developing an understanding where they're coming from.

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00:25:20.210 --> 00:25:34.800

Ana Nunez MD: As you move forward in terms of those care that care. So this happens already. But we just need to sort of do more of this, so that we really can sort of ensure that we have environments where there's psychological safety as we sort of work together.

102

00:25:36.130 --> 00:25:40.020

Joy N Harken: Thank you. So it. It reminds me of

103

00:25:40.120 --> 00:25:46.239

Joy N Harken: of the book. Crucial Conversations. That has been around for quite a while and

104

00:25:46.700 --> 00:26:01.280

Joy N Harken: around. Well, determining. What is it that you really want? Are you trying to just win an argument. Are you trying to just get your point across? Or you really trying to have civil discourse and healthy dialogue? To have a better understanding

105

00:26:01.400 --> 00:26:07.219

Joy N Harken: of of the context or the relationship or the situation. So

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00:26:08.660 --> 00:26:19.239

Joy N Harken: with that said, you've mentioned that it'd be great if we can increase having these civil discussions and healthy disagreements. and I guess my question to you is, why.

107

00:26:19.840 --> 00:26:23.070

Joy N Harken: why can't we just avoid the unpleasant stuff?

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00:26:23.700 --> 00:26:28.270

Joy N Harken: And can you give me an example of healthy disagreements?

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00:26:28.540 --> 00:26:30.550

Ana Nunez MD: So

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00:26:30.750 --> 00:26:59.499

Ana Nunez MD: first of all, we can't ignore sort of the the unpleasant stuff cause it just happens, you know, there's times whenever you have 2 people of good heart who absolutely wants an outcome and are coming at it 180 degrees from each other and and they both care deeply, and sometimes those are the ones where there's the most fireworks. Because both care very deeply, but they're coming at it from different perspectives. And so, if we don't have a mechanism to have healthy disagreements.

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00:26:59.500 --> 00:27:01.160

Ana Nunez MD: You know, then

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00:27:01.160 --> 00:27:16.629

Ana Nunez MD: how does it get result? Does one shout out the other. Does one just do passive regressiveness and sort of, you know. Not do it like, really? How do we do this in sort of a collaborative way. So with having skills in terms of healthy disagreements, it's acknowledging.

113

00:27:16.630 --> 00:27:44.040

Ana Nunez MD: you know, what's our goal. That may. You know, in this case we have a common goal, and where we, coming from and leading with that curiosity in terms of Tell me, tell me why you're coming this way, and let me tell you where I'm coming this way, and let's have a conversation about it. And then understanding that at the end some action has to happen, and we have to negotiate how that happens together. Because usually both of us need to be on board in terms of moving something forward.

114

00:27:44.040 --> 00:28:05.610

Ana Nunez MD: But it's sort of speaking to sort of what we're seeing. And so a lot of times what happens in terms of where there's disconnects, is it? Sort of like there's a you know. There's a foul air in the room. We just don't mention anything about it, and we just kind of pretend it's not there and pretend it doesn't influence things which it does, and certainly influences the next time we come together, like here we go again.

115

00:28:05.650 --> 00:28:33.679

Ana Nunez MD: So healthy disagreements helps clear the air in terms of saying, Huh! Think there's a foul odor in the air. Let's talk about this. What's going on? Where you coming from? Where am I, coming from? Help me understand? And helping understand doesn't mean I'm gonna say that my way isn't a great way that. Understanding doesn't mean that I'm just sort of saying, never mind, I I'm not in the game, it says. Let's talk about this together as we sort of negotiate things.

116

00:28:33.940 --> 00:28:50.270

Ana Nunez MD: It's tough to do. It's tough to do if it's been raised in terms, and that sort of disagreement is something vilified and to be avoided. That is sort of ugly stuff. Because then you you kind of hamper yourself in terms of the ability to solve problems

117

00:28:50.350 --> 00:29:18.750

Ana Nunez MD: because it said, then then what do you do if you, if you have a log jam between 2 people, what happens? Whereas if you say you know, I think we're button heads here, and I think we both want the same things. Help me understand? What are you coming from? Let me show you where I'm coming from. How about we come up with some options in terms of moving things forward. So those are. Those are the types of things in terms of sort of skills. I think that'd be really helpful to be able to augment in terms of people's toolkit.

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00:29:19.800 --> 00:29:28.110

Joy N Harken: It is really hard. It is really hard to have those those civil discourse conversations, especially when, if 2

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00:29:28.290 --> 00:29:53.509

Joy N Harken: 2 differing opinions, or more than 2, and it makes it really challenging in practice to to do all this and think about all of this, holding safe space and and allowing for conversations to to be safe and and continue the dialogue. But sometimes what happens is that we save it for the really big things.

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00:29:53.510 --> 00:30:02.020

Ana Nunez MD: the really big things where we're really sort of elevated right and and where to build some of these skills is the little insignificant things.

