



Can we Shift the Energy by Simply Showing Up?

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Being an emergency physician requires a person to be at the top of their game at all times: ready to lead the resuscitation of a critically unwell patient; able to insert a chest tube in the midst of a fraught setting; comfortable to deescalate an agitated or aggressive person; and confident to deal with conflict between treating teams.

Recently, however, I have had encounters that have led me to ponder, “Is 80% of our value in simply *showing up*?”

Just before Christmas last year, our department experienced an overwhelmingly horrendous shift. We lost three young children in 12 hours. I wasn’t working that day. In fact, early that afternoon, I’d just settled down for a short rest ahead of a run of busy shifts commencing the next day.

As the opening credits of my Netflix show were playing, I heard my phone buzzing. No Caller ID. Normally I would let this go to my message bank to check later, but something compelled me to pick it up. It was the Nurse Manager from our operating theatre.

“You don’t know me,” she said, “But I’ve been asked by our senior doctor to contact you. We’ve had a rough case up here and I wondered if there might be someone available to support our staff.”

It took me a few moments to process the sequence of events - what was being requested, and how I might be able to help from my position on the couch. I checked the Emergency Department roster and identified that my excellent colleague (and dear friend), Christa, was working that day. That immediately took the edge off my heightened state: there was no one better than Christa in this setting.

I phoned Christa, told her I knew about the case, and imparted the request from our theatre colleagues. She told me she was available for whatever was needed, but right now was about to enter the Relatives’ Room to talk to the child’s family. She promised she would follow up.

I ended the call, sat back and was hoping to hit Play on my show. Instead, I picked up my phone again and texted Christa: “*Do you want me to come in?*”

A few moments later, I figured Christa would be with the family and focussed on them, not on her phone; I figured that I actually really wanted to go in, that all I was really seeking was permission; I figured that if the roles were reversed, Christa would just miraculously appear.

I sent another text: *"Scratch that. I'm coming in."*

I arrived as Christa was conducting the first hot debrief in the ED, and sat unobtrusively at the edge of the circle. I witnessed her check in with the team, provide comfort and reassurance, and touch on some pragmatic points, pitching it all just perfectly. I suddenly wondered what I was doing there and why I had felt my attendance may be necessary. The situation was completely in hand and I felt quite redundant.

As the team dispersed, I approached Christa. She greeted me with, "Thank you for coming in. I feel so much calmer just because you are here."

Over the next couple of hours, we met with various teams together. She did most of the talking, and did it superbly.

I received a couple of texts: *"Hey. Heard it's been rough at work and that you've gone in. Thanks so much."* I replied to them with *"I've honestly done almost nothing but people seem to appreciate me being here for some reason."*

The *reason*, as it turns out, may boil down to simply *being with* people during times of distress.

80% of our value may be in merely showing up.

How we show up also counts. Doing something meaningful after you've arrived has obvious value, but it's worth considering what is actually *needed*. Very rarely does the team need me to jump in and take over. I work in a big and busy ED that is staffed with skilled and experienced people. Mostly, in situations like this, they simply need me to reflect back on

their synthesis of the case, support their clinical judgement, and enable their plan.

They mostly need me to impart: "You got this." "And if at any point, you don't quite have this, then I'm right here with you. Not because I'm better at this than you are, but because I'm 100% willing to struggle through it together."

Showing up (and the trust that you will reliably show up time and time again) is what helps the team feel safe. Our feeling of safety promotes our ability to perform well and to deliver excellent care.

My experience is that when we struggle or feel unsafe, as healthcare providers it is often because we feel alone, isolated, perhaps even abandoned.

I checked in on a junior doctor working in a separate pod last week. "It can feel a bit lonely out here. I'll check in on you regularly, but here's my number if you need me." It's an automatic patter for me; however his grateful response reminded me just how important it is that we address this real or perceived sense of being alone as healthcare providers.

For me, it means providing support to the night team in the same way that a senior specialist would support me when I was just a junior trainee on my first night shifts in charge of the ED: "I'm on call tonight. Phone me for anything – you don't need to justify waking me. You may need an extra brain, or you may need an extra pair of hands, or you may just need a friend. Any of those are excellent reasons to phone me."

As I approach what I'm calling the autumn of my professional career, working to stay current with medical advances and no longer the best proceduralist, I am encouraged that my willingness to show up will be an enduring component of my value and contribution. €



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