

THE COMBUSTION CHRONICLES

Episode 96

EMPATHY & INNOVATION: THE DYNAMIC DUO THAT'S RESHAPING HEALTHCARE

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Host

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Guest

[00:00:00] **Shawn:** Welcome to the ninth season of The Combustion Chronicles podcast, where bold leaders combine their big ideas to make life better for all of us. I'm your host, Shawn Nason, CEO of OFFOR Health and founder of MOFI. This season is all about amplifying the voices of badass women leaders in the healthcare industry who are influencing change by thinking big, putting people first, and not being okay with the status quo. Experience matters, culture matters, and revenue matters. That's why it's time to unite to ignite a people-first business revolution. Especially industries that affect all of us, like healthcare.

My guest today, Dr. Adrienne Boissy, is a pioneer in healthcare experience management, and a very busy woman. She's the first Chief Medical Officer at Qualtrics. Which is a leader in the experience management category and a practicing neurologist at the Cleveland Clinic. She previously served as Cleveland Clinic's Chief Experience Officer and as Editor-in-Chief of the Journal of Patient Experience, a peer-reviewed journal of the Association for Patient Experience.

Adrienne envisions an integrated patient and employee experience in healthcare powered by empathy, technology, co-design and evidence-based research. She publishes extensively on the future of experience design and metrics that matter in humane experiences of health. Welcome to The Combustion Chronicles, Adrienne.

[00:01:47] **Adrienne:** Thanks for having me. Shawn. Great to be here.

[00:01:48] **Shawn:** Adrienne, I met you several years ago, and yeah, your list just keeps getting longer and longer. I don't know how much more you can add to your plate. I've got to talk to you a little bit. So, as you know, I went through my journey with colon cancer last year, so I spent a lot of time in doctor's offices and hospitals this past year. And so, I'm also creating more humane experiences in health care, which I love because I've even been using human experiences, but I do like humane experiences. So can you tell us a story about the best day you've ever had doing what you do?

[00:02:26] **Adrienne:** First of all, let's talk about the first time we met, which is, uh, I was at some conference and you showed up with a blue mohawk.

[00:02:33] **Shawn:** Yes. Yes, I did.

[00:02:37] **Adrienne:** And I thought that is somebody I have to meet as soon as possible. And it was the beginning of a fabulous friendship, which I very much have appreciated over the years, Shawn, and, uh, have been thinking of you often with your own journey. Okay. So the most fabulous day that I would spend is loving on my patients and my colleagues in healthcare.

And I can think of there, there's a patient who I've spoken about before, and his wife and family who had just a devastating event he had, and then suffered a life threatening infection based on some of the treatment that we had prescribed. And he was admitted to the hospital one day, and I went to go see him when I walked in, he was sobbing in the bed.

And I sat down next to him and I said, like, what is going on? Oh, my gosh. Like, and then I tried to restrain myself. And I just said, what's going on? And sort of hugged him as I was asking. And he said that his son had been murdered, and that is not the best day of my life that that had happened to this human being.

What was beautiful was we sort of sat there in tears together, not knowing what else to say in the darkness in. This room just sort of holding the moment, which was heavy and awful and devastating and I remember walking out of that room and I felt so utterly helpless to know the right words to say or how to say it much less for myself, but I too felt devastated like I felt horrible based on what had happened to this human that I cared about very much and the first call I made was to a chaplain who I knew because I needed support and I knew my patient needed support and they didn't ask any questions.

They just showed up. They sat at his bedside for hours and sort of talked to me through just the next 5 minutes. And although that wasn't perhaps what you would envision as a fabulous moment in healthcare, you know, there weren't balloons flying off or something amazing that had happened. I feel like those are the privilege that we continue to have when people trust us with their lives and their stories is something that really rocks my

world. It fills my bucket. It's the space I'm supposed to be in and those are those are days I'm still talking about. So, I guess that's why I bring it up here.

[00:05:21] **Shawn:** Well, thank you for sharing, first off, that story. And I do think we, as practitioners in healthcare and experience design and experience management, we think of those best days of having to be the balloons and all of that.

