

EPISODE 34

[INTRO]

[00:00:05] ANNOUNCER: You are listening to 10,000 Swamp Leaders, leadership conversations that explore adapting and thriving in a complex world, with Rick Torseth and guests.

[EPISODE]

[00:00:20] RT: Hi, everybody. This is Rick Torseth, and this is 10,000 Swamp Leaders, the podcast, as you know if you're a listener of ours, where we have conversations with people who've made a decision to lead in some pretty complex and difficult and challenging spaces and places in the world. This is a place for us to have conversations about lessons learned, ideas, points of view about leading, and tips that we can pick up, as we develop our own craft of leading. I also want to welcome you all back. We take a little bit of a hiatus during the holidays, and so this is the first episode into the year 2023. I can't believe we're in 2023.

It's my pleasure today to have on the show somebody who I'm meeting almost like you're meeting him, although he comes with high regard in references, and I followed up that with some research. This is a pretty impressive young man. Kush, I probably shouldn't even say young. I don't know how old you want to claim before you're old. But Kush Doshi is my guest today. He is with the Sea Mar Community Health Centers in the Pacific Northwest in the state of Washington. He is a Clinic Manager for Marysville Medical and Dental site, and also manages the Sea Mar Medical Residency Program.

There are, Kush, a lot of other things you're up to and have been up to that we're going to get into because it all involves leading and how you go about it. So before we get into any of that, why don't you jump in here and tell people what you want them to know about you as a way to get started?

[00:01:46] KD: Yeah. So thank you, first of all, for inviting me on this podcast. I have had the opportunity to listen to some of the other podcasts specifically from the show 10,000 Swamp

Leaders. Every time, I walk away with something new. I especially want to thank Kurt O'Brien, who was a huge inspiration, actually, for me being a leader, and he shaped a lot of the way I was.

So I think for people to really know me, I think really my origin story is really the critical part. I was born to two immigrant parents. Initially, when we came here, both mom and dad definitely struggled a little bit. So we were considered what the US would consider low income. As we kind of were able to progress a little bit over time, it kind of shaped the way I thought about how I wanted to approach and how I wanted to provide service to the world.

I happen to find myself in healthcare. It was just opportunity that kind of came up, and I kind of pursued it. But I was really, really intentful that when I was going to go into healthcare, I was going to go somewhere where I felt the need was the most. For me, that was community health centers. So that's why I work today at Sea Mar. I'm involved in several other community health centers in Washington state and kind of staying in that realm of how do we address primary healthcare to prevent people from going from the hospital, to prevent people getting high hospital bills, and to really address health equity.

So that's really a lot of the core of who I am and really drives me on how I think about leadership and how to navigate all those really complex issues that really exist in healthcare, especially with the COVID-19 pandemic.

[00:03:19] RT: Okay. That's a great intro. So let's help people who are not going to be nearly as informed as you are about the state of healthcare period, much less the sector that you're working in. So what is it about this sector of healthcare that's drawn you in, and what is the need that you see that needs to be addressed that you're bringing to bear your expertise and your ability to lead? So get people up to speed on the challenges you face in your world.

[00:03:46] KD: Sure, yeah. So within the realm of healthcare, there's all these different types of healthcare providers. So you have like the Kaisers and the Providences, the larger hospital systems. Then you have the set of systems that are called community health Centers, and they are really at the crux because their origins, each of those community health centers was founded by a movement.

For Sea Mar Community Health Center, it's one of the healthcare centers in Washington State, was actually founded by Latinos, like people that saw that there wasn't a space for Latinos in the healthcare system. Another really great example is Country Doctor Community Health Centers founded by the Seattle Black Panther party. So there's a lot of great history that's tied there.

Today, you see these community health centers. They serve a lot of uninsured folks, a lot of Medicaid folks, a lot of low income folks, a lot of folks who's just not English, a lot of immigrants, refugees, and I see this on a on a daily basis. I think the main leadership challenge I've had, I think, with community health centers is I think we all have this understanding that we have good intent, that we understand the communities we serve. We try to advocate for health equity. But over time, we sometimes think that we're still at our origin, and we don't move forward.

That's where I've had a lot of my leadership challenges, trying to work in these spaces saying, "No, we still need to recenter ourselves around diversity, equity, and inclusion," and it becomes a very tough leadership challenge when you have leaders that have been in the positions for so many years, and I've been doing it for so long. That certainly makes it a difficult challenge, for sure.

[00:05:22] RT: Okay. So I know what features prominently in your focus and your work, and you've already touched on it. So let's dig into a little bit because I also think this helps people understand what you're up to. Help people understand. When you talk about advancing health efforts for communities of color and mobilizing health equity within communities, what does that actually look like for those people? What's the gap? What's the issue there that you're trying to address?