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00:30:02.020 --> 00:30:25.450

Ana Nunez MD: you know. Something should be of coffee or tea, you know, I mean, like, if like these are, these are differences of opinion that, like, no matter what the answer is, you're not gonna be bent, you know, like. So it's not that big a deal, and so practicing on those little things. But what happens often times is people in a skill that is under developed. You sort of save and save and save oh, okay. Now, I have to do this when it's a really big deal.

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00:30:25.450 --> 00:30:53.640

Ana Nunez MD: and then it's it's particularly difficult. I sometimes use the example of. Remember, the first time you've got in a car to drive and how petrified that passenger was! Because you weren't very good at it, and you still weren't good the second time, probably. But now you probably do it in an unconscious way of like what? How do I get home? Right in terms of sort of that skill. Well, at the beginning you need to sort of do this on little things. Not just save it, you know. First.

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00:30:55.260 --> 00:31:06.430

Joy N Harken: plus, I think that practice is really effective in these kind of situations, and I kind of can reflect on it as a parent of 5 5 kids, that

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00:31:06.780 --> 00:31:10.990

Joy N Harken: as we are raising them. We are

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00:31:11.140 --> 00:31:38.209

Joy N Harken: practicing these conversations and this civil discourse multiple times. And you know that for First born is really kind of our our test pilot situation. But but you really do have to keep practicing how to how to speak like that, and how to talk like that, and how to really have good intentions, and and hold that safety. To have those healthy disagreements, because they will continue in all all aspects of your life.

126

00:31:38.380 --> 00:31:55.169

Ana Nunez MD: has to happen in in that very moment, because it can sort of be, hey, this point against mine in a weird way. And so you might not be prepared to sort of have a healthy disagreement. Then, right? And it's okay to like, let it percolate and say, Hey, you know what?

127

00:31:55.170 --> 00:32:24.670

Ana Nunez MD: Yesterday, when we were talking about this last week when we talked about this this kind of landed weird for me, can we reevaluate that right? And so you know that time thing of like. I have to be fast on my feet to sort of answer right away in terms of sort of getting into it. You don't have to. You can sort of do for most things. You you could sort of do a, you know, like, think about it. Come back and then say, can we revisit this and sometimes that's a lot better, because you're sort of in a different place, because you've had this sort of time to sort of mullet about in terms of sort of doing that.

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00:32:25.480 --> 00:32:34.479

Joy N Harken: Yeah, a lot of times. Some people are really good in those situations and can really think quickly under fire. But I think for a lot of us it's becomes

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00:32:34.620 --> 00:32:48.179

Joy N Harken: a a really challenging thing. And the emotions really kind of cover up. Really, maybe what's really going on, or what really you need to talk about. So it's it is okay to go back to it. I'm I'm glad that you said that

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00:32:48.330 --> 00:32:58.609

Joy N Harken: so shifting a little bit, but it it kind of feels like the world at large is pulling us away from one another from our

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00:32:58.750 --> 00:33:11.250

Joy N Harken: ourselves. Our teams, sometimes even our families, our community. How do we counterbalance that? And can you say a little bit more about listening sessions that that has been put out there in the in this year.

132

00:33:11.270 --> 00:33:34.089

Ana Nunez MD: Sure. Yeah, it's a great question. You know, it's important to recognize that. You know, we we live in all of these micro clients. You know ourselves, our families, our community, our work communities, etc. So we live in lots of different spaces. And we are buffeted at times in terms of what's happening in the world at large. One of the things I think it's really important sort of recognize

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00:33:34.090 --> 00:33:48.999

Ana Nunez MD: is that time and time again, in terms of the engagement surveys that people fill out, and from University's perspective. Thank you for filling around but one of the things that we find in the medical school is that we really as a group rock

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00:33:49.000 --> 00:33:53.659

Ana Nunez MD: in terms of individuals who are incredibly dedicated and committed to mission.

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00:33:53.660 --> 00:34:18.319

Ana Nunez MD: Why, we're here, and what our purposes. People are really rank very highly in terms of sort of that purpose and common mission. And that's not typical necessarily across lots of other sort of institutions. And that makes it sort of special, because everybody's here because they're kind of juiced be of what they do, how they can contribute in terms of our mission of research and innovation, of education and training.

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00:34:18.320 --> 00:34:25.459

Ana Nunez MD: of clinical care and outcomes in a productive environment. So that's that's a wonderful place to start. But we do know that

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00:34:25.699 --> 00:34:42.440

Ana Nunez MD: in terms of the stuff at large in terms of the affecting of world is that we need to augment more sort of safe spaces, more psychological spaces. And we know that people are doing it already. And so towards that. We sort of have talked about having sort of

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00:34:42.440 --> 00:35:04.499

Ana Nunez MD: listening spaces. Where we sort of help helpers. For those of you that are sort of doing this work, or what sort of more help? If anybody just wants help, period just reach out and we will connect you in terms of various resources that are available. So that's for everybody. But we want to create sort of these listening spaces and listening sessions. To help the helpers.

