

The Power of “What Else?”

Jack Penner, MD Candidate
Georgetown University School of Medicine Class of 2018

“What else?”

This question, in all of its simplicity, has been the defining theme of my coaching journey, instilling a profound change in the ways I approach relationships with myself, my patients, and my colleagues.

For a young medical student paddling through test after test, lecture after lecture, the concept of “what else?” is foreign. Traditional medical education consists of two, two-year blocks. In the first, students spend their time in classrooms where they learn the requisite medical sciences – pharmacology, pathology, physiology, and the foundations of human health and disease. During these pre-clinical years before we step full-time onto the hospital floor, life revolves around multiple choice tests, and thus, around finding *the* answer. There’s no room for “what else?” in the binary world of right and wrong answers. Eventually, after enough tests, students move on – no, we get catapulted – into the clinical years of patient care where, sometimes, there are multiple right answers, and at others, none.

My first experience with coaching came weeks before I would strap into the catapult. I was mulling on a list of insecurities and anxieties about stepping into the nuance, uncertainty, and emotional challenges of patient care. My biggest fear, I explained to my coach, Maggi Cary, was that amidst the academic demands of performing well on my clinical clerkships, where I would try to impress supervising physicians and earn the grades and recommendations necessary for acceptance into competitive residency programs, I would lose sight of the relationships, the patient stories, and the humanity that first called me to medicine.

When Maggi asked how I thought I could keep track of these competing tensions, I gave her my answer, which I thought was *the* answer.

“I’ll focus on my studies and, if there is time, make sure I keep an eye on how well I feel I’m maintaining empathy and compassion.”

“What else?” she asked.

I stared at her, thinking to myself “*There is nothing else . . . that’s just how it is . . . right?*”

“I’ll *really* focus on my studies? . . . and *really* try to make sure I keep an eye on my empathy and compassion?”

Did I mention the concept of “what else?” was foreign to me?

“Do you mind if I show you something?” Maggi asked, pulling a piece of paper out of her leather portfolio. Over the next 90 minutes, she introduced me to the concept of “Both/And” thinking

through [Barry Johnson's Polarity Maps](#). Polarities focus on managing interdependent pairs and avoiding an endless cycle of swinging to one side or the other, never finding a way to strike the balance just right.

Think about some polarity pairs you may face. Your personal life and your professional life. Prioritizing yourself and prioritizing others. In your business or organization, you may feel the tension between mission and margin, staff satisfaction and customer satisfaction.

In my case, I had fallen into a cycle of Either/Or thinking. I felt I had to choose between traditional medical education, which consists of grades and test scores, *or* transformational medical education, which consists of the bedside medicine and interpersonal connections I love. Instead, as Maggi helped me see, the optimal solution would never come out of choosing between, but instead, [finding ways to leverage both poles](#).

Whether it's making career decisions, interpreting social interactions, or crafting the words to best help a patient deal with a life altering diagnosis, my first reaction, especially when heavy emotions are involved, pulls me toward one pole of the polarity pair at the expense of the other. As I've learned through working with Maggi, this reflexive response often stems from insecurity, anxiety, or perceived weakness.

Due to my initial concerns entering the clinical years of medical school, I reluctantly felt the need to gravitate towards burying my nose even deeper in my studies, because I felt my test scores and pre-clinical grades would be my Achilles' heel in earning acceptance to a strong residency program. There were more times, too. When I felt certain a fellow classmate's comment came from a place of malice rather than jest, it was because I filtered the world through a lens colored with an ongoing fear of being disliked. And when I defaulted to a robotic response after a man on the cusp of respiratory failure asked me if he were dying, it was because I was so concerned with giving the *right* answer that I didn't think to better understand the fears underneath his question. As a result, I failed in giving him both a good answer and *his* answer— one that would give him peace in his final hours.

So comes the importance of “what else?” By stopping to consider other options, by choosing to see the situation from another perspective, or by challenging our own subjective interpretation of our day-to-day, we open ourselves to leveraging both poles of interdependent pairs. “What else?” helps us move from Either/Or to Both/And *and* Either/Or.

If it sounds as though grappling with the concept “Both/And” and “what else?” takes time, it's because it does. That time is one of the most important dimensions of my coaching experience. As Maggi would sit with me for hours, she would create the space for me to explore the depths of my emotions and the way they intersect with my experiences as a medical student. In the process, she helped me build a habit of thoughtful self-reflection as she modeled the type of curiosity and generous listening I hope to bring to interactions with my patients and peers.