[00:05:46] KD: Yeah. I think there are several issues. So the first piece is that when we have this conversation typically among community health centers, or even sometimes I think what happened during the pandemic was that health equity became such a hot button issue. Now, suddenly put forward and a lot of healthcare centers were now putting these messages out that we support diversity, equity, inclusion, etc., etc., etc.

But then when I worked within those centers, I often struggled because the words did not reflect the actions that were supposed to take place. So I believe in my leaders. They were saying all this great stuff, and I'm like, "All right, let's get to work. Let's do something." Then as the employee, I never felt that that work was being done. So when we talk about advancing community health, we're talking about how are we pipelining new physicians, new people that look like our community into our healthcare center that are providing that care? How do we talk about within our strategic plan? How are we investing, as community health centers, into diversity, equity, and inclusion? Not just saying we're going to. How are we investing it? How are we putting the resource into it?

Then the biggest part is the communication. Like for me, the biggest part of being a leader is if you are a healthcare leader, you really have to communicate your strategic plan, not only internal to your organization, not just to your board, not just the executive leadership, but to your community. If I'm a community member, and you are putting out a statement that's saying that you believe in diversity, equity, and inclusion, my first question is going to be, well, what are you doing today? What are you doing three years from now? What are you doing five years from now?

Unfortunately, that communication gap never happens. So it never becomes clear to communities, the patient, the staff what exactly is happening in those promises of equity and inclusion and advancement for community health.

[00:07:33] RT: All right. I'm curious then. So you're in school. You're studying this stuff. You've gone back to school. That's how we come to cross paths because you did a graduate program at University of Washington. Also, what I hear you say is there's a big gap between what's espoused, in your case, committee health centers, but probably all organizations in some way, and what we actually do. I oftentimes think of it from the standpoint of what we're trying to figure out, all these gnarly problems.

One of the questions that rarely gets asked at the leadership level of themselves is what's my contribution to the mess I'm trying to solve? So when you look a little bit in the rearview mirror in your time, as you've been in the system for a while, what are some of the self-inflicted

challenges that the system is producing itself that gets in the way of its own mission, and how do you sort that, and what do you do about that?

[00:08:24] KD: That's a really, really great question. So I think it's kind of next because I think, naturally, the history of community health centers is very empowering in and of itself. I think it makes it very difficult when you have conversations with leaders, and they're like, "Well, we're a community health center. We already serve uninsured populations. We're already doing this work. What else can we possibly do?"

I think the biggest thing that folks have to understand is when you're a leader, you have to self-educate. You have to self-grow. So the question I always ask, and I've been in positions like this before, where folks will be like, "Let's just add antiracism. Let's add equity. Let's add diversity into this statement or this mission," and the first question I always ask them is, "Define. Give me a definition. What is diversity? What is equity? What is anti-racism?" 95% of the time, I've heard silence.

I think that in and of itself gives us a insight that, first, we have to do the work ourselves, and we can do the work to others. I think that's why a lot of the issues is like we jump so far. We just go to the 1,000th stretch, and we don't take a pause and say, "Wait, have we taken the time to educate ourselves on how are we going to address all of this work within our realm?" So I think that kind of makes it – That's what I've seen as this big conflict of not wanting to do that self-growth piece and just rush.

I think what you had mentioned before about what's inherent in the system, healthcare is moving so fast. Because it moves so fast, we tend in healthcare to just move as fast as we can with it. It doesn't matter what the topic is. Tomorrow, there'll be a new medication out. COVID-19 happened. There'll be another pandemic. So we're always moving in this constant, constant speed, like there's – It never feels like there's a time to catch and breathe and take a break.

When it comes to diversity, equity, and inclusion, that's what often happens in healthcare. We're so used to this rush process. We don't take that pause that we need to do that self-education, self-growth, and really think about what resources are we going to invest in our organization and in our community.

[00:10:35] RT: All right. Boy, there's been a bunch of stuff here. So let me – Let's take it one piece at – Let's take a pause and slow down. What do you say? So I'm imagining, based on your road that you traveled in getting the education you've got to enter into the system, there had to have been some surprises for you. When you actually found yourself in the middle of the system doing the work, you got this great education behind you and all these wonderful ideas. Suddenly, you're in it.

So what are the biggest surprises for you about you in your actual ability to do the work versus what you had been preparing to do? I mean, meaning the University of Washington's medical program cannot get you ready for everything, right? So where were you caught out, and how did you, as you say, self-advocate and self-grow in real time in this dynamic, where you're trying to get the job done as well? Because people out there listening have the same challenge. So what did Kush know how to do, and what lessons and ideas can you pass on to them?

