

Stephen Calabria: [00:00:00] From the Mount Sinai Health System in New York City, this is Road to Resilience, a podcast about facing adversity. I'm your host Stephen Calabria, Mount Sinai's Director of Podcasting.

On this episode, we have a special edition of Road to Resilience. It features actress Supriya Ganesh, who stars in the new hit TV show The Pitt on Max, where she portrays ER doctor Samira Mohan.

Supriya appears on this episode alongside Benjamin Abella, MD, MPhil, who serves as the Chair of the Department of Emergency Medicine for the Icahn School of Medicine at Mount Sinai and the Mount Sinai Health System.

Together, the pair discuss what it's like to work in both a real-life and fictitious emergency room, the challenges that arise in their respective fields, and how such stressful environments can test and foster resilience.

This episode is also guest hosted by Dr. Jon DePierro, the Associate Director [00:01:00] of Mount Sinai's Center for Stress, Resilience, and Personal Growth. The center was founded during the height of the Covid pandemic to support healthcare worker mental health.

We're honored to have Supriya Ganesh, and Drs. Benjamin Abella and Jon DePierro on the show.

Jon Depierro: Welcome to the Mount Sinai Road to Resilience podcast. My name is Dr. Jonathan DePierro, and I'm joined today by Supriya Ganesh, who is a actress on the hit television series, The Pitt, and I'm also joined in the studio here remotely by Dr. Benjamin Abella, our system chair for emergency medicine at the Mount Sinai Health System.

So, this show is all about resilience. We interview researchers about resilience. We interview folks who have been through challenging situations. Dr. Abella, you are the chair of emergency medicine at our hospital, so you supervise and teach in image organized chaos. And [00:02:00] Supriya, you are an actress and that's a top world in it of itself.

And you happen to portray a physician on the television series, the Pitt. What can you both tell the listeners about resilience personally and professionally? What does it mean for both of you?

Supriya Ganesh: Oh, that's a great question. Do you wanna go first, doctor? No, I'm like not sure.

Benjamin Abella: And certainly happy to go first, although I think as a successful young actress, you have plenty to say about resilience. I have a lot of respect for what it takes to make it in the acting world.

So as a 20-year emergency physician who's worked in a number of tough environments, urban trauma centers, I've learned a thing or two about resilience and I'd say a couple of key things.

One, a very common phenomena among emergency providers is to really base oneself in the world of reality and not the world of what you wish it to be. Because of course, we aspire to a different world and we should always work towards a different world, but at the same time say, these are the facts on the ground.

This is what's happening. This is where I'm at. [00:03:00] Because I think sometimes people struggle when in the moment, they think, it should be this way. Why isn't it this way? And you say it's not and we just have to.

One foot in front of the other and get through this while still having the eye on the prize of a better future world, living very much grounded in the moment. And that's helpful. I think it's hard for people. It's hard for people to see reality as it is and respond to it.

The other two things that have been personally very important for me, when I think about my own personal resilience as an emergency physician, one is to always have a state of gratitude.

And this may sound a little cliched, perhaps, or a little hackneyed, but I really mean this. Every day I think about how lucky I am. I'm lucky to be in a profession that has meaning, that has value. I help people. I help organize people to be better at what they do.

And that's a really unique and special role. There are immense challenges. Just this weekend alone, we're wrestling with three big complex ones involving our system and some of the ways we care for patients.

But, nonetheless, it's important work. And I say, you know what? I sleep well at night and I'm doing [00:04:00] really tough, hard but important work, and I'm grateful to be in such a position.

I have a roof over my head, which can be said for more than many people in this world right now. And I think that in emergency practice, we often see the poor,

the socioeconomically challenged, the people going through all sorts of problems.

And a wise mentor once said to me, realize that many of your patients in the ED are having the worst day of their lives. And we will go home after a shift to our bed, to our food, to our house, and many of them will not.

And so I think reminding ourselves that and being grateful for what we have helps get me through my days much easier.

And then the third thing I'd say about resilience is always, while my first point was staying focused in reality, my final point is always remember why we're doing what we're doing.

So I'm sure Supriya would say she has her eyes on a vision of informing audiences, of informing the world of expressing art, I shouldn't speak for her. She may see some of these things, but I'm sure as she goes through audition after audition, she's I know why I'm doing this. At least on most [00:05:00] days, I hope.

And I too despite struggles remain focused on what I'm doing. What's the vision? My vision is to protect and help patients. My vision is to help unlock people's potential to be the best they can be at their jobs, so that they can feel better about their lives and to help the mission of Mount Sinai.

And I'm fully but in on those missions, and that helps. That helps, 'cause in a down moment, I say, you know what? I'm not doing this for nothing. I'm doing this for a good reason.

Supriya Ganesh: Wow, I have no idea how to follow up that. And lemme talk about my equally important profession, an actress. No, I I feel I love everything you said. I think the biggest thing I really relate to is the first point you made, which is like existing in reality. I think that is so important.

You always hear that the people who make it out of like disaster situations are the ones who like actually accept what is happening to them the fastest? So yeah, I like absolutely hear you.

I think one thing that's really helped me through a lot of this process, I've been acting and auditioning for 10 years, is like thinking about the different mindsets I've been in and thinking about how some things felt really [00:06:00] important to me in the moment.

Five years down the line, I'm just , what even was that, or thinking about how something feels like a really big failure in the moment, down the line. You look back at that and you just think, oh my God, thank God that didn't go my way.