And you share that story. It made me sit to reflect, like, even as I walked through my journey last year, I watched the chemotherapy, if people would say to me, what was the best day ever, it wouldn't be the, when the treatment ended. I don't even know that it would be when I was told that, you know, there was no evidence of disease. My best days were the days that I was able to wake up and that I was still here. You could see my wife and my kids.

[00:06:10] **Adrienne:** We see joy differently, right? Those types of experiences, I think, have forever altered my wiring in the sense that I seek joy differently. I'm present in moments differently, perhaps because we all know they're fleeting and it is a gift to get up every day and look into the eyes of people you love and to touch them and hold their hand and hug them and go out and feel sun on your face.

Those rituals are small things, and then we count the blessings around every day because we, there are days when we won't walk out of the hospital, God forbid. And every day that I am able to, I'm extraordinarily grateful.

[00:06:55] **Shawn:** Well, again, thank you for sharing the story. To some, it may not be beautiful, but it is a beautiful story to see how you can create those humane experiences.

And talking about experience, Adrienne, you know, most of us who have worked in this field or working in this field, we don't get into experience work straight out of school. Obviously, you didn't, you're a neurologist, right? Like, so instead, we find this calling. And as we're talking about, or maybe this calling finds us while we're doing something else in our careers.

You could have had a very long and successful career focusing on neurology. Why did you decide to expand your focus to include experience? And why did you take that role on? Because as we know, Cleveland Clinic was an early adopter to what now we call patient experience and experience management.

[00:07:51] **Adrienne:** I grew up in a highly dysfunctional family, and it's probably still up for debate. And I think what I would say is bearing witness to suffering made me want to ease it in the world. And I was constantly fascinated with human behavior. Why would you say that? Why would you behave like that? Why would you treat, you know, those were just sort of questions I was asking myself over the years, even from the age of 13.

And when I got into medical school, I had this extraordinary experience where I had written a very personal essay about my experience and nobody read it on my interview trail. Literally, everywhere I went, nobody said a word about this very raw, vulnerable thing I had felt like I had created and poured myself into, and so I assume nobody read it because they would have asked if they did, I think, and I was really almost done with medicine because I, or even the notion of medicine, because I was like, nobody cares.

Like we say we want humanity and we say we care about experiences and clearly we don't because nobody has said a word to me about it. And I walked into my last interview, which I almost canceled, and the head of the admissions committee sort of flew open the door. She was an infectious disease physician and she said, I've been waiting all day to meet with you.

Why is it that you think some people thrive from trauma and other people collapse? That's what I've been dying to ask you. And it was as though the skies parted in that Jim Carrey movie.

I just knew in that moment that there were a few people in the space who thought like I did or brought their heart like I was hoping we would and I never looked back after that. And then I was just fortunate as I went through residency, you know, we don't, at least at that time, I didn't feel like I was like, people were always attending to my experience.

And that's not the, it didn't feel like the priority I'm trying to care for other people and make sure I don't hurt them. And I was having an experience that was really hard at a point in your life where you're moving and you're giving up relationships and you're sacrificing a lot and taking on debt and staying up, you know, it was just sort of get through it.

And as I was sitting with patients and families, you could see a lot of times they didn't know what was going on. You know, we would sort of come in as a group and then leave as a group and they, they just still looked lost in their eyes. And those were the moments that were most interesting to me.

So I tried ethics and I tried going down the research path in neurology. And then right at the time the experience movement got going. And I was like, I don't know what's going on over there, but I think I belong over there. And just sort of grabbed. Coattails made appointments with people and they were probably like, hey, where are you?

But I knew I was supposed to be over there and I just followed that gut feeling. And here I am. It's really an extraordinary journey. I'm very grateful for it.

[00:11:02] **Shawn:** You've been a pioneer, a maverick and everything to the whole industry. So thank you for following your gut feeling and saying I needed to be over there because the industry needs you and everything that you bring to it. As you know, Adrienne, you know us at MOFI and even now, me sitting in the CEO suite at OFFOR Health, we're really passionate about improving this Experience Ecosystem™ that we talk about and something that aligns with what you've been doing for years. So you've pointed out that nobody wants to be consuming healthcare or paying healthcare bills.