[00:11:42] KD: Yeah, absolutely. So the biggest thing I think I've taken away from my entire journey, and I kind of come back to this one line, and it's all it takes is one person. The reason I say that is because I've been in all these spaces and not even the big dialogues that we have together. It's in the small conversations. I find out other people have similar thoughts. They'll ask me the same thing. Why haven't we done this? Or why haven't we tried this? Or why haven't we done this?

I say wait a minute. Everyone is thinking the same thing. All it takes is one person to say let's do it. Let's just get it done. So I found myself that I happen to be that person, and that's because I had those little conversations. So let's – The University of Washington program is really, really great example. So in the health administration program, I was talking to a lot of my students, and they're all were like, “We would love to see more of this diversity, equity, and inclusion curriculum invested into the program and working with the faculty and doing all this.”

I said, “We all have this great idea. We should just do it. What are we thinking about? Just make it happen.” I think that comes to the point of when I asked people after like, “Why didn't you start this?” They were like, “Oh.” I either got two answers. The first answer was, “Oh, someone else will come. The next class will come. That's their problem. They'll do it something else,” so

passing off the problem to someone else. Or the second one is, “I don't believe in my leadership capability. I don't think I could have made a change,” which is very, very untrue.

When we started this curriculum advocacy team, it started with me, but I empowered someone else to be a co-chair with me and say, “Let's do this work together.” Then we brought all the students together, and we made every single student a consultant. So they were all working with faculty and professors, and taking leadership roles, and trying to revise the curriculum. So they could include diversity, equity, and inclusion. We made – We were very, very thoughtful about it because one of the biggest things I said at the beginning, and my co-chairs are the same, was that we're going to do a rotational leadership system.

So every time this consulting group would work with the professor, they would rotate leadership, and that really sent the message to our group that every single person can be a leader. Again, it only just takes one person to say something and say, “Let's do it.” Then you find that the momentum is already there. It's just that no one was capturing it, and no one was driving it and just taking it that one little next step it needed to really drive that work forward.

[00:14:06] RT: Okay. So I have two follow-up questions to this then. The first one is when you implemented this strategy in making everybody consultants in rotations, what happened and what changed, as opposed to had the group never done this? What actually happened then?

[00:14:22] KD: Yeah. I would say this change they noticed is that people didn't buy into the idea. I think there's a difference. I think I learned this from Kurt. Buy in versus ownership, two different things. When you have ownership, you have people that have passion. They're every single day ready do the work, knowing that owning the work, and they're going to make a change. Versus buy in, I'm just telling my class, “Hey, we're going to do this.” Maybe some people show up. Maybe some people don't.

But what I had noticed was the biggest way to measure it was just the attendance and the consistency over time. So every single meeting, we would meet every week, and I would have eight to nine students there, consistently there with me. Not only did they – By the time we were about to graduate, they had recruited now another 10 students to do that work forward. So I think that is super powerful because now you're sending a message that this is the work that

we're owning. We're going to be working with the faculty. We're going to be working with the department.

Once those folks saw those changes because not – When we were making those curriculum changes, the first years were coming to us and saying, “Oh, wow. There is more diversity, equity, and inclusion than I thought was.” Feedback and saying, “Wow, we are making a change. We are doing something.” Then also, the second piece to that is, I think, those people that say that, “No, I'm too shy or I'm too – I don't think I'm a leader,” I think this gave them that ability to say, “Hey. No, you are a leader. If you take the leadership role, we'll be here to support you. But try it out. See how it goes.”

Every time, I never got any pushback or anything like that. Every single person succeeded. Not only have we not created that system. We have just now had 15 MHA students that were all DEI consultants in the MHA program now working in 15 different healthcare institutions, now being able to do the same. So I think there's power in that because once you empower people to become leaders, and they go out into these different worlds and realms and healthcare, they're able to kind of – They feel the empowerment to drive that change within their space as well.

[00:16:16] RT: All right. So let me ask my second question, just to take us back into your answer. It comes up because you say let's just do this. The people can hear it in your voice. I can see it in your face because we got video going on here too. You're quite wired and excited in that moment. I'm wondering, where did that come from for you? Did you come into the world with that? Did you learn from your parents? Did you have mentors? Is this just part of your DNA?

Because I think that that juice and that energy is what helps people get mobilized to take ownership of things, as somebody who's trying to bring them along. So what can you tell people about the importance of how you show up in the world to get people's attention because you know something about that?

