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## Practice What You Preach! A Healthcare Provider's Guide to a Healthy Lifestyle

### Announcer:

Welcome to Clinician's Roundtable on ReachMD. Here's your host Dr. Matt Birnholz.

### Dr. Birnholz:

As healthcare professionals, we're constantly offering our patients well-informed advice on how to prevent illness and lead healthier lives, from eating better to exercising more to sleeping on set schedules. And do we do any of these things ourselves? Of course not. So, that's why today's show is going to focus entirely on ways to help us practice what we preach with a clinician who does just that and then some.

This is ReachMD, and I'm Dr. Matt Birnholz. Joining me is Dr. Mimi Secor, nurse practitioner, women's health expert, national speaker, fitness guru, and all-around role model for improving health and wellness at any age.

Dr. Secor, or should I say Mimi, welcome to the program.

### Dr. Secor:

Thank you very much, Dr. Matt Birnholz, better known as Matt.

Dr. Birnholz:

Great to have you with us. So, let's dive right in with the tough question on the table. Why are we, scholars of health and wellness that we are, so bad at following our own advice?

Dr. Secor:

Well, I think, Matt, the main problem is that we kind of take an oath to be everything to everyone at all times under all circumstances as clinicians, and we just feel this compulsion to take phone calls, to follow up on labs, to keep up on our EMR, to see the next patient waiting in the waiting room. We have a great responsibility and obligation, and we follow through on it, so kind of meeting our own needs comes last, after we've met everybody else's needs. And since it's just a stress-packed lifestyle we live, often we don't have any time left for ourselves.

Dr. Birnholz:

Right. And what kind of excuses do you normally come across in the health sector for us failing to eat better, to reduce stress, move more, and so on and so on?

Dr. Secor:

Well, I've heard them all, and I hear them over and over and over. I speak to groups pretty much every single week. The overwhelming excuse is time. They say they don't have time to exercise, eat well, reduce their stress, sleep well. I mean, I just hear it over and over and over and over again. So, that's clearly an excuse if during my doctoral program I barely had time to pump gas, I could get my act together. So, I definitely think that we have to help people cut through their excuses. And the other piece is we're never taught how to really take care of ourselves when the tough times happen. Like, maybe when life is going okay and we've got that figured out, we can get to the gym, we can eat pretty healthy, but when we're having to see a lot of extra patients and stay late and do EMR at home and maybe on weekends, how do we take care of ourselves in that context? That's a whole other level of expertise we don't learn.

Dr. Birnholz:

It seems that there is this unspoken code or rule of conduct that's emerged in the medical community that says, "Do as I say, not as I do," and not really taking into account personally what they should do when they dispense the advice to others themselves. But, I want to find out where in the spectrum of wellness subjects, whether it's from the eating to the movement, exercise, sleeping, that you find clinicians generally struggle the most? I think of sugar being some peoples' main Achilles heel—as you said, in certain context above others, certain times above others—but then there's also the idea of maybe we've just forgotten how to sleep after years of the pager next to us.

Dr. Secor:

Both are huge issues. So, I think we don't learn well how to manage our nutrition when we're really stressed and short on time, so I often tell clinicians, "If you don't even have the time to chew your food at work and you're trying to figure out how to take your yogurt intravenously, you can at least bring protein powder. Put that in a glass of water, stir it. I don't care if it's cold or hot or whatever, room temperature, and chug it down." You're going to get your water. You're going to get some good quality protein. You can get it with or without some carbs, and you're going to be pretty good for 3 hours, versus skipping meals and getting dehydrated and malnourished and having your metabolism slow down and your mind just kind of go a little crazy on you, and then you're more at risk of making errors and not managing your patients well, not to mention how frustrating that can be. So, I teach really efficient systems for self-care, especially when we're really stressed.