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00:35:04.500 --> 00:35:28.269

Ana Nunez MD: Because, you know, you have to be okay, as you're helping sort of peers and colleagues and trainees and so we, we are going to be sort of starting these as a way to sort of find



out what's working, what's not working. We have some tools and resources. And we certainly wanna know if there's other ones that we should add to the toolkit to sort of help the helpers

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00:35:28.400 --> 00:35:54.769

Ana Nunez MD: with the idea of really getting more information about sort of what are spaces that are doing a great job in terms of psychological safety. And what are ways that we can sort of help. So all you need to do if this is something that sort of speaks to you of like, hey? I'm one of those people who help the helpers. Is just let us know. Express your interest. And, you know, join us in terms of sort of these conversations. We would really like to sort of have this evolve

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00:35:54.770 --> 00:36:06.739

Ana Nunez MD: in terms of sort of a much broader piece of being intentional. I've said before, in terms of diversity, equity, inclusion doesn't happen by accident. It's kind of like Yoga. You have to sort of practice it on a regular basis.

142

00:36:06.740 --> 00:36:27.449

Ana Nunez MD: Well, psychological safety is kind of like Yoga, too. It doesn't happen with nobody paying attention to it. The plants doesn't thrive without water. So we have to have some intentionality, and so figuring out how we can demonstrate how we matter to one another is sort of where we sort of see as a trajectory of where we'd like to go in terms of listening spaces.

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00:36:29.160 --> 00:36:30.219

Joy N Harken: Thank you.

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00:36:31.590 --> 00:36:43.939

Joy N Harken: So I'm gonna pivot again. Can you speak a little bit about radical compassion? And what are some things we can do to practice radical compassion. What is it? And

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00:36:44.080 --> 00:36:45.149

Joy N Harken: how does it work?

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00:36:45.240 --> 00:36:52.810

Ana Nunez MD: Okay? But I I'm really taken sort of by radical compassion, because I think it's kind of where we're ready to be

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00:36:52.860 --> 00:37:00.330

Ana Nunez MD: right. So you know, pity is kind of like bummer to you. Sympathy is where your head, says, I understand

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00:37:00.420 --> 00:37:17.630

Ana Nunez MD: cognitively what you're feeling. Empathy is. I feel what you're feeling, which is kind of really tough to do because I'm not you, and you're not me back to that whole platinum rule thing right? But compassion says, You know, I'm able to witness what's happening for you.

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00:37:17.830 --> 00:37:25.829

Ana Nunez MD: and not only can I witness it, and support and affirm how you're feeling. But tell me how I can help in a way that's helpful.

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00:37:26.010 --> 00:37:30.220

Ana Nunez MD: So radical compassion is really sort of moving from

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00:37:30.330 --> 00:37:38.650

Ana Nunez MD: areas of sort of like, yeah, I feel your pain, which you may or may not so like. What are you going to do about it. You're like, how can you help me help myself?

152

00:37:38.670 --> 00:37:57.799

Ana Nunez MD: And so I think radical compassion is kind of the place that we're sort of poised to the the issue in terms of radical compassion is, it is not about content. Your point, my point. Who's right? Who's wrong? That's not content that intellectual stuff. And and that's the part that's tough for us. In academics we live

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00:37:57.800 --> 00:38:08.849

Ana Nunez MD: in terms of educating and debating, and who's right and who's wrong, and so on, so forth. That's not the space that this works in. This is really about, how does it impact you as a person

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00:38:08.850 --> 00:38:16.050

Ana Nunez MD: we align and support, even if we don't even maybe share the exact same opinion. But we're there for that person

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00:38:16.090 --> 00:38:27.379

Ana Nunez MD: moving towards action. How do we support in terms of our common mission. So radical compassion is really sort of how do we move from thinking or feeling

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00:38:27.390 --> 00:38:28.490

Ana Nunez MD: to doing?

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00:38:28.880 --> 00:38:41.959

Ana Nunez MD: And these are really really busy slides from Sinclair, which come from a patient physician, healthcare, provider perspective in terms of that relatable space, seeking to understand.

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00:38:42.110 --> 00:38:44.389

Ana Nunez MD: attending to needs

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00:38:44.460 --> 00:38:52.919

Ana Nunez MD: right that relational space type of piece in terms of having that understanding and going from, you know, sympathy which is nice

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00:38:53.130 --> 00:38:55.450

Ana Nunez MD: empathy, which is important

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00:38:55.810 --> 00:39:02.440

Ana Nunez MD: to really compassion. How do we do in terms of that patient's that person-centered perspective.

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00:39:02.500 --> 00:39:16.149

Ana Nunez MD: How can we be there to acknowledge sort of that impact in terms of the individual? And then how can we sort of talk about action? What is it that we can help them help themselves in terms of sort of moving forward?