If that had gone my way, I actually would not be where I am right now. There's so many projects that I got so close to before I booked The Pitt, and while it was incredible to even get close and be considered for some of those things, I just remember feeling so devastated in the moment that I didn't get them, even though if I was really honest with myself, I didn't really want those things, and so, retroactively, I think reminding myself what I felt like when I was going through the things I went through, how life altering I thought they were, and then having hindsight and realizing that the things that are supposed to happen end up happening.

Maybe that's weirdly optimistic, but I think the thing that my career is trying to teach me is optimism and I feel like I'm on a spiritual [00:07:00] journey to learn that through my life. And yeah, I feel like trusting the process is really the only way I've made it through.

Jon Depierro: Yeah, you've hit upon a lot of the different ways we think about resilience, which is being optimistic, having faith, and a little bit of luck.

Supriya Ganesh: A lot of luck, a lot of luck. I will be really honest about that. I think sometimes the weight of how lucky I feel also helps me through. I don't necessarily think I'm that much of a better actor than anyone.

I think everyone's like equally talented or has their own gifts that they like bring to the table.

So I feel, gratefulness, I feel incredibly grateful that I'm given these opportunities. Not everyone gets to be here and experience these things. So I feel like I try to give my all because I am lucky enough to.

Jon Depierro: You also mentioned having a sense of perspective. The challenges that seem huge in the moment might not seem so huge five years down the road or a year down the road. That's what I tell patients as a therapist.

Supriya Ganesh: Yeah, absolutely. And I think [00:08:00] something that's really helped me with that is, I don't wanna say I journal because I don't think I keep up with it enough to claim that. But I try to note down mindsets.

So I'll note down mindsets when I'm feeling really low or I'm feeling really great and then I'll come back to them to remind myself like the headspace I was in.

And that also sometimes gets me through whatever situation it is I need to get through. 'cause yeah, like having that written reminder is also super helpful, 'cause sometimes intense emotional experiences can feel very all or nothing.

Jon Depierro: Yeah. I sometimes tell my staff, and maybe Dr. Abella, you've done similar things, to make note of the positive things that happen.

So you get a good email amending you for something. A patient says something nice to you, write it down or save that email or frame it somewhere, metaphorically, because on your worst of days, you're gonna think you're a total failure.

But if you have this archive, this repository of realistic, positive things, it reminds you [00:09:00] that life is balanced. It reminds you that you've done a lot of good and there are gonna be setbacks, but you are doing good work that people are appreciative of.

Benjamin Abella: Yeah I agree. And one thing that I talk about often that helped me through my early career, and it actually continues even to shifts these days, is, sometimes the very smallest, quietest moments in the ER can loom large when you look back and say, I did something useful.

So for example, ERs are famous for having turkey sandwiches, right? And at three in the morning, some patient's asking for a turkey sandwich. And it's a internal joke in our field. In the middle of the night, we often get a lot of on undomiciled people.

And early in my career and throughout my whole career, just the act of getting a homeless guy a turkey sandwich and treating him with dignity and saying, here you go sir, want some juice with that? Or some ginger ale and bring them something.

And I would do it as the attending physician. And just doing that act, of like just direct simple service, human to human it, it's amazing. It's. It just gives you a little lift because you're like, I did something, small, very small.

But for them it's [00:10:00] not so small, because as an undomociled person in the ER, they're often treated not so well, I have to admit, and so someone just treating me with dignity and saying, here, human to human, have some food.

It's something I talk about often as getting me through some of the days,

Jon Depierro: Those little moments.

Supriya Ganesh: Yeah, absolutely. Just having human connection with people. I think in the midst of all of this, I think just feels Yeah. Incredibly special. And I can imagine that gets you through a lot.

I have to say, I have no idea how you guys do it, if I'm being really honest. It's interesting 'cause I am playing like an ER doctor and maybe I should have a better understanding of how you guys do it.

But that is like the number one question that a lot of people who aren't doctors will ask me where, they'll be like, wow, like the show's so intense. Like it's really overwhelming. Like even watching it, I'm getting like a lot of anxiety.

What's it like to film? And then I'll say, oh yeah, it is just incredibly intense and then they say like, how do ER doctors do it? And I'm like, I [00:11:00] actually really do not know, 'cause it's so anxiety inducing when the stakes aren't life or death, like the worst thing that's gonna happen is that, we lose a couple thousand dollars 'cause I messed up the shot.

But even like the little bit of work I did before the show, like talking to people, talking to the doctors we have on staff, talking to all of them, I think that was a question that came up for me as well. Like, how do you do it?

And it was very interesting how it felt like the ER attracted a, like a certain type of personality. It attracted a certain type of temperament. I feel like the best way I can or like the closest thing I can liken it to is meeting people who work in food service and like in really high pressure environments in New York.

I tried waiting tables for a little bit and it's like, my brain just did not work that way. It was absolutely awful. But I do think there's there's something about a personality type that can handle just a lot of pressure and stress.

And I think that's like the only way I can wrap [00:12:00] my head around it, 'cause I see so many different types of people, but they're all somehow able to, or at least the ones that I spoke to, are able to handle the realities of the job.

Benjamin Abella: Yeah. I really like an analogy. I've often said, I feel like sometimes a server in a really busy restaurant, it has similar feel, dealing with patients of all kinds, dealing with customers of all kinds.

The multitasking, just the noise level, the desire for throughput to keep things moving. Yeah, no, that, that's a really smart insight, I think, and speaks a lot to that kind of personalities that we bring to the table.

Supriya Ganesh: Totally. And I remember trying to wait my first table, 'cause I did the hostess thing and then they tried to graduate me and they gave me like one task and I still remember I like froze. It was like a crazy busy restaurant.

We were double booked. It was like a Saturday and they gave me one task and I was just, I just stood there and I was just so overwhelmed by the sheer amount of shit that was happening in front of me.