[00:17:04] KD: Yeah, definitely. I kind of link it back to how I talk. I start any conversation around diversity, equity, inclusion, which is all about your perspective. It starts from you. So my energy comes from being the son of immigrant parents, going through some really rough thing,

and pulled over by police officers for really small things like I didn't look like I should have belonged in a grad school building, even while I was in graduate school doing a double masters. Being able pulled over or these just minor things like, "You don't belong. You don't belong here or here or here."

Instead of – For me, when I went through in a reflection at the first time, it was really, really hard trying to get over that and saying, "How am I going to move forward? I feel like I'm powerless." Through the MHA program and MPA program, so both of my masters, I was given these great opportunities to be in spaces, to be at tables that I maybe would not have been at and afforded to be able to do that. So a lot of that energy really gave me this momentum to kind of move forward in terms of using my background, my heritage, where I came from to empower the communities I came from. Again, as identifying as a person of color, there's nothing more rewarding than working in the community health clinic, seeing people that look like you that are excited to come in, that see someone that can speak Spanish or Hindi or Punjabi or Vietnamese, and get the care that they deserve. So that really, really energizes me.

I'm also just a person that naturally gets energy from people. So like me being siloed doesn't really work well. I love being in person and just doing this like interaction. That gives me power as well. Then I think the other piece that I kind of mentioned is when you have that momentum, and everyone is having these conversations, and they're also passionate about the same thing, I think it also drives me to do the work forward and really push that energy out of me.

[00:18:52] RT: Yeah. Let's delve into that a little bit because I think this is an important element of leading from my perspective, which is if I might base on what you said, you see a situation. Why don't we do it? You say let's just do it. But you see that there is a need to do it. You can't do it yourself. It's going to take others. You may or may not have all the authority you wish you had in order to just get them to go on. So what do you know about what it takes to mobilize individuals into a coherent group to go to work on something? What is the craft for you of mobilizing people into action to do hard work?

[00:19:33] KD: Yeah. I honestly find it's – Humans are very difficult. Every journey I've started on with a group of people, I always have to kind of, one, gauge the room. Two, I think having that individual connection to folks really is helpful. I think it's very difficult if I don't know the

person sitting across from the room, but I'm asking them to be a part of something larger than maybe in themselves.

So I think one of the difficulties I always struggle with is you have all these characters and personalities in the room. So how are we thinking about moving people forward? For me, that always has to come back to the why. Whatever space you are in, there has to be a why for you. I think I did this in Kurt's class. But we did this five whys exercises that we had learned. Super, super helpful. Every group I start, I always start with the five whys. Why are you here? You didn't have to be a board member. You didn't have to be a clinic manager. You didn't have to be a physician. You didn't have to be an MA. But you chose to be here. What is that why?

I find that when people find that why, it's my family. I'm from – I work and see my community officers asked this question, and I see my staff are passionate because they're a part of this heritage, and they're proud to serve their people, people that look like them, people they know. So I think when you come back to that why, that is so important. Not only just starting with that and putting it throughout the entire journey of whatever you're going to do is incorporating that why and reminding people why we are here.

That's why I think there's such a great opportunity in community health centers because our why is so powerful for every clinic has a different story. So I think that's what it really comes down to is that why and using that why to really drive that energy forward. I think I'm often really, really surprised when I start with the why, and I kind of move forward on how passionate people become over time. Even though that might have not seem like they were very interested, they suddenly become very invested in it, and they really start to see their work move forward.

[00:21:29] RT: You said something about gauge the room. That's another craft. That's another piece of leadership skill. So when you say read or gauge the room, what does it mean, and what do you actually do when you're gauging a room? Because people out there listening are going, "What does that mean?"

[00:21:48] KD: I think I could give a really great example that highlights this. So when we started our curriculum team that was in the MHA program, we were met with some pushback from faculty. Some faculty embraced it. Some were unsure of what that looked like. So when we

were gauging the room, we were saying which faculty members are going to be ones that are really going to advocate for us, that are going to sit through with us, do revise the curriculum, work with the students to include all topics, and then go out to the faculty and say, “No, this needs to be a part of it.”?

How we started is we started with two professors. Both those professors were passionate about it. All we did was just leverage it a little bit and said, “Hey, let's partner to work on the curriculum.” They worked on it with us. They went back to the faculty and said, “This is really great. I think you all need to engage.” Suddenly, it started with two. Then we have three, then four, then five. Suddenly, we're getting all these requests.