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00:39:18.400 --> 00:39:24.460

Ana Nunez MD: Empathy is about seeing how are we similar and different, and holding both at the same time?

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00:39:24.520 --> 00:39:34.250

Ana Nunez MD: And empathy is a challenge in terms of medicine, because we're really good about difference which one's not. What's pathology which ones out. So we're good at seeing different.

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00:39:34.360 --> 00:39:59.150

Ana Nunez MD: but holding how you are the same, and how you are different at the same time promotes an empathetic response. And so that's another skill in terms of being able to sort of promote how to do that. So let me just give you one example of how you could actually demonstrate a little bit. And this there's lots of different ways. This is just one example in terms of sort of radical compassion dealing with that impact on it.

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00:39:59.300 --> 00:40:19.610

Ana Nunez MD: and this comes from palliative medicine research. And so this perspective first starts with name it, recognize that other person and ask them to share help what they're feeling, and know that sometimes they might not really know what the feeling is, so they might need a little bit of help. And so naming feelings sounds easy, but sometimes is difficult for folks to do.

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00:40:19.660 --> 00:40:43.660

Ana Nunez MD: Secondly, say, you understand, seek to understand. It sounds like, and I understand you're feeling. Say, sad, important note. I'm afraid that what you need and what you're asking might not meet your expectations because they might not be aligned. But I'm still here right respect. Say, I respect where you're coming from, and I want to know that I'm here to listen. Support, I support you. What do you need now that I can do.

168

00:40:43.760 --> 00:40:56.690

Ana Nunez MD: and then explore, explore with them about the future what you may need, and what you know they can do, for in terms of moving forward, it's that kind of joining in terms of compassion that just rather than like. Sorry you're sad.

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00:40:56.980 --> 00:41:05.589

Ana Nunez MD: you know I'm I'm sorry you're set, and of course it's great to be, you know, empathetic and and sort of understanding, and have sympathy to others, but it's much more empowering to say.

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00:41:05.830 --> 00:41:07.119

Ana Nunez MD: I see you

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00:41:07.430 --> 00:41:21.509

Ana Nunez MD: and it feels to me like you're having a hard time. Here for ya, how could I help you? In a way I can help you, and that's sort of the radical compassion, because I think that sometimes we all have it. Whenever we're feeling sort of in a bad way, we kind of feel stuck.

172

00:41:21.510 --> 00:41:49.980

Ana Nunez MD: we feel isolated. You know. The Surgeon General talks about the epidemic of everybody being isolated, not having a a friend to talk to. You know that we could sort of click a zillion times in social media and yet feel really lonely. And so we have to sort of be able to be there for each other in real life. In a relational space, to sort of give the good and bad sort of juju in terms of what being in real life is in terms of helping each other. Sort of move forward.

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00:41:51.520 --> 00:41:52.500

Joy N Harken: Thank you.

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00:41:53.340 --> 00:42:01.020

Joy N Harken: Alright. So what do you feel is a big priority for us to address in 2024. And why, like as a

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00:42:01.080 --> 00:42:07.050

Joy N Harken: as a medical school as a bigger university, as different departments and offices.

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00:42:07.560 --> 00:42:09.980

Joy N Harken: What? Where do you? Where do you see us headed?

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00:42:11.140 --> 00:42:17.630

Ana Nunez MD: Well, I think we have lots of challenges and lots of opportunities, and I think that you know the

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00:42:17.770 --> 00:42:44.380

Ana Nunez MD: the special sauce here. Is every single person here in terms of what they do every single day in terms of contributing the mission we couldn't achieve it with with, without sort of the energy and good heart of every single person. So that's kind of our secret sauce. And that's sort of undeterred. I think it's important for us to be able to sort of feed that because we want it to be that everybody is okay, because we're only collectively going to be okay if everybody's okay.

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00:42:44.380 --> 00:43:01.409

Ana Nunez MD: And so I think that moving forward, having to help the helper listening spaces. Really doubling down on what can we do in terms of inclusion, whether that's inviting Matt Chenette to come into a training or having other trainings from our colleagues and Sadie. But I think that we need to

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00:43:01.410 --> 00:43:24.589

Ana Nunez MD: develop that common language. We have to sort of work in terms of inclusion, to be able to have better and more robust conversations. To build some of those relationships in terms of sort of making sure we're paying attention to each other and the work so that we could really make some progress and move the needle so far as psychological safety. I think that that's a piece, certainly. Metrics

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00:43:24.590 --> 00:43:39.890

Ana Nunez MD: I mentioned before about accountability. You know, there's a thing in in research and education that it says, if it doesn't matter where you end up, it doesn't matter where you go. And it really does matter where we go. So in terms of what are key performance indicators?

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00:43:40.230 --> 00:43:59.870

Ana Nunez MD: What are dashboards that we can have accountability of saying we're on the right track moving the needle so far as some of the wonderful job that people are doing in terms of recruitment and retention. Some of the engagement things that we've been talking about. How are we doing better in terms of doing that. We need to work in terms of metrics.