And I feel like in some ways like that is also Samira. Like I think there's parts of her that feel like that to me. And I think this season was [00:13:00] all of us as a team trying to explore, what does it mean that personality type ended up somewhere where, it's just not catered to her.

And I drew a lot from that memory of just standing there with a tray of champagne glasses with going I don't really know what to do.

Jon Depierro: Yeah. I've often thought about that. I've gone to some restaurants where everything has to work perfectly for this to be pulled off. So it's not just the waitstaff, it's the chef, it's the maitre d, it's the lighting, it's everything.

You have a plate where things have to be a certain temperature, everything has to be perfect for it to work or it's a complete failure. And one thing that strikes me is practice. Just like in the ED setting, just like in Hollywood, you practice repeatedly.

You do a take multiple times. You practice reviving someone, doing CPR, running a code multiple times before you have a bleeding screening patient in front of you who needs your immediate attention work, where tensions are really high, and that [00:14:00] preparation is really key.

So yes, it's the personality. You need a certain, maybe you need a certain personality for being in emergency medicine or being in Hollywood. But it's largely preparation. It's largely the quality of the training that you have.

Supriya Ganesh: Absolutely. That was something that really struck out to me when I was also prepping for the stroll and talking to the doctors where, I don't wanna use the word robotic. It's not robotic. It's very methodical.

Like the process that you guys have is incredibly methodical. And we watched, my God, Code Black. We watched Code Black, a documentary on ER doctors, in order to prep for this.

And one of the first shots is just this insane mishmash of like doctors around this, this trauma patient and the voiceover goes, this looks like it's chaos, but there's actually three separate teams doing very specific things here, and they're all working in tandem and they have a shorthand and they've done this several times.

And I absolutely agree that I think there's something about the repetition [00:15:00] that allows it to feel like second nature. That's something that was important to me in building her, too, 'cause I think to her, the repetition of it is the only way she can sometimes get out of her head and just like being like really body focused.

So I notice it when I'm in an ER and a doctor comes in and I can tell, they're like going through like a script and they have a method and I think it was also really important for me to construct her that way in that she's someone who's just going through that list consistently to get through.

Benjamin Abella: By the way, I got a compliment. I think your character is fantastic and you portray it beautifully and you have a bigger compliment.

I don't know who the medical advisors were on The Pitt, but compliments to them because I think a lot of the structure of the roles, it feels just pitch perfect as a 20-year-plus ER guy. I gotta say I look at the docs and the nurses and the techs and various people are like. That's right. Like I, I've met that person.

That person is just spot on. And you are one of those roles where I'm like, yes I know this person.

Supriya Ganesh: Yes. [00:16:00] And it's it makes sense that it would be an R3 'cause that's really the point at which you have to like, fail or fly. So you're gonna be a senior resident next year? Yes.

And I actually totally hear you because I was pre-med in college and I actually took the MCAT last year before. Yeah, I took it to tutor, which is insane. Like I took it being like, I will get a ninety-nine percentile score in this.

But it was like the strike and I was like I'm gonna, I'll figure it out. And I guess I did. I don't know. But I will say, like before the show, it was really hard for me to audition to play doctors because I couldn't suspend my disbelief.

I would get a script and I just I'm not gonna say I like, knew enough to know why something was wrong, like that's absolutely not it. But I know enough to go these things don't fit.

And, I think sometimes you could just hear like the condescension in my voice when I was seeing certain things and maybe I was doing my job really badly. I don't know, whatever.

So it was really hard to play doctors. And then I got this script and my first [00:17:00] audition side was the trauma scene. We do that, that I'm leading with the train track patients in the first episode. And I still remember looking at that and going, oh my God.

Someone with a medical degree wrote this because I can see the logical flow here. I can see, while you're doing the ultrasound and make sure there's no bleeding, I'm checking like the pupils to make sure there's no brain damage.

I'm, I am checking the wound and then, okay, I'm giving, rock and ketamine to, to sedate them before they intubate. Like it's like the logical flow of the scene with the air. I swear to God, I've probably seen scripts where they're like, push epi now let's intubate.

And I'd be like, ah, I don't think that makes any sense. So this was like the first time I feel I, I, could let go of that part of my brain and just be like really immersed in it. And then I mean I met the advising positions and they're all just incredible.

Yeah, I always hear oh, because of your background, do you ever go that's actually not right. And I'm like, literally never. I've literally never had to do that or feel that way or even think that way. 'cause everything's just so true to life and it's just amazing.

Benjamin Abella: Yeah, they [00:18:00] really have done a very nice job. So if you ever talk to 'em, tell 'em an old grizzled ER doc says they've done a very nice job.

Supriya Ganesh: I will absolutely pass that message along. I think we wear it as like a badge of honor. And I think, the reason we really wanted to do that was, I think like obviously you booked this role and you realize it's really special.

And then we showed up to medical bootcamp and we're surrounded by these ER doctors who I think I was really shocked by how much the doctors said they needed our show to exist.

And I think this comes back to this idea of resilience because we started filming in 2024. It's been four years since the pandemic, or since the pandemic started at this point.

And I think the ER was hit really hard and I think a lot of doctors struggled with resilience through those first few years, and I think still do is like an aftershock of how bad it was. And the thing they kept saying is I feel like [00:19:00] we need this so people can understand what we're dealing with.

And I think because of that, we were just like, we cannot screw this up. We were very cognizant of the responsibility that was placed on us, and so we wanted to make sure that was the community that felt the most seen.

Benjamin Abella: I compliment you and I'll add one thing. I think also sometimes to get I'm not a psychologist, but to get through trauma, you need to tell the story or speak it out, or talk about it.