By the end of the year, all the faculty – I would say 95% of them enjoyed this not only relationship building with students, but the way we were approaching it so much that the following year, it was put into the program strategic plan. Every faculty member must sit down with the students, our committee, to revise the curriculum. I think that's the power is finding your allies in the room and not only gauging that piece, but saying how can we use that ally ship to have them encourage other people.

This always happens when we think in the clinic, just any doctor setting and you are, like myself, I'm not a medical doctor. But I have a medical director. Sometimes, when these changes and I face leadership challenges with my own physicians, I go to her first, and we work on it together. We understand each other. Then I have her drive the message to the physicians. I think it's so different when it comes from a peer that you know understands your background, understands where you're coming from to have that conversation.

That's why in both of those kinds of scenarios, it's very, very important to gauge the room because it kind of changes almost how you approach your leadership tactic or your strategy, and really shapes the outcome, and really can change the outcome of where you're headed and the momentum that's built.

[00:23:58] RT: So talk then a little bit about how you manage the tension between going fast and going slow because some people are not ready to get on board, but you need them on board in order to get where you're going. So again, more craft here. What do you know about

managing the tension for these different groups of people who are at different places, but you need them all eventually with you? So how do you do that?

[00:24:24] KD: I think it's always really, really, really helpful to establish from the beginning that there's this piece of we can't move fast, right? There's different pieces of work that everyone's working on, but it always comes to DEI for me. So for DEI, it's always been very clear from the beginning of we need to slowly progress.

Then I think what I have done really well and I think others I've seen in this space do really well is that when you gauge the room, you have to find those people that are also really invested and wanting to do this work and understand that it is going to take a little bit of a longer time to do it. So it becomes hard because when tensions do arise, and those people that want to move at 1,000 miles an hour are suddenly slowed down, it definitely causes tension.

But I think it's also important that when you have other people in the room that understand that this work requires time and that they're stepping up with their voices and saying, "Hey. No, I think we need to take a step back," then I think it becomes critical. When they hear it from the same person, it really, really – That's where I've struggled with the most is like I could tell everyone everything. But after a while, it just comes on – It doesn't go in, and it just goes in one ear and out the other.

So I think that's why it's so critical that when you build those allies in the room, you encourage them to also speak up and empower them to do so. Most of the times now, when we have those conversations, and the board member wants to go so fast, or a clinic member wants to go so fast, I usually have someone else in the room say, "No. What if we just took a pause and didn't go so fast?" Other people are like, "Oh, okay. Yeah, yeah. I could see it that way." That's why not only that gauging the room piece is so critical. But also, that's how you kind of manage that tension.

The other thing that you I've had to recognize is that everyone is in a different journey with diversity, equity, and inclusion. So that's why I would say it's so critical that you start from the basics, which is let's have a conversation about your perspective growing up. Maybe you grew up in a town that was with all white people. Maybe you grew up in a town that was all people of

color. Now, you're navigating in the same space together, and how does that conversation look like? So when you structurally build out a program that is built to be slow, then I think it starts to build that momentum.

For example, when I'm on Country Doctor, it's one of the community health centers out in Seattle, and I started this work with them. As a board member, we spent the first six months just in conversation on how did your growing up affect where you are today? How do you see the world? What community agreements? So what community conversation agreements are we going to have for how we talk with each other? Then that set that tone for that board saying, "Oh, okay. So we're going to start with the fundamental. We're not going to just change the mission statement or change this or change that." I think that really helped us shift the momentum to say, "No, we're here to be invested over the long term, not just the short term."

[00:27:11] RT: All right. What does it take to be awarded the Gilbert Oman award for academic excellence because you were awarded that? I don't know exactly what it is, but I know it's something big. So tell people what the award is, and this is – You're going to have to blow your own horn here a little bit. What did you have to do to end up with that award, which is probably not a goal you had, but there it was. So what is it, and what did you have to do? What did you end up doing that ended up getting you that award?

[00:27:48] KD: Yeah. I was completely surprised by that award. So that one is not even one that folks can apply for. I usually never chase award, never chase recognition. That's kind of not really the way I operate. But at the end of the – When I was graduating, I had this great ability over the time to start this curriculum advocacy team that I talked about, right? That was working with faculty and professors. We went national. So we connected with 20 other MHA program students from across the nation. We came together on a Zoom call on a Saturday morning, and we had a day-long retreat that we led at University of Washington, where we got to engage with them and say, "How do we bring this work back?"

We ended up actually consulting with Cornell University's program, which was really, really great to empower their students to do that work. So we were able to build all this momentum. I had the opportunity to present at several conferences and presentations, which were really great and then getting to do my work with Country Doctor. It's one thing when you're learning in the

classroom. But then to learn and to experience that and put that in real life of what leadership looks like out in the field is amazing.