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00:43:59.870 --> 00:44:16.709

Ana Nunez MD: And you know, I think that's the other piece. That is, again, second part of our secret sauce is about innovation. We have really talented and amazing people who come up with amazing ideas about how to move the needle. So how do we leverage them? To be able sort of be responsive

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00:44:16.710 --> 00:44:30.840

Ana Nunez MD: in terms of some of the other things that we don't even know that we should be doing but but they have available in terms of sort of generating some of ideas. So I think it's it's there's really cool stuff. This work is never easy.

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00:44:30.850 --> 00:44:46.870

Ana Nunez MD: but you know that's I said, a joke that you know. That's how you delineate work and play. Work is work, and that which is important takes effort, whether it's relationships, whether it's what we do together in terms of inclusion. But it makes a difference.

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00:44:48.420 --> 00:44:50.110

Joy N Harken: What inspires you?

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00:44:51.450 --> 00:45:21.299

Ana Nunez MD: Well, what inspires me is actually the the. What I just said is the the people that are around. You know the individuals that sort of come up with the ideas. The energy, the insight. You know whether it's one of our students versus coming up with an amazing idea. To help in terms of financial literacy. Whether it's a faculty member that identifies an economic barrier for people to come and train here. And then we can sort of address it because we have amazing colleagues who will work in troubleshoot.

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00:45:21.300 --> 00:45:38.599

Ana Nunez MD: So I think that you know it's it's the people. That's the potential. That's the ideas. That's inspires me. And and then bluntly, if the sun is shining and the sky is really blue that inspires me to hence the picture of the blue here to just overcome. Sort of a little bit of our gray

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00:45:38.910 --> 00:45:49.159

Ana Nunez MD: but I think it's it's the potential and the collaboration and sort of the the kindness that we can sort of pull to sort of move the needle that inspires me.

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00:45:50.630 --> 00:45:53.990

Joy N Harken: That is, that all sounds great.

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00:45:54.320 --> 00:46:04.730

Joy N Harken: but I also want to know, and I have to ask, what advice do you have in dealing with the challenges and the setbacks. What can we do as individuals, teams, departments, and leaders

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00:46:05.220 --> 00:46:09.200

Joy N Harken: to move that needle in a positive direction?

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00:46:09.380 --> 00:46:26.850

Ana Nunez MD: well, you know, it's it's a great question, because, you know, it's interesting. If if we look in terms of sort of the amount of covid that's out in the world right now. It's at really high rate. So you know, if you're wondering whether I should wear a mask or not, probably wear a mask. If you're in a crowded place.

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00:46:26.850 --> 00:46:52.100

Ana Nunez MD: But we've changed because when we were at this place before, it was sort of very different people like, Oh, okay, it's risky. You don't feel well, you don't feel well, don't come to work, and we've gotten a little bit softer on that in terms of like, yeah. But we have work to do and I'm not saying, you know, sort of not contributed in terms of work, but at the same time, if you're sick, you should stay home, because otherwise you're gonna make other people sick.

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00:46:52.100 --> 00:47:10.959

Ana Nunez MD: And if you're sick you should test to make sure it's not Covid. It might be something else, but it might be Covid. And so you should test and so we're not sort of on the other side of that as much as we'd like to be as long as much as we're tired that we feel like we should be the other side. And and I say that in the backdrop of

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00:47:10.990 --> 00:47:15.469

Ana Nunez MD: there was a, I think, a higher level and expectation about flexibility

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00:47:16.460 --> 00:47:36.179

Ana Nunez MD: and sort of accountability both to self and others, that when we were deep in the throes of Covid that we had, that we've kind of stepped away from. and I think that that flexibility and sort of kindness to self and others. We need to bring that back. I would love for Covid to go away right? So we wouldn't have to. And we could just do this, you know, all by itself.

198

00:47:36.180 --> 00:47:47.669

Ana Nunez MD: But the reality of it is is that I think that we we need that flexibility we need so that mindfulness of, you know. Do you? Do you have to send an email on every single little thing?

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00:47:47.670 --> 00:48:10.919

Ana Nunez MD: Or can you create a list of things you need to communicate with somebody and just send one email right? You know, do you? Does every single form have to happen scattered through? Or can we sort of cluster that just to decrease the burden on individuals in terms of doing that, I think that that mindfulness of how do we do it? That's kind of clustered, so it decreases burdens on others.