We'll often do debriefs in the ER from tough events, and there's just the act, with kids, there's art therapy, right? You draw your trauma and I think to a certain extent, as a physician watching *The Pitt*, I get that. Like it's helpful to process things.

And I'll be perfectly honest, that first episode of *Pitt*, when they cut to the, essentially the jump scare of the Covid flashback, totally, I'm sitting on the couch with my wife, who's a doctor by the way, but a cancer doc, different kinda line of work, when with no warning and went to that covid flashback, it hit me much harder than I thought.

So I lived through Covid as a doctor through [00:20:00] Covid. Many traumas and difficult things but I, like many people, oh, I'm basically fine, I think, and I'll just keep doing my thing. Yes and no because I'll tell you, when that scene suddenly flipped and it was suddenly him in the Covid room, I had a visceral, somatic reaction, like I can't even describe.

I had to turn away and stop watching. I had to composed myself for 10 seconds. I like had a pit in my stomach, I started sweating. I guess it's called PTSD, I guess that's what that is, right?

I was like, oh, that must be what PTSD is. I like, I couldn't watch for a few seconds. I had to, and I and my wife was like, are you okay? I was like I just need a second here.

And like I, and I finished watching I'm okay. But it, to your point, like I think for many people who lived through it, we're still dealing with that and sometimes going through it through art and drama where it's not real, it's an important, almost therapy, for lack of a better term.

Supriya Ganesh: Absolutely. And I think the one kudos I will give the creative team is that they went there, I think there's this huge conversation right now in art about do we acknowledge the pandemic? Because it was so [00:21:00] close, or it's still so close.

Like four year, five years really isn't that long. I'm not something like, I don't know, the Spanish influenza where it's like, it feels like farther away, and so we don't need to deal with it. But like with art, it's always are we doing like a pre-Covid thing, a post-Covid thing?

Are we just gonna ignore it? What's the deal? And I commend our show for, especially with healthcare, going no, we absolutely need to talk about this, especially in the context of the ER because, something that really struck me in and I'm, maybe you can speak to this Dr. Bella, I'm not sure, but something that struck me was how ER doctors said that it felt like Covid became their specialty's problem.

And which isn't to say doctors from other specialties didn't show up. They absolutely did. But like the specialty that was hit hardest and also expected to deal with it is the ER. And I think that's also something very interesting. If you think about how new ER as a specialty is, like what it was really founded in like the 70s.

Benjamin Abella: Yeah. Like late sixties, early seventies at the very specialty.

Supriya Ganesh: Yeah, like emergency medicine, not a year, but yeah, it's just, [00:22:00] yeah, it's just, it's so interesting how these procedures or methods and processes are all so new and if you add something as overwhelming as a pandemic to it, which I still think could have been managed better, but if you add something like that to it, it's an incredible weight.

Benjamin Abella: I'm really glad you went there. Again, it's just like reality-based thinking. Look it's a thing. Like it's on our minds. It's out there. It's there in front of the grill. Let's just own this and share it and go there. And I think maybe just not medical people, like the world needs more of that.

We can't just pretend this thing didn't happen. It affected so many of us. My three kids their school, there were canceled proms, there were canceled graduations. We all, in various ways lived through a huge upheaval in our lives, in many ways.

So I'm grateful that you guys took ownership of it and did it. And yes, to your question, yes. Emergency medicine as a specialty really feels like we bore the lion's share of this thing, along with critical care.

So critical care and emergency medicine were a band of brothers [00:23:00] and sisters through this thing. But yeah, very tough and many people left the specialty, actually. Now the thing is though, for many of us, and I would still say for myself too, it's a point of pride.

Like we're tough, we're resilient. We do what needs to be done. And, I'm sure, as you met many emergency docs and delved into your craft on this, we're a proud bunch and we're a tough bunch.

And we take pride in that, I suppose maybe we share in common with a bunch of vets who have just come back from saying look we're in it together, it's tough things. And I do think that teamwork, that companionship makes a big difference.

You see it in the TV show *Pitt* again, very well portrayed where it's not a solo practice situation. You're not just in the office somewhere. Like you have these relationships and you're checking in on each other and going, yo, you okay? You okay?

And that happens all the time. The last shift I did, we had a very difficult cardiac arrest situation where the guy didn't make it. And there were a number of things that were difficult about it. We debriefed, we had a moment of silence.

We had some side guard our conversations, families showed up. We checked in on each other, 'cause the senior residents led that [00:24:00] conversation after, Hey, you do okay. You need a minute, my chat.

So there's, we get through with each other. And I think back to the topic of resilience that's a big part of it. I suspect it may be harder in some ways as an actor because a lot of times it's very solo.

You're auditioning alone. You go home alone after a failed audition to your apartment. ER, it's constant teamwork, and constant working together. And you understand each other. You're in it together.

No, I suppose actors probably have their friends and their actor friends and Oh, crappy audition. Yeah, I know. And you get out, go for drinks and ask, screw those guys. So you have your moments to get through.

But I think doing it as a community makes a huge difference with our ability to adapt. And Covid was absolutely an example. And so now, for example, emergency folks who got through Covid, we share something together.

It's like a secret code, so for example, it's very faded now, but I have a semi-permanent, small scar in my nose from the N95 metal brace that was constantly on there. It's mostly faded, but you can see it in certain light in certain days.

Other ER people have that as well, and they'll see it and they'll be like, it's one of [00:25:00] you're one, I think one of us. Yeah. I see you, exactly. And so we just have a shared language and shared experience, and it's worldwide, worldwide.

Jon Depierro: I wanted to add from a mental health perspective, one of the things that stood out about the show is both the realistic medicine, and I've actually since learned that residents and fellows use patients from The Pitt as teaching tools and discuss them amongst themselves to learn more about medicine because it is so realistic.