Another area is really sleep hygiene and stress hygiene. We don't really learn how to kind of dial it down. Many of us are working on our computers, studying, doing whatever we're doing, EMR, until boom, right when we want to get to sleep. And guess what? We need to stop all of that about an hour before we want to go to sleep. Just the brightness of the screen can delay your ability to get to sleep, not to mention the mental agitation and activity. You've got to really crank it down.

Dr. Birnholz:

And I imagine a lot of this goes back to training gaps as well. I can recall, maybe on one hand, the number of classes and modules of training that I received in nutrition. It just doesn't come up much, and it seems like that's an area, among others in the wellness categories, that clinicians, they learn how to go—in a rote sense how to dispense information, but they don't necessarily know how to actually incorporate that as though... just that connection isn't there. Is that what you've found?

Dr. Secor:

That's exactly what I've found. So, my own belief is that we should have courses in self-care throughout our educational programs. So, in the nursing educational process, we have undergraduate, and usually it's not included there. And then we have graduate level, multiple graduate levels. In my doctoral program, they did not care that we were stressed. In fact, I think they thought it was kind of funny and entertaining. And I believe that they have an obligation to not only be role models, our educators, but also guide us in how to manage stress. When we're out in the clinical practice, our stress isn't going to be lower. I always say to students, "Look, the stress you're having right now is T-ball compared to what you're going to face clinically. You better learn some self-care skills, and that includes nutrition, that includes how to incorporate exercise, it includes how to deal with your stress, how to deal with all of these challenges, and then save some of your best self for your loved ones." Many of us come home, we have no relationship with our loved ones because we are spent; we are done. We just want the easy-chair and TV and a bowl of ice cream.

Dr. Birnholz:

It's like you're speaking right to my heart there, Mimi, sometimes. Speaking right to my heart and brain. So, for those just tuning in, this is ReachMD, and I'm Dr. Matt Birnholz. I'm speaking with Dr. Mimi Secor about wellness, or the lack thereof, within the medical community itself.

So, Mimi, I want to take a representative case, and I'll start with a younger person; then we can move to a more seasoned or veteran clinician. But let's start with the younger clinician, just come out of basic training, getting set in a general practice, patient roster is wide open, lots of appointments are hitting the schedule, so things are really moving. And we know this is a really exciting time of settling into that new career, but it's also a point where a number of these bad living habits that we spoke about earlier, they start setting in as well. So, I'm curious as to what kinds of advice you give this type of clinician that you come across, both to become a better wellness educator, but also, and perhaps more importantly, to take better care of him or herself from the get-go.

Dr. Secor:

So, I find this all falls under the category of coaching. We have to learn how to coach ourselves for our health and fitness goals and journey, and then, when we learn those skills, we can actually apply them to our patients. So, what we generally learn is to educate our patients about this, that, and the other, and to tell our patients what to do. But coaching and learning how to self-coach, whether you're the clinician or the patient, involves identifying the issues, figuring out how you're going to solve them, implementing whatever that is, and then re-evaluating. So, I don't say to patients anymore, "I think you should do this, this, and this." I say to them, "So, what do you think you can work on? What small thing do you think you can work on between now and when I see you in 3 months?" And, "What are we going to do to set up a support and accountability system to help you reach that particular mini-goal?" That's totally different than the way I would have approached it through most of my career. I used to just vomit information at my patients, and you could see them glaze over.

Dr. Birnholz:

What I love about that is that it sounds like the kind of question that one could ask their patients and ask oneself, and they're equally empowering.

Dr. Secor:

Equally. So, the great news about learning how to coach yourself is then you are much more effective with your patients, much more. And that's part of the problem with being a disconnect and not walking your talk. You don't know what's involved, really, in changing, because we're not usually in this process of perpetual change through our lives. We have most of our change through our initial educational program. Then we kind of settle into routine. We don't keep ramping up challenge after challenge which

requires change and change and change, so we can get a little too comfortable and have no idea what's really involved in helping our patients change.