Medicine has undergone a stark transition marked by exponential expansion of not only the biomedical knowledge a physician must maintain, but also the interpersonal and emotional

demands a physician must manage. As health care has become a team sport, the historic archetype of the physician toiling away at his desk has grown into one with new responsibilities. Physicians must now be both brilliant thinkers and compassionate leaders, managers, and quarterbacks of patient care. These multiple roles often compete with one another.

How does a physician manage her duties to help the hospital system in which she works minimize costs and ensure profits while honoring the commitment she has made to do everything for the patients in her care?

How does a physician executive wrestle with the need to keep patients safe while also ensuring these safety precautions do not place an undue burden on the already over-flowing expectations of nurses, technicians, and other essential healthcare providers?

How does a physician find ways to also be a spouse, a parent, a friend, and a son or daughter in a field that can sometimes demand everything?

And how does a physician manage all of the above, at the same time, with speed, efficiency, and emotional stability?

By embracing dualities and Both/And thinking. By living at the edges of the needs of the those they serve in their personal and professional lives. By choosing to pause and examine situations from different perspectives. By asking, "what else?" and by recognizing when our fears, our insecurities, and the dark sides of our strengths influence our decisions.

In other words, by taking on a coach's habits, thought patterns, and behaviors, and deploying them in the moments when our patients, colleagues, and loved ones need us.

Changing our ingrained behaviors takes time and goes against almost all of our inclinations. It took over a year of work to feel somewhat comfortable with "in the moment self-coaching," where I catch myself falling into the patterns Maggi and I discuss and shape my actions by asking myself the questions she usually does. This will be a lifelong journey for me and I am grateful that I have already started. For, when I finish residency in three or four years, my career will catapult me once more. This time, into a position where my decisions can change the course of a colleague's career, a family's experience with the healthcare industry, and a patient's life.

What if I had never had the chance to explore this material with Maggi? What if I had never learned to ask "what else?"? I worry it would be too late by the time I found myself in high-level leadership roles.

When I met Maggi not even halfway through medical school, the demands of training had already started to groove counterproductive coping strategies. Had this continued for another five years, the cumulative effects could have made reactive, defensive leadership a habit. I may never have embraced active reflection or Both/And thinking. Most importantly, I may have burned out and lost sight of my capacity to keep hold of the relationships, the stories, and the humanity that brought me to medicine in the first place. I may have lost my sense of meaning.

One morning on my surgery clerkship, I went in to visit a patient I had been caring for the last few days. He had recently been told that the surgery he needed to leave the hospital had been postponed, meaning he had spent the last 48 hours in an uncomfortable hospital bed, missing time with his wife and children for nothing. He was upset and frustrated.

As I walked in the room, his abrasive tone caught me off guard. "Are you here to tell me I'm not going home today either? Staying another day?"

I wanted to defend our decision and tell him why it was the right call to postpone his surgery. But, as Maggi has taught me to do, I paused and asked myself if that's what he was really asking.

"What's bothering you?" I asked, as I sat down next to his bed. "What else is going on?"

My question disarmed him. His eyebrows relaxed, his shoulders dropped, and his stare lightened.

He was tired, frustrated and felt like he didn't have much control over what was happening in his medical care. No one was asking him what he thought, only telling him what would happen.

"Deep down, I know it was the right call to hold off on surgery. I appreciate you listening," he said.

Before I left, he confessed how hungry and sick of hospital food he was. I found his nurse and we snuck him a candy bar. I can still remember that sigh of satisfaction when he took his first bite.

I texted Maggi, bursting with pride about how I had applied her coaching, and she replied, asking, "This is what it's about, yes?"

"Yup. It is," I responded. "He feels better. I feel great. And all it took was for me to take a second and ask myself, 'Does he really want to know *only* that?' Just a brief pause before giving a reflexive response. Just enough time to ask myself, 'what else?'"

As I walked home that evening, I reflected on how coaching had helped me manage the tensions I had previously found unmanageable. But, there was something more. In the process of working with Maggi, in the hours during which she helped me look inside myself, she had taught me being a good doctor, a good leader, and a good person involves challenging our reactions, stepping out from behind the safety of judgment and always being willing to ask, "what else?"

In the process, she made sure I always had the tools to peer beneath the surface of the people I engage with and find the shared humanity that exists within us all. The shared humanity that first brought me to medicine. The shared humanity I was so scared to lose sight of.