By the end of my year, I just happened to be in a lot of great spaces, and I ended up getting nominated by the MHA program. So all the faculty, they got together, and they had sent me a letter saying, "Hey, we're nominating you for the department." I was like, "Oh, that's great. Cool." Then they were like, "Oh." They nominate – They select like one master's student and one PhD student in the entire school to get this award. I was like, "Oh, okay. Sure. Go for it." So they ended up submitting my application, and I ended up getting this award that I never thought – I was very, very honored to get but never, never expected. So it was just such a great honor to get that because also it just validated a lot of the pieces that I had done over the time in my graduate school. Yeah. It was purely an honor.

[00:29:41] RT: I wonder, talk if you would, if you don't mind, the influence your parents had in who you are that probably was foundational in where you are today. What did they bring to the conversation for you?

[00:29:54] KD: Yeah. Our family has definitely been through hard times. Never been easy, for sure. But my mom, especially, is everything, everything, everything to me. She has been at the crux of every decision I've ever made. So initially, when I wanted to start this journey, I had a very different vision for what I wanted to do. In my culture – So I'm an Asian Indian. In our culture, prestige and all of that is so doctor, lawyer, engineer. You have to be the top. You have to get the highest salary. Dealing with that culture was very, very difficult at the beginning. But my mom was very different in the sense that she said, "No, pursue what you want to do and be happy about it."

So I took that. Every time I made – When I made this huge change into being in healthcare management, initially, I had some other family members like, "Why would you do that? Why wouldn't you just become a doctor?" But my mom was like, "No, you should do what you're passionate about." So that really, really, really, really helped. Having her, my sister, and my dad just support me along every step of the way has been so critical. I mean, I say that 75% of my success is because they have been at every moment with me.

[00:31:04] RT: Okay. So a few questions then. In your own words, you've taken a lot classes now, but you have a point of view, what is leading and leadership to you?

[00:31:11] KD: I think meaning and leadership for me means that you are bringing everyone along. I think sometimes as a leader, when you're in certain positions, it's very easy to be like, "It's my way or the highway," and so you kind of use this authoritative, kind of not dictatorship, but kind of dictatorship way to say, "No, you got to do it this way." I think that's not the right way of thinking. I think that's kind of the old school way of thinking of just get it done. I don't care how it's done.

I think now, when I've been in a lot of spaces, it's really about saying how am I going to bring the people that are with me on this journey? I think it's really, really critical that that piece is there. I think we all have to realize that we can't do this work alone. I mean, it's going to take all of us, right? Like especially in healthcare to really move the momentum forward or in any field that you're in to really move the momentum forward.

I think the question at the end of the day, when you're saying leading and leadership is not only empowering every single person to take ownership in the work, but also saying how are you going to bring them along. How are you going to let them do the work and own the work and really be passionate about moving the work forward and just recognize that, I think, sometimes that means stepping back and letting people take lead, if you're the one that typically takes lead all the time. Or it may be might mean that you just share the responsibility for the work. But I think that's why it's super important that when you do that work with others, that you certainly empower them so that they're passionate about that work as well.

[00:32:39] RT: Okay. So you've been at this for long enough now. What surprised you about yourself inside this work? I mean, out of the classroom, into the work world, working in the real classroom, what has surprised you about who you are that you didn't know about until you were in it? What value is that for you?

[00:33:03] KD: Initially, I think when I very first started maybe when I was an undergrad and when I was in high school, I was actually one of those intrinsic people that would just kind of step back and say, "No. You know what? I think someone else should take a leadership role, or

someone else should do this.” When I started to get into this mentality of that anyone could be a leader, I think it really shaped and surprised me that like when I went from a classroom to the real world that I as an individual could contribute so much.

In the classroom, I think it's kind of hard because you're kind of doing scenario-based, practice-based. So you don't feel the real world effects of what does it mean to work with humans, and humans are very complex individual beings. So being able to navigate those tricky situations has been something that's really, really surprised me. Just because, again, I would be one of those folks that usually would just kind of be stepped back and just let other people kind of take the lead, until kind of when I went to my master's program, and I really got this message that every single one of us are leaders and to kind of move that forward.

I guess the other piece that I would say that's a little bit surprising to me, but I'm not sure what's surprising. Or kind of like this area of movement is I still find myself, I think, like I kind of mentioned before, in healthcare of trying to move so fast and forward. I think sometimes, it's very, very important to step back and identify what the problem is at the beginning. Because I think in healthcare, we're so used to saying, “Here's the problem. Let's just get it done. We won't worry about what the root of the problem was. We'll just worry about how we got it fixed.”