But at the same time, the mental health impact, both from Covid reminding people around the world, people in this country, the impact that Covid had on physicians and other healthcare workers and its lasting toll.

Things like PTSD or depression, burnout, anxiety, turnover, and the continued impact that the practice of medicine has, especially in emergency medicine where you see, trauma people on their worst day after day.

There's workplace violence. It's can be exhausting. You can feel ineffective in the work. So I think that's another [00:26:00] thing that people have really reacted to. Online and certainly my colleagues, as well.

And it's something that I really wanna highlight, because I was wondering, what did you learn about the mental health of healthcare workers through taking on this role?

Supriya Ganesh: There's so much to say because sometimes I struggle with, and I know this is something that psychiatry as a discipline is grappling with, what even is a mental health struggle, when I feel like sometimes the circumstances that cause something feel really external.

Like it's really odd because I guess it's like I empathize a lot with why someone like Samira would feel depressed working in a system that simply isn't for her, and working in a system that ultimately maybe doesn't allow her to give the best care that she possibly can.

I understand why after dealing with so much trauma you would have PTSD. I guess I'm trying to say, there's a part of me that validates the struggles that doctors are having [00:27:00] because of the external circumstances that they're dealing with.

I don't really know how else you would react to any of those things. But I also think another thing that really struck me was just how high rates of depression are amongst ER doctors. I think it's like the second highest, according to my research, I think urology is the first.

And I think just coming back to this idea of external circumstances, like I just feel like something has to change in how. How ERs are funded, structure, what have you in our show, like touches on this.

Because I think it is dishonest to focus on the level of doctors and be like, this is something you can deal with individually, 'cause I think it is much, much bigger than that. And I would hope that one of the things that our show does is shine a light on what changes the system needs.

Because I think it is [00:28:00] crazy that I think I might right now be making more money than I would have had I gone down the medical school route, just with like student loans and the hours you work in the ER, if you just go hour by hour, you're probably making minimum wage as a resident.

It's absurd. When I think about the mental health of doctors I instinctively just go look at like the circumstances. You know what I mean? We need to fix those things instead of. I guess focusing on really individual things.

Jon Depierro: It is very realistic. We do actually a lot of research about structural impact on burnout, like how structural issues impact burnout. One of the things that comes out is leadership support.

If you feel supported and valued by your leader, you're much less likely to experience depression and anxiety in healthcare, and you're much less likely to wanna leave the institution or wanna leave healthcare entirely for something completely different.

And the other thing is workplace culture. If you're with people that you trust, that you get along with, where your [00:29:00] thoughts are valued rather than dismissed, if there isn't bullying or workplace violence, those things, just writ large, have a very significant impact on your mental health.

And actually, I think the pandemic, of many things, helped highlight that, and that's a lot of the work that we do as a health system is both the individual. So we have services like our center, that provide behavioral healthcare to healthcare providers and physicians and nurses and very low bar for accessing it.

And we also work on structural things to address stigma around help seeking, to train leaders to be more receptive to their staff, and to create a psychologically safe environment.

It's really a whole sphere issue. It's not just the individual needing to pull themselves up by their bootstraps or to meditate on a mountaintop to cure their burnout.

Benjamin Abella: Oh yeah, you're right about the the hard work during med school residency, the debt. Many physicians talk about the sacrifices they make in their twenties, and my wife and I talk about this often, that our twenties were, I don't wanna [00:30:00] say a lost decade.

That sounds too self-pitying, 'cause they were incredible decades. Growth, stimulation, but big sacrifices, because when many people in their twenties are getting their first jobs going out on weekends, we were like in the hospital all the time making very little money. So there is that for sure.

And that's, though, where I do think the mission focus is so important that, I often feel now that I'm the management, I'm learning more and more, when people start griping about the pay, it's often deeper than that.

Because people who really love what they do tend not to think as much about the pay. And I don't mean to belittle it, of course we should be paid appropriately but like you can see warning signs that people just don't love what they're doing when they're like I had one too many shift on the weekend, or I need a raise.

And yes, true but it's often a sign that maybe, is there a bigger problem? Are you not enjoying this work? Is, have you lost your sense of purpose? These sorts of things because you know what? There's all sorts of.

Heavily cliched, but I think somewhat accurate things where it's if you do what you truly love you, you never work a day in your life, and you'd do it for free. [00:31:00] Now of course, those are written by people who probably made lots of money too.

And so, there's a little bit of conceit in that maybe, but. It's not completely untrue, but there, there is a lot of sacrifice to get where we are as physicians, as nurses, as many of these careers.

And so I agree with you. I also think your comment was very correct about the system in general and how the pit is really calling attention to that. There was a little New York Times article recently talking about The Pitt and I don't know, Supriya, if you saw it.

But I had the good fortune of being quoted in that. And, I talked a little bit about how the system is really struggling. The and healthcare in general in the US is struggling, but in particular the emergency medicine system is struggling, underfunded, outgunned.

And, in many ways, it's because as primary care and other access points crumble, the ER doors are always open. There's no lock on our door 'cause we're 24/7. And so people come to us with problems that are really not so much emergency medicine problems, but system problems.

In fact, there was a famous chair of emergency medicine in the New York region who famously used to [00:32:00] say, when rounding on patients when they were about to talk about a patient, they'd say, first, tell me what part of the healthcare system failed this patient to make them come here today.

And as a provocative opening gambit to get people thinking like, are they here because they have an emergency medical problem? Or did some part of our whole system fail this person to get them here?