Dr. Birnholz:

Let's talk about the idea of getting a little too comfortable and consider the more seasoned clinician who you work with as well. You, yourself, I think, stand as a testament to the idea of being able to change at any point, being able to make radical transformations of self-care, having moved in on a doctorate at the age of 59, having become a champion bodybuilder in your 60's. So, I'm curious. As you consider those clinicians out there who can dispense wellness advice just like that without even much conscious thought but it really hasn't hit quite home for them directly, how do you typically intervene or start the conversation with these clinicians who are a little bit more set in their ways?

Dr. Secor:

Well, I love this question, Matt, because I deal with this issue all the time at conferences. So, I have a lot of people come up to me that are stressed out and feeling unhealthy and frustrated and want to change but don't know really how to approach it. So, my first question usually is: What is your biggest health and fitness challenge? And they'll be pretty forthright about it. Usually, they'll say, "I don't have enough time," or "enough energy," or whatever. And then I say, "What's your number one goal? If you had a magic wand, what would be your number one goal?" Then usually my third question is, "How committed are you?" On a scale of 1 to 10, if they're a 10+ or an 11 or 12, that's awesome. But if they're just like, "Oh, I'm kind of interested in this, but I'm not really committed," you know what? They're wasting their time thinking they're going to be able to change, because when the going gets tough, you got to be tough, and you're not going to be if you're not fully committed. So, those are my 3 questions I usually ask clinicians, and I often ask patients the same questions now. That's really a great launching point for a great discussion.

Dr. Birnholz:

You know, Mimi, it occurs to me, I've been throwing sample cases your way and getting your general sense of how you'd respond, but I want to turn it around. Do you have any memorable experiences helping someone in our profession to focus on their own health and wellness—maybe something recently at a conference that you've come across?

Dr. Secor:

Oh, absolutely. Well, we have ongoing students right now in our online courses, and one student in particular... We haven't even started the official classes yet, but as soon as they enroll, we get them going on weekly check-ins. And this one student, she's only been at it for about a month and she's already lost 10 pounds, and more importantly, she's feeling more empowered and more self-confident

and feeling better about her self-image. Now, she has a lot of weight to lose, but even if she's not at that endpoint, she's already feeling better about herself, and that's gratifying. And to have a student say to me, "I feel better when I walk into clinic now because my day-to-day life is healthier," and I can say to patients, "Look, I'm in this challenge with you, I'm working on getting healthier myself and this is what I've been up to," that's powerful. It's very inspiring to patients.

Dr. Birnholz:

Absolutely. All right, Dr. Secor, or Mimi, any other takeaways or points that you want to share with our audience—maybe a means by which some of our listeners can find you given the coaching that you do?

Dr. Secor:

Oh sure, absolutely. Well, first of all, I'm real proud of my new app. You can text Dr. Mimi, D-R-M-I-M-I, to 36260. You don't go to the app store. You just go like you're texting a friend. And it's not case sensitive. You don't need punctuation. It's just DRMIMI to 36260, or you can like me on Facebook. You can go to my website, MimiSecor.com. Most importantly, I think people need to remember that it's never too late to change your life, and inevitable decline of aging, I believe, is not inevitable. There are certain things that can happen to us, but we can prevent a lot of what happens to us through lifestyle changes, and that's going to help our patients. I believe that's the most powerful medicine we can offer our patients is being an inspiring role model.

Dr. Birnholz:

Those are words to live by, Mimi, absolutely wonderful. And I think it's safe to say that leading by example is sort of a strength area for you in every sense of the word. Apologies for the pun, but while we're on that track, I might as well add in that you've clearly done a lot of heavy lifting to get to where you are now, both figuratively and literally. So, it's been great having you on the program to help us all get back on track, because really, starting right here with yours truly, it's sorely needed advice in my case. So, thank you for joining us.

Dr. Secor:

We're all a work in progress. Thank you, Dr. Matt Birnholz. It was a great honor and pleasure to be here with you today.

Announcer:

This is Clinician's Roundtable on ReachMD. To access other episodes of this series, visit reach-m-d-dot-com where you can be part of the knowledge.