200

00:48:11.090 --> 00:48:28.330

Ana Nunez MD: Again, we sort of stepped away from, because we went back to sort of pre covid behaviors in terms of what you think about it, and just sort of do it. So I think that we have to sort of be mindful in terms of both flexibility and care this fundamentally, if we don't take care of ourselves, we're not going to be good for anybody

201

00:48:28.650 --> 00:48:47.650

Ana Nunez MD: and care for each other. Then our teams aren't going to be great and so but we can't do that on fumes. We, you know. That means that, you know, when you're when you say I'm home and I'm not working. You're actually hopefully not working or trying not to work right? So when you're all in, you're in and when you're out, and that's

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00:48:47.650 --> 00:49:00.589

Ana Nunez MD: easy to say and hard to do, but I think that's what you have to sort of work on in terms of having sort of better boundaries, and then sort of saying, What is it that I want need? And how can I address that? And what is it that I can help

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00:49:00.590 --> 00:49:13.649

Ana Nunez MD: others in terms of sort of getting there. And so I think that that helping sort of spirit needs to be amped up both for ourselves and for each other, because if we don't give that, if we don't put the gas in the tank.

204

00:49:13.650 --> 00:49:42.580

Ana Nunez MD: we're not going to go very far, so I think we have to sort of do a you know, a a reboot? Not really but sort of replenishing. It's the New Year. So how do we replenish in terms of sort of getting next piece I know as a person of avid in terms of the weather and stuff every single day. It's a minute longer flight. Yeah, have, like, 15 h of daylight. Right? So how do we sort of continue to sort of grow and get there in terms of that replenishment?

205

00:49:43.190 --> 00:49:57.930

Joy N Harken: Yes, yes. real quick, if it's possible looking at the time here, and want to get to any questions that we still have. But can you share with the group an elevator speech about practical approaches

206

00:49:58.000 --> 00:50:07.049

Joy N Harken: to align across differences and increase connections as we focus on our shared mission and any other additional resources, you might have.

207

00:50:07.380 --> 00:50:11.530

Joy N Harken: That exists with an ode, and not the school to advance this work

208

00:50:11.760 --> 00:50:24.580

Ana Nunez MD: alright, so as much as my hyperverosity being succinct. Sometimes I can do that right. So here's here's my elevator pitch, which is like, do 3 things which is actually one thing in 3 different spaces.

209

00:50:24.920 --> 00:50:28.850

Ana Nunez MD: The one thing is, what can I do per week

210

00:50:28.860 --> 00:50:31.839

Ana Nunez MD: that microaffirms someone else on the team?

211

00:50:32.000 --> 00:50:56.109

Ana Nunez MD: You did a great job. Thanks for being so responsive. I really appreciate your insight in terms of what you said at that meeting. What's that affirmation like? Great job? I'm so glad you're on the team, right. What's what's one thing on a weekly basis that you could sing out? Think about sort of when you received a micro affirmation out of the blue, and how that made you feel like, Wow, I was just, you know, doing a regular thing. But somebody called me out. How cool!

212

00:50:56.340 --> 00:51:03.609

Ana Nunez MD: Imagine if we do sort of these affirmation zings to each other. How we're sort of going to elevate and



213

00:51:04.130 --> 00:51:15.869

Ana Nunez MD: speaking sort of from a neuroscientific perspective. When we give positive out, it actually creates happy chemicals of us. So it's not just unselfish. We feel better when we sort of send things out.

214

00:51:16.030 --> 00:51:28.849

Ana Nunez MD: So what's the I? What can I do? What can my MoD, my work circle, do in terms of inviting a training, ending an event, doing some affirmations to each other? Joining in some way in terms of collaborations.

215

00:51:28.870 --> 00:51:46.559

Ana Nunez MD: And then, thirdly, what can my larger work Circle Division department Dei group Wellness group? What can we do on a monthly basis. In that same way, training host event working on metrics might be already doing that. But I think that if we sort of do the closest, next

216

00:51:46.560 --> 00:52:02.400

Ana Nunez MD: and larger. Do one thing, we're going to sort of increase sort of activities in terms of those micro affirmations, improving sort of common language, talking about, how how are we doing in terms of psychological safety? How healthy are.

217

00:52:02.400 --> 00:52:27.230

Ana Nunez MD: you know, civil discourse, and how can we sort of improve those? That I think to me could be sort of a way to sort of move the needle and then to the last piece there's there's lots of resources as I mentioned, are learning a development unit as well as other a folks in the office and diversity, equity, inclusion. We have technical support for research colleagues. Our Di Council that's open to everybody or Dei departmental members

218

00:52:27.420 --> 00:52:44.410

Ana Nunez MD: group our Sadi group student faculty affinity groups. We can encourage you to encompass of our groups and committees express an interest in listening sessions. And if none of these speak to you, then just send us an email, and we'll be happy to sort of connect with you in terms of sort of opportunities.

219

00:52:54.950 --> 00:52:57.430

Ana Nunez MD: Alright. So I see a question.

220

00:52:57.670 --> 00:53:06.030

Ana Nunez MD: what can I do? It's common with individuals. Don't know what steps should be taken next. How can these conversations move forward to ensure that progress is made?