Were they not educated in symptoms to know if it was an emergency or not, did they try to get into see a cardiologist and fail? Are they here 'cause they couldn't afford their inhalers so their breathing is short?

And many times, when you really peel back the onion, it's failures in the system that are just linked to the ER. Now we're proud of being the safety net.

It's an important role to play, but we also don't want it to be taken advantage of by the system if that exists. And we often feel in modern times that this is increasingly happening.

Jon Depierro: Certainly some sisters can make you feel ineffective as a physician or healthcare worker. 'cause you see it happen repeatedly.

Benjamin Abella: That's right. That's right.

Supriya Ganesh: That was something that came up a lot in our conversations with ER doctors. How it felt like they had to be [00:33:00] everything and nothing. Where it's like you have to do a little bit of everything, but then you can't apply too much jurisdiction, 'cause then like other specialties will get like upset and be like, that's my patient.

It is so interesting and I think it is, in part, because it is just such a new specialty. Everyone's just trying to figure out how to like, make this thing work. It's just so mind blowing and just goes to show how much already things have progressed in medicine in the past, how long has it been since the seventies? I can't do my math. 50 years.

Benjamin Abella: No, our field has become much more sophisticated and, like any medical field, there's ebbs and flows. But sometimes these shows, even if they show challenges, they attract people. It's like good marketing.

So I'm actually thrilled for The Pitt in another way. I hope people see that I'm really, medicine is stimulating. It's exciting. I have to admit, in some ways I think I'm informed from a show in the seventies. It's called Emergency. It was a really old ambulance show. I used to watch it as a kid and loved it.

And I do wonder if, to a certain extent, I'm an emergency doc 'cause I love that show. So maybe [00:34:00] right now there are people out there who are watching The Pitt, who are gonna be future emergency docs, nurses, techs, PAs.

Supriya Ganesh: Very different show. But I became pre-med or went down that path mainly 'cause I just thought Christina Yang was so cool. I was like, I'm gonna be a cardiothoracic surgeon and I can do it.

And don't look at the fact that I have carpal tunnel syndrome. I'll be fine. But yeah I like definitely felt very attracted to her character and then went down that route for absolutely that reason.

Benjamin Abella: I see it, it happens. So who knows? Even though The Pitt is this gritty, not very sexy or glamorous sort of vision of emerging medicine, it nonetheless may attract some people to say, wow, that's cool what they do. I can see doing that.

Supriya Ganesh: I always think about art imitating life. Not to nerd out, and you can cut this 'cause it's just say, I, I like this fun fact, and I just think it's really cool. The procedure that Abbott and I do in episode 14 where I'm pulling, have you, I don't know if you've seen that one.

Benjamin Abella: Oh, i, I haven't gotten that far yet but keep it coming. It's okay. You can school. It's fine.

I'm not

Supriya Ganesh: spoiling anything, but we're essentially pulling air [00:35:00] out of the heart with a French pigtail catheter.

Benjamin Abella: Nice. Like it.

Supriya Ganesh: And I was like, this is insane. Like why are we doing this? This is so crazy. And it was the one moment where I was like, like what? What's going on here? Did we, are we making a different show?

And then the doctor who consulted on it said, no, this is like real, and it, they, there's a paper on it. There's only one time that it's been done and it's been done in like South Korea in 2022. And I was like, no. I looked it up and I was like, oh, whoa, it, this is crazy.

And then I did start thinking like, what if, weirdly, we popularize this procedure, which would just be so insane. So many doctors like, watch the show. Like almost every [inaudible] is based on a medical paper.

So I, that was very like, mind blowing to me in the moment that we might even be like popularizing machines, procedures, what have you.

That, yeah. It's like how, you see how people saw tech in Star Wars and they were like, I wanna make that. And now we have conduits or conj, what's the word? Adjacent [00:36:00] things to the things that people saw.

Jon Depierro: So you could have a role in medical education.

Supriya Ganesh: My friends in medical school and apparently they're playing videos of the class to the class. Yeah, it's a weird way to like finally end up in med school, but I will take it.

Jon Depierro: I was a neglectful host. I actually forgot to ask you about your character in any depth. So maybe you could tell listeners about Samira.

Supriya Ganesh: Oh, she's an R three who's really struggling with, I think, the realities of being an ER doctor. She's someone who really likes spending time with her patients, likes viewing people really holistically. And that just takes a little bit longer.

She really likes the human connection that she finds in the ER, mainly 'cause she doesn't really have a life outside of it.

And I think she's really emblematic of what a lot of doctors struggle with when they're just in between that transition from like a junior resident to a senior resident, where you fail or fly like you have to deal with what it really means to be an ER doctor.

And it's very interesting, 'cause Dr. Robbie, the character that Noah [00:37:00] plays, is very hard on her for not coming up to his standards, what have you. And it's interesting 'cause like I think there's like parallels between him and her in some ways.

Where he's also overly connecting with patients and he's overly empathetic. But there's this sense of this is like bad. And I've had some of the worst trauma in my life 'cause I have this tendency and now I'm just going to make sure I'm, I can like, save other people from being that way.

And I think that's part of why he also is like really hard on me. Yeah. Samir is really amazing. I feel really grateful that I get to play her.

And I think she's just such a great commentary on like physician burnout and I get a lot of messages from doctors being like, I like see a lot of myself in this character, which is just so amazing to receive that feedback.

Benjamin Abella: It's a terrific role and well written and well acted, and it's I think it's broader than just emergency medicine. I think one of the deepest, quintessential issues we all struggle with in medicine, is connecting with our patients versus keeping it moving.

The system that currently is in place, primary docs have 10 or 15 minutes with a [00:38:00] patient. Emergency docs have to keep it moving. Like everyone's on this hamster wheel essentially. And yeah, we went into medicine 'cause we wanna connect with people and help people.