So I think what surprised me the most of like taking all of this work is that you have to really, really step and pause. Because I think the classroom allows that ability to do that, but the real world does not allow that ability to do that. There's not enough time. If you don't get something done, then someone's going to be asking questions. So I think that's why it's been so – I think that's been the toughest piece. But I think that's also the piece that surprised me the most about how many times I've paused before saying something.

I'm so used to saying now that if I'm sitting in a room with a bunch of medical assistants and staff members, and they're asking questions, I'm okay saying, “Hey. I'm going to take a pause. Let me think about it before I give you an answer. I don't want to give you an answer that's just not what's going to work and be sustainable, and that's also not going to be with all the feedback that we could possibly get to actually get a solution that will work for us.” So I think pausing has been the biggest surprising piece for me.

[00:35:28] RT: I'm going to guess Mr. O'Brien uttered the phrase at some point in your journey with him about getting on the balcony.

[00:35:35] KD: Yes.

[00:35:35] RT: And seeing the dance floor. The listeners of this podcast have heard this many times, and I think that's what you're talking about a little bit because I think one of the most prevalent conditions for people who have authority leading is misdiagnosing the problem because he didn't slow down to look at it. So I think you're speaking to a critical skill set for people in your world and other worlds where the complex nature of the work itself in the middle of this hustle and bustle, still is going to insist that if you want to make progress, you got to slow down and take a good deep look before you go.

On the flip side of this then, we tend to learn more from our leadership failures than we do our successes. So what are some lessons you've learned the hard way that you can impart on people, so at least they don't travel the same road you did on that issue?

[00:36:31] KD: I think one of the hardest pieces that I've learned is that you – My age sometimes defined how other people saw my leadership capability. Why I say that is because most of the spaces I've been in in healthcare, typically, the age is kind of 10 to 15 to 20, 30 years. I'm also fortunate to be involved in a board. That's a really great example where you have board members that have been there for a while. So I'm the youngest person in the room.

I think sometimes, that makes it very difficult, because other people in the room say, "Well, I have more experience. I have knowledge. What would you know? How are you going to contribute? How could you have leadership capability?" I think that was kind of the biggest barrier that I've seen just kind of in this work is like saying that, yes, I'm young. But I also can bring fresh thoughts. I can bring fresh perspective and add something of value here that maybe you haven't seen before because we've been doing it for so long a certain way.

I think I want folks to know that, especially people that are my generation and my age, is that don't let that stop you because we're talking about the next generational leaders. I mean, that's the whole – A lot of this podcast is how we – The current leaders that are there now, how are we

passing this word forward? I think a lot of younger generations, I just want them to know that, literally, your voice does matter. We've seen it in so many spaces in different sectors of the US that your voice really does matter. So I do want to emphasize that.

Then I think the other part that I do want to emphasize with the just challenge is that leadership is hard. Sometimes, the spotlight gets put on you. Maybe you say one thing a certain way. Someone takes it a different way, or you do something, and now everyone else is asking questions. So I just want it also to be made clear that in a leadership perspective, it's okay to make mistakes. I think not acknowledging them is one piece. But if you acknowledge it and say, "Okay, let's work on correcting it," I think that's a critical thing.

I think often in in leadership, we're saying, "Oh, we said this one thing. But if we take it back, how will it sound like to do this and that?" Just no matter what a lot of other people think. At the end of the day, for me, when it comes to did I make a mistake, it comes back to if my mom was looking at me over my shoulder, my dad was looking at me, my sister was, and myself in the mirror, would I be okay with what I said, what I did? Sometimes, that means acknowledging your mistakes and saying, "Hey. I made a mistake. Let's go back to the drawing board and figure out what's going to work best for us."

[00:38:59] RT: It's so wonderful. I just read this quote this morning. Nelson Mandela, he said, "I never lose. I either win, or I learn."

[00:39:08] KD: Yes, that's great.

[00:39:10] RT: I thought that's a wonderful way to sort of reposition those moments in time. That's a learning moment. All right. So you came on this podcast probably with some thoughts and ideas, and I did not likely – I've given you an opening for all of those because I don't know. So what is it I didn't ask you that you want to be asked so that you can say something that you think is important for the people who might be listening? What did I miss? What do you got? What do you want to say?

[00:39:38] KD: For me, because I'm so passionate about healthcare, a lot of this comes back to that piece. I guess the piece that I would say is that when we're in leadership positions, no

matter, I guess, where we are, even if it's healthcare or not, I think sometimes that taking a back and looking is so critical. The reason I say that is because the first question you should ask what leaders are coming together to make a decision is who is not in the room. Not who is in the room. Who is not in the room?

