Trust in action: Surgeons and patients together

Julie Ann Freischlag, MD, FACS, FRCSEd(Hon), DFSVS, *Winston-Salem, North Carolina*

Trust is more important than ever today as we pull together to address COVID-19. This talk delivered to the Eastern Association for the Surgery of Trauma in January 2020 provides foundational elements of trust that I hope can also be applied as we face the challenge of COVID-19.

It is a great privilege to deliver the Scott B. Frame, MD, Memorial Lecture. Elliott Haut, MD, PhD, the Eastern Association for the Surgery of Trauma's immediate past president, and my fellow colleague at Johns Hopkins, invited me to speak. It is amazing to see him and all of you gathered with such energy and spirit. It is also a special honor to be the first woman to give this named lecture to your organization.

The title of my lecture is "Trust in Action: Surgeons and Patients Together." Talk of trust seems to be everywhere these days. We hear about it in popular culture, politics, science, and public health, but surprisingly, we do not hear much about trust in trauma or surgery.

Trust and trauma together present unique challenges and require a delicate balance. How can we build rapport and connect in an environment where every second matters, stakes are high, and teams are large, changing, and complex? In this lecture, I will share different approaches for putting trust into action on both an individual and organizational level.

Formally defined in the dictionary as "a firm belief in the reliability, truth, or ability of someone of something," trust only becomes truly visible through our lived experiences. One researcher suggested three questions that can guide us to build trust: competency (do you know what you are doing?), transparency (will you tell me what you are doing?), and motive (are you doing this to help me or yourself?).[1]

Trust building starts with us. It is a basic, but not-so-simple, lesson I have been learning during more than 30 years as a vascular surgeon and one that continues to guide my practices as the leader of a large academic health system and medical school.

For me, understanding the importance of trust in medicine, and specifically surgery, started in the 1980s with an abdominal aortic aneurysm patient. I was a young faculty member at the University of California San Diego, new to the institution and the role of vascular surgeon. As we prepared for surgery, I questioned myself and my rightful place in the operating room. Was I an imposter playing a part where I did not belong?

My patient thought otherwise. She showed me through simple gestures like listening and eye contact. The surgery was successful, and at her next appointment, she thanked me with a bracelet and a needlepoint of two doves.

In that moment, I realized the gift she had given me was much greater. With full vulnerability, she had confidence in me during a time when I did not, showing me how essential mutual trust is in the surgeon-patient relationship. She handed trust over to me, and I realized that as a surgeon, it was my responsibility to receive, but more importantly to initiate the gift of trust.

As I became more comfortable in my new role of surgeon, I also continued learning the value of authenticity. Our patients and teammates cannot believe in us unless we believe in ourselves first, but embracing our vulnerabilities takes courage.

For 11 years, I was the only female chair at Johns Hopkins Hospital. I even wore black for an entire year in an attempt to blend in. It was hard being the only woman, and at one time, I was ready to give up. When I shared my concerns with the Senior Associate Dean of Faculty, she told me that the reason I was hired was because I was different. I took her advice to show myself just as I was, and in the process, spaces opened where others could also feel safe to be themselves.

Trust in medicine overall is lagging today. While 74% of Americans hold a mostly positive view of medical doctors, 57% say doctors care about the best interest of patients and 48% say doctors provide fair and accurate information. Just 15% of Americans report that doctors are transparent about conflicts of interest, and 12% say doctors admit and take responsibility for mistakes.[2]

We certainly have room for improvement, but perhaps we need to get back to the basics. While the groundwork of trust begins with believing in ourselves and our capabilities, this foundation can only be sustained with a workplace that elevates and supports trust.

Each year at Wake Forest Baptist Health, we have an organizational theme that promotes values and behaviors essential to our workplace culture, with past themes focused on wellness, diversity, and inclusion. This year, we embraced "Trust in Action" as our theme, with awareness, education, and professional development opportunities available for all across our health system.

During the year, we challenged what we know through active book club discussions and town hall gatherings, having meaningful dialog about how to apply trust concepts within teams, peer-to-peer dialogue and with patients. Some of the key learnings I have taken away are to tap into authenticity, unite words with actions, meet patients where they are, and reach to make meaningful connections, even if it is a small gesture like

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From Wake Forest Baptist Health, Medical Center Boulevard, Winston-Salem, North Carolina.
Address for reprints: Julie Ann Freischlag, MD, FACS, FRCSEd(Hon), DFSVS, Wake Forest Baptist Health, Medical Center Boulevard, Winston-Salem, NC 27157; email: jfreisch@wakehealth.edu.

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asking a patient or family member what they are hoping for most with their care. These have been valued additions to a growing trust toolbox that also includes actions and attitudes like listening, transparency, accountability, and intentionality.

Our organization also focused on behaviors like respect and inclusion that complement trust. Through active bystander training and modeling scenarios of intervention, we are better learning how to handle microaggressions, or everyday putdowns, slights, and insults, professionally and with purpose — whether they are directed at us, our patients, or fellow colleagues.

To cultivate trust both internally and among patients, we launched a program called 100 Little Things. We extended an open invitation across our organization, soliciting ideas from faculty, students, and staff for little things that could make a big difference in the patient and family experience. We had an overwhelming positive response, with ideas ranging from signage changes to bedside table note pads and pens to help improve communication between patients, family members, and their care teams on inpatient units and in clinics. As this program has gained momentum with many ideas vetted and implemented, it has bolstered a team "me for we" mentality, inspiring trust in new circles and making our teams even stronger as they rally behind our patients and their families.

Throughout this culture building, the words of Brené Brown, "Trust is built in very small moments," have often given me pause, because I find them to be so true. Even in moments of quick decision and emergency response in our worlds of trauma and surgery, there are still open spaces for kindness, tolerance, honesty, and respect.

Let us team together and remember our *why* — why we decided to become surgeons, teachers, researchers, and leaders. We have the opportunity to give and earn trust in every patient encounter, and it does not require grand gestures. It requires us to extend the gift of trust and connect with patients where they are, when they need us the very most. Thank you for having me here today.

DISCLOSURE

The author has no conflicts of interest.

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