And so I think this is a really big central issue in medicine that this character brings up. That we ought to struggle with on a day-to-day basis. And in emergency medicine we sometimes look like just horrible humans because we have to move on.

And you see this in Robbie a little bit. You see this with your character. You have to move on from these things.

I've often said, some of my lowest moments in the ER, when I look upon myself from a 50,000 foot view, and I just gave someone some horrible news that their wife was just diagnosed by my CAT scan with metastatic cancer, then I'm like, Hey, are those Doritos public?

I'm back in the break room just like having a quick bite. I'm like, wow. I'm like munching on Doritos laughing with someone 30 seconds after giving this person the worst news of their life. But it's the job.

So anyway, there's no easy answer there, but I think this character really brings that struggle to the fore in a really good way.

Supriya Ganesh: Yeah, absolutely. I think the show does a really good job of not providing [00:39:00] those easy answers. I think it shows that Samira's way of going about patients has its advantages and she's able to catch things other people don't.

But then I think it does a good job of also showing that I am also a burden on the rest of the ER team. I mean it's frustrating that they all have to play ball and I'm trying to opt out in some way.

It's like there's a lot of shots I'll be taking some time or I'll get a bit of rough feedback from Robbie and it'll cut to like the waiting room and it's like so many people and it's the ethical thing of, if I am taking that time with someone, is it really the most ethical thing I could be doing in that moment?

Yeah. It's just, it's not an easy, it's not an easy thing to spell out or figure out. So yeah, I do really love the character and think there's a lot of things that end up getting explored through her.

Benjamin Abella: I'm so excited to watch the rest. I think I'm on episode seven or eight right now. We're binge watching in spurts. I know the MCI is a big deal. I've not gotten to the mass casualty incident yet.

Supriya Ganesh: Yeah, I talk about resilience. It's so interesting, imminent researching. We wanted to really show how treating [00:40:00] gunshot victims affects doctors and treating them at the level of something like a mass casualty incident like that, which is based off of the Las Vegas shooting.

And I think the main message we really wanted to send out was, gun violence is the healthcare problem. It's a healthcare problem at this point. And it's like a shooting every day in the US or something like that.

It's a leading cause of death for children, higher than cancer. That was like the message we wanted to get out there. 'cause I think there's a lot of focus, rightfully so, on victims and how their lives are upended.

But I think we also wanted to point out, similar to the pandemic, you're like overloading a system that's already not really doing that great with something that could be, it just it was like really hard watching doctors talk about how hard it is to have to like consistently do this in some areas and I'm excited for you to watch it.

I think it's like one of those moments in the show where you really do see how the resilience of an ER team really comes together.

Jon Depierro: We're almost at time. I was curious, Samira, do you have questions for [00:41:00] us?

Supriya Ganesh: I guess I do have a question for Dr. Abella, which is, do you have a thing that you do at the end of every shift that allows you to like decompress?

Benjamin Abella: I wish I had a good answer. I sadly don't, I just boom and go on with my life.

Supriya Ganesh: Do it feel like you're able to turn it off?

Benjamin Abella: Yeah, I think I've done it long enough and see this is the part where I say Isaac be just a callous, old haggard guy. Yeah, I just move on and No, I, that isn't to say, I don't know if some shifts where something really horrific happens where I have to.

Take a little time and sometimes I'll take a walk or go outside and like stare at the skyline for 10 minutes or I'll call my wife or one of my kids and just like level set with something real. But not often, honestly, as I go on and on, I just. It's the job.

I just move on. So sadly I don't have a great answer for you. Now, I will say this. Earlier in my career, and [00:42:00] some ERs still do this, there's a tradition of going out for breakfast after night shift, often a boozy breakfast.

There's some, you find those diners that are 24 7 with some drinks. And I used to be a big fan of that, not that I'm big into drinking, but the comradery, the just going out for breakfast and then just having a laugh.

And typically those breakfasts are reflecting on some of the ridiculous things that happen overnight and everyone's having a laugh over X, Y, or Z, because, for sure, having the gallows humor, laughter about all the crazy things that happened is a crucial ER survival technique.

So there's some of that to be sure. Now I do shifts, but I'm also a manager, so I'm not like with the people in the same way that I was. You know what I mean?

I'm, most of me days are, I'm the guy in the suit, in the back office so I have less of that but certainly many ERs have a strong ethic of going out for breakfast after a shift. And also just evenings out.

Our residents have a Tuesday night ritual going out to a bar and I've often joined them. I've learned not to stay too long 'cause I don't wanna mess with the vibe 'cause I'm like, grandpa, so I gotta get outta there. But I stay for 15 minutes.

Schmooze, have a drink, pick up the tab and [00:43:00] split, but these are the sort of things that that some people do. But, these are the good things. I do worry a lot about some of the dysfunctional things that people might do.

And certainly, in the house of medicine in general, we don't talk enough about whether alcohol is a crutch in an inappropriate way or other drugs or other behaviors. And I'm sure it's all there.

We know it's all there. And we probably don't talk about it enough or reflect on enough. But certainly there are good and functional ways to deal with it. And I think going out and spending time with each other is one of them

Supriya Ganesh: That's helpful. I feel like the reason I ask that question is 'cause sometimes when I'm doing like these procedures, like they just feel so real in the moment.

We're like trying to go so true to life and then we'll yell, cut, and I'll just be standing there like a fake scalpel and blood all over my hand and like a catheter. And like Cody who does props on our show will have to come and be like, just let go of the scalpel and let go.