Because often within healthcare in general, a lot of decisions are made for communities, and we don't look around the table and ask who is there and who is not. So that's why I think it's really cool that, for example, community health center boards, over 51% of the board has to be patients because I think that in and of itself is empowering patients and community members to be a part of some of this change. I think that's the first piece I would say is always take a look around and see who is there, who is not there.

Then second, how do you empower those folks that are not there to either get a seat at the table or to be a part of the implementing or the support of how everything is developed? So that's why I think this is super, super critical. Then the other piece I would say in terms of just overall, I think right now we're in a space where because we're coming from a pandemic, and right now there's been a lot of things that have been happening around the US, police brutality, issues with health disparities, a lot of things that are happening, a lot of organizations are really making this push. In leadership, leaders are doing this, as they're making, again, as I mentioned before, these statements around diversity, equity, and inclusion.

What I would really insist to leaders is that is great that you made a statement. I want to know what's coming after it. What is your action plan after it? If you make a statement, but then you just leave it and you never ask what that next step is because maybe you don't want to have that uncomfortable conversation, or maybe you just don't think maybe it's not as major or as important as it should be, I think that's where we really need to encourage our leaders to say the next step. Not only what is the next step. How are you going to voice that communication of what work you are doing to the community, the patients, the staff, so that everyone could actually hold you accountable for the things that you are supposed to do as a healthcare organization or any nonprofit or community health center that is really there to support our community members? So I think I would just add those two pieces.

[00:42:01] RT: Okay. Thank you for that. You're not always going to be the youngest guy in the room. You got a bright future ahead of you. So when you look ahead, what's in your future? Where are you going? What are your dreams and aspirations for yourself and for the world and for the initiatives you're taking on?

[00:42:19] KD: So I actually just applied to go back to school. Of course, who loves – No one loves more school than I. But I think part of that was because I'm still on this **[inaudible 00:42:29]** journey. I think a lot of times, I get questions around DEI, and everyone expects me to be the expert, and I'm like, "I'm not an expert. I'm learning, just like you are. Every day, I learn something new." So I just applied for a doctorate program that, if it goes through, would actually be focused around health equity and social justice. It's a great program that's offered through Johns Hopkins. So I'm kind of looking forward to that opportunity.

Then in the future, I just want to stay in the community health center realm. Again, like I want to be where the care has to be provided. It's really been me stepping away from the typical kind of hospital system and saying, "No, I want to work where people –" That's the thing I love is like everyone looks like me, so I don't feel out of place all my life. Then you have patients that are walking in the door that look like I did when I was young, right? Holding the mom's hand, walking through the door. Like imagine if you're a little kid and you're walking into a clinic. You think the typical needles and all that stuff, and kids would be scared. But imagine walking to a clinic where you see someone that could look like your aunt or your uncle or your family member that looks like you, speaks your language. I think that in itself is so empowering.

So really wanting to stay in the community health center where I'm going to grow and probably eventually do some consulting. I think that's kind of where it's kind of headed to that space of like how could I work with community health centers specifically to think about how they address diversity, equity, and inclusion? Because I think one of the biggest pieces, and I've always been asked this question, is where do you believe that diversity, equity, and inclusion should be done?

Usually, when folks asked me that question, they say, "Should it be at the board level? Or should it be at the leadership level? Should it be at the staff level?" I said it should be at every level. It shouldn't be at one level. The patient that comes in and sees a provider that doesn't

look like them may get a different treatment and care than someone else. The board, you're creating a strategic plan what the entire organization's going to look like, and you have the leadership that carries it out. That's why it's so critical that that conversation happened at every level. So being able to do that consulting work would be really great. I think that's kind of eventually where I want to shift.

Then I think I also love teaching students. Like since I graduated, I've like taught like numerous classes with the MHA program, and I've loved every minute of it. So I think going back and teaching a little bit like in a university would be really, really great.

[00:44:46] RT: Fantastic. Kush Doshi, thank you for coming into Swamp. Thank you for sharing your journey, your counsel, your advice, lessons learned, and mostly for being the bright light of energy and possibility that comes from hard work and committing to education and helping people. So thanks so much for all of this. It's been a pleasure to have you here.

[00:45:05] KD: Thank you so much, Rick. I appreciate that. To everyone out there, again, just wanted to reiterate that you could be a leader too. It only takes one person to start a movement.

[OUTRO]

[00:45:15] ANNOUNCER: Thank you for listening to 10,000 Swamp Leaders, with Rick Torseth. Please take this moment and hit subscribe to follow more leadership swamp conversations.

[END]