221

00:53:11.940 --> 00:53:13.280

Ana Nunez MD: So

222

00:53:14.160 --> 00:53:18.399

Ana Nunez MD: I guess what I would answer is that

223

00:53:18.780 --> 00:53:22.530

Ana Nunez MD: come come to a group to sort of

224

00:53:22.700 --> 00:53:38.559

Ana Nunez MD: hear about what other people are thinking expand skills in terms of allyship or mitigating bias. And and I think that as a result of some of those training sessions, they're probably going to generate some ideas.

225

00:53:38.580 --> 00:54:05.560

Ana Nunez MD: And in terms of how to move forward so far as conversations. There are certainly lots of different units of Dei departmental units folks and Sadie who work in these areas all the time. So finding meeting, and just sort of talking with them of like, hey, what you know? What can I do? In terms of sort of moving things forward. May be a way to sort of just better formulate questions and ideas in terms of moving things forward.

226

00:54:17.200 --> 00:54:18.320

Ana Nunez MD: Alright.

227

00:54:22.350 --> 00:54:25.529

Ana Nunez MD: Troy. Any other thoughts, questions that you?

228

00:54:26.350 --> 00:54:39.730

Joy N Harken: Well, just in response to your to your last comment there, and the question about what can I do? You know a. And you mentioned all this. I'm just reiterating and lifting up what what you've already said. But.

229

00:54:40.050 --> 00:55:00.419

Joy N Harken: I am part of the City Leadership Committee and the Events and Education Subcommittee and and if you're a staff member, we are looking for additional staff to come and join our committees and be part of the do and be part of what we're doing to advance this work, whether it be providing

230

00:55:00.560 --> 00:55:14.519

Joy N Harken: conversations dialogue, information, awareness. To to other things. But there's so much out there. That you can do, whether your staff or faculty.

231

00:55:14.590 --> 00:55:19.289

Joy N Harken: or students or learners. It's just about, you know.

232

00:55:19.840 --> 00:55:24.529

Joy N Harken: starting with one picking one and and leaning into that, and and then

233

00:55:24.680 --> 00:55:28.140

Joy N Harken: and then get rolling. You know it's it's really just

234

00:55:28.630 --> 00:55:29.520

Joy N Harken: a

235

00:55:29.720 --> 00:55:43.249

Joy N Harken: just get up and and get off the bench and and and do something, and there are so many things to do here within the medical school that we that we already have built in. And I'm sure there's lots of new ideas that can also be implemented. So

236

00:55:47.590 --> 00:56:02.310

Ana Nunez MD: so this attendee, great presentation be helpful to practice developing these skills. I'm thinking that compassionate response and how to respond when psychological space doesn't feel healthy, reach out to the Dei team for help. Absolutely right. And and you know

237

00:56:02.310 --> 00:56:26.099

Ana Nunez MD: Joy had asked, you know, like, what? What are some of the pitfalls of the psychological safety? It's sort of like, you know, if you will imagine jumping into the pool, but you don't know how to swim. It's like you don't jump into the pool if you, if you don't know how to swim. You make sure you have a little puppy things that sort of keep you there in terms of you know whatever. So how do you start in terms of testing small medium and large. How are we doing in terms of that psychological safety piece?

238

00:56:26.100 --> 00:56:47.149

Ana Nunez MD: And then what can we work on together? Thank you for that question as well as the previous. Another question. If you're feeling that you're not allowed to make mistakes, what can you do to build personal resiliency and get to a place where you okay with making mistakes and not let the environment interfere in your performance. Oh, great question, tough questions, boy. Nobody wants to give me easy ones today. Alright.

239

00:56:47.570 --> 00:57:02.099

Ana Nunez MD: so you know, I think that it's it will take a little bit of work, but I think that having sort of a conversation with whomever is in a supervisory perspective, to say, let's see, you know, in terms of

240

00:57:02.100 --> 00:57:20.619

Ana Nunez MD: my expected performance, what what I would like to achieve, what you would like me to achieve for you. Let me make sure that I'm on the same page, and if things go sideways. What's the best way to troubleshoot it? Right? So I'm kind of introducing by that conversation that everything isn't going to be a perfect pitch every single time, and it's okay

241

00:57:20.800 --> 00:57:44.770

Ana Nunez MD: at. But but we have that conversation. Of what do we expect is the outcome, and how would you like me to address it if it sort of goes sideways. So you're opening in terms of rather than like it's great, or don't tell me about it. That maybe there's a mechanism to talk about things that might go sideways so that might be useful, based on sort of that relationship. And then, you know, I think, that the other piece is that

242

00:57:44.770 --> 00:58:07.579

Ana Nunez MD: you kind of in terms of yourself, cause there's a piece of this in terms of perfectionism, and we didn't talk about sort of personality traits, you know, I said. If you know, recovering workaholics, recovering perfectionist, type of thing that there's our stuff in terms of saying, I want it perfect. If isn't perfect, that forget. It is terrible. Right? So we're really hard on ourselves. That we have to sort of do a I did the best it could.