Because I'm just like, I just feel so overwhelmed. It's like my adrenaline's going. Yeah. So I was like hoping I could get to help not [00:44:00] get adrenaline going. But the best thing I've done is just buy like a 20 pound weighted blanket.

Benjamin Abella: Oh, that's good, those are the way to go. Also, just going to the gym, I exercise I'm sure a lot of ER docs and nurses are buff and exercise. One of the ethics throughout emergency medicine, the vibes, is a lot of EM people like to rock, climb and surf, and the runners and the triathletes.

And so there's a lot of that. And I think exercise gets the endorphins going and is a stress relief. So I think a lot of us do those sorts of things. Every third ER doc or nurse has a couple of tattoos.

Does rock climbing. I imagine we have a much higher rate of people who have jumped out of airplanes than other fields. That kind of a thing. There's that going. And also travel. Er people, because of shift work, you can do this. ER people are notorious for going away, and just going somewhere crazy.

And so, it's not uncommon for them to be like, oh, I just got back from, the beaches in California, or I just got back from Cancun or I just got back from Europe or whatever. 'cause they'll steal four or five days in a row and just do something.

Supriya Ganesh: Yeah. Very interestingly, it's it's a career that [00:45:00] would work really well if you were an actor, 'cause it's shift work. So who knows? Maybe I'll do the med school thing after all.

Benjamin Abella: That would be awesome. You took the MCAT. You're halfway there. Let's do it.

Supriya Ganesh: Oh, I'm like a 10th of the way, let's be very honest. But yeah, that'll be, that would be really funny.

Benjamin Abella: Excellent. So the play opened in San Diego or It's about to?

Supriya Ganesh: It will we're gonna start tech like in a week and then we have previews May 10th, and then we open May 15th. That's I guess I'll do a little shout out. Come to House of India in San Diego, if anyone's in San Diego's listening.

Benjamin Abella: That is fantastic. Good luck with that. That's very exciting.

Supriya Ganesh: Thank you so much.

Jon Depierro: Finally, as we wrap up, could you each share an overwhelming challenge you faced in your respective areas that tested your resilience and how you worked through it?

Benjamin Abella: Happy to go first. I'd had this as a recurrent challenge, actually. My mother died of metastatic cancer and she was diagnosed in an ER. It was a number of years ago now. So it turned out, it is not uncommon for

people's first cancer diagnosis, sometimes [00:46:00] metastatic, to be made in the emergency room setting.

So I would say, I don't know, three or four times a year, I don't work that many shifts. Many docs do this to once a month. Three or four times a year, I will tell someone, I'm really sorry, but the CAT scan showed this and it's metastatic cancer or something just horrific.

And it's tough because as a doc you're still a human and you've still had some of these experiences and so it's very triggering, and so that one is a tough one for me when it happens.

And I'm able to keep my composure, I deliver the news, I talk it through, and then I sometimes leave the room and I fall apart a little bit. And I just have to take a couple minutes and I leave the ER, I step outside, I stare at the world, whatever it takes.

But that is a definite hard pause moment where I can't just move on to the next patient. But I need to take a few minutes just for myself and I'll tell the team, Hey, I just need to do something and they're like, okay. And I don't wanna bring everyone down. I don't tell that story to them in the moment.

They're like, Hey, just need a few minutes. And as the attending position, everyone's like, he's [00:47:00] the boss. Take a few minutes. And I'll come back five minutes later, snap, snap outta that. I get back in the game.

But sometimes you must take a few minutes. There's just no way to pass Go without taking a second.

Supriya Ganesh: Yeah, I mean that, that's a really lovely example. And also, it's great hearing that like, I don't know, you're able to be aware of yourself and take that moment so that it doesn't weigh more on you than it needs to. That's really cool.

I feel like something I really grapple with is being like a South Asian actress and having these goals and dreams that I like see for myself, and then not seeing a lot of people that look like me achieved those things that feels sometimes really overwhelming.

And then dealing with the stereotyping and the prejudice and the limitations that sometimes comes with like these systems of like racism and sexism and what have you can feel incredibly overwhelming.

And yeah, I think I'm still figuring out how to break [00:48:00] through these things. But I think when I feel hopeless and I feel like I've come up against a wall that, I don't know if I have so many people on the other side to like, help me through, I try to look back and see how far I've come. And see how many barriers I've already broken that felt like totally impossible in the moment or even five years ago.

So I think, I guess coming back to the idea of hindsight, I just have to trust that if I just keep pushing, I'm gonna break through. And really leaning on my community. I have an incredible group of South Asian actors who get what I'm going through.

Ultimately no one's gonna get you more than the people who are experiencing the same thing as you. So, really leaning on them and venting to them and feeling understood feels like so amazing.

And I just feel incredibly grateful that I found that group of people where sometimes things with acting can get like really competitive and weird and like strange. So I feel very grateful that I have a community to like, help me through [00:49:00] these things.

Jon Depierro: Yeah, that's really essential finding your pack. And thank you and good luck on your opening and I really appreciate you taking the time Supriya and Dr. Abella. So thank you all for coming and I hope you enjoyed the show today as much as I did.

Benjamin Abella: Real pleasure. Thanks so much.

Supriya Ganesh: Thanks.

Stephen Calabria: Thanks again to Supriya Ganesh, and Drs. Benjamin Abella and Jonathan DePierro for their time and expertise.

That's all for this episode of Road to Resilience. If you enjoyed it, please rate, review, and subscribe to our podcast on your favorite podcast platform.

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Road to Resilience is a [00:50:00] production of the Mount Sinai Health System. It's produced by me, Stephen Calabria, and our executive producer, Lucia Lee. From all of us here at Mount Sinai, thanks for listening and we'll catch you next time.