243

00:58:07.650 --> 00:58:36.629

Ana Nunez MD: and there were things that were outside of my control that made it go sideways, and that makes me feel sad that it went sideways, and it wasn't just easy out of the gate. But that's okay. Because next time, you know, I'll do better. And in those situations I've actually found that it's useful to have sort of a trusted other who kind of what I refer to gives you. Poor baby! Poor baby. Did you sort of say this went sideways? I'm really sad. I'm pissed off, but it didn't happen the way I wanted to, and they're like, but that's okay, because you're great.

244

00:58:36.630 --> 00:58:49.260

Ana Nunez MD: and you'll be, you know, the next time we'll sort of be better. Don't worry about it right? I also lastly think that when things do go sideways, you sort of opt, you know you share the reality, which is, you did the best you could.

245

00:58:49.650 --> 00:59:10.580

Ana Nunez MD: because all you can do is do the best you could, and no one living that exists is perfect. We are all fallible. That's part of the human condition. And all we can do is try. And when we sort of have, you know, challenges, learn from it, and not have it be a behavior or a trend, so that it doesn't happen sort of time and time again.

246

00:59:10.830 --> 00:59:35.039

Ana Nunez MD: and so saying, did the best I could. Here's what I learned about, so that hopefully this won't happen again, and we sort of move it forward may be a way to sort of introduce both humanity, fallibility, and acceptance back to that psychological safety that teams that can admit mistakes that have space to sort of talk about things that go sideways outperform teams that don't in terms of hiding.

247

00:59:35.540 --> 00:59:36.899

Ana Nunez MD: So I hope that's helpful.

248

00:59:37.890 --> 00:59:56.400

Ana Nunez MD: okay, for teams, units departments with low morale. These idea and concepts are a big ask. It's going back to taking care of yourself and then taking care of your others absolutely, absolutely, absolutely. Do not take. Do not take on sort of, you know several meta verses right? This that's not the the goal. Here the goal is.

249

00:59:56.400 --> 01:00:21.180

Ana Nunez MD: how are you doing? And those who are proximate to you? How are they doing right? So you start with a little. You start with the task that you're working together on. That's that's the sphere in terms of control to sort of pay attention to. And so just, you know. Don't you know, my my dearly departed mother would say. You know Donate with your eyes and what she meant by that is, you know, as a little kid, I

250

01:00:21.180 --> 01:00:29.749

Ana Nunez MD: have a plate, and I put all these things on it, and my belly would get full, and I would leave food, you know. So donate with your eyes. Just do a very focused

251

01:00:29.750 --> 01:00:30.610

Ana Nunez MD: me.

252

01:00:30.840 --> 01:00:43.790

Ana Nunez MD: The folks that I sort of interact with on a daily basis and just sort of build upon that the folks that you deal with and interface with on a common goal, that you're working on that space, the world at large.

253

01:00:44.280 --> 01:01:10.769

Ana Nunez MD: the universe, and so on. So forth. That's too big. Just sort of do the proximate in terms of sort of doing that. You could certainly weigh in in terms of different teams and units and departments with a Dei lead, who might be looking at that in terms of trends. This would help them have ideas about how they can sort of do initiatives that are bigger but in sort of the day and day, instead of you, and sort of the proximate us in terms of sort of building that.

254

01:01:10.770 --> 01:01:14.600

Ana Nunez MD: and and even that small sort of little puddle

255

01:01:14.600 --> 01:01:27.160

Ana Nunez MD: that we sort of do in terms of creating can be really powerful in terms of being sort of well sourced to give us. Choose to kind of keep on going. But yes, absolutely so to take care of yourself and take care of those within your

256

01:01:27.470 --> 01:01:29.900

Ana Nunez MD: most proximate space. Absolutely

257

01:01:32.420 --> 01:01:34.139

Ana Nunez MD: alright. Seems like a

258

01:01:34.270 --> 01:01:53.060

Matt Amundson, MEd (he/him/his): yeah. It seems like a wonderful note to end on. So thank you for that. Thank you so much, Dr. Me as and thank you. Joy for being here as well. Thank you. Everyone for taking the time to be with us today. A one question survey will appear in your web, Browser immediately after ending the zoom session. We'd love for you to take the time to complete the survey, to inform us of future presentation topics.

259

01:01:53.060 --> 01:02:08.680

Matt Amundson, MEd (he/him/his): and just reminded this that this session was recorded, and will be shared within 2 days to all those who registered for the event otherwise recording can be found under the Education Training Tab of the Ode website. And please save the date our next these series, session will be in Wednesday, February fourteenth. We hope to see you all. Then

260

01:02:08.810 --> 01:02:12.810

Ana Nunez MD: Valentine's Day. Thanks, everybody. Thanks for coming. Thanks, joy! Thanks, Matt.

261

01:02:13.720 --> 01:02:14.740

Matt Amundson, MEd (he/him/his): thank you.