And I 100% agree with that. And you've also said healthcare organizations should move from making the patient experience stink less to making it a bit magical, which I love because that brings the creating magic out of my world of Disney. What exactly to you does that look like?

[00:12:03] **Adrienne:** I think of it in some layers, meaning at some point I realized I, as a clinician, in this privileged space, in this blessed space I am to hear stories from my patients and sit with my colleagues, I have the primary ability and the sole responsibility to try to infuse a little bit of love and magic to every person I touch.

And that is solely owned by me and I worry sometimes in a very busy system with lots of sparkly things and board meetings and way up sky high, a lot of people feel disempowered or that ability sort of weans itself out. And at some point, I reclaimed or claimed the ability to have an impact in the conversation I'm in.

Right? Like, I'll talk about other levels, but within the conversation I'm in, no one else owns the words that fall out of my mouth and how I have the ability to impact the first person in front of me. So that translates into some really practical things. You know, when I print out an after visit summary for people, I'm scribbling a note on there saying, thank you for trusting me with your care.

It was so great to see you today. I hope the trip to Guatemala goes fabulously, you know, something just to make it mine. And that feels like a little sprinkle of magic on teams, taking it to the next level when I used to work within a team in the neurologic institute or on teams in the hospital, making sure that when we coded somebody, or when something awful happens, the med student saw their first patient having a seizure that we would debrief.

And just say, whoa, like, that was a thing. Let's talk about its impact on you just in an emotional circle, right? Give me one word about where your head's at. Let me capture that. And when we would go into rooms, just making sure everybody introduced themselves to the patient. And then I'm renowned for asking a question.

Tell the patient your favorite flavor of ice cream, you know, and then the patient would jump in. So, like, okay. They're so used to just either being ignored altogether or standing there taking notes or discharging while they're supposed to be listening to the patient in front of them that it was just an anchoring human moment to try to orient the team. This is a human, this is not a disease, you know, we're talking a real live person

that has a favorite ice cream flavor let's take 30 seconds to find out what it is so they know we're humans too and that was really important and I've written a little bit about how teams can bait that in because i don't see it all the time.

And I think there's more opportunity for that in daily huddles or small actions like that. And then at a macro view within hospital systems, I think the opportunity is to bake humane moments or experience moments in. And I have talked a little bit about ways I tried to do that. One is we all talk about patient centered care.

One of the most important things I think we need to understand for patients is how they want to die. And we should honor how they want to die and we should document how they want to die. And so the teams who were a part of my team, fabulous clinician, Dr. Sylvia Perez-Prado, built out all of the workflows to make sure we captured that information and had a conversation with patients about end of life wishes.

And to me that you have to bake it into operations, you know, patient experience can't stay this ice, fluffy thing you do if you have time, it has to be baked into how we operate baked into the daily huddle baked into your leadership, to your huddles, create a moment when executive leaders go around, make it into the universal checklists, make it into your electronic health record, because we are still humans taking care of humans, and it should be baked in at as many moments as we could bake it in. That's how I think it happens.

[00:16:11] **Shawn:** All right, so you've got my brain going now. Now I've got all these questions in my head. Let me ask you this, because I'm seeing a shift in healthcare right now. I've been given a talk this year that I'm a CXO posing as a CEO. And there's this shift happening right now, Adrienne, in Chief Experience Officers or Directors of Patient Experience.

And the reality of it is... They're going away. A lot of them are going away. And you've had friends that have been impacted by this same people in our networks that we both know who have been impacted by this and what you just said at the end of your story

there is what I think Chief Experience Officers need to understand are directors of patient experiences.

And it has become very real to me, even in the last six months, seven months, eight months, as I moved into a CEO role, because I was part of the group. I think we all fell to this at some point in time, Adrienne, that we have to come up with a metric, a metric to measure experience. What is that ROI metric?

And what I realized, and this is what I believe you were alluding to there, is don't force the business to do something else around experience when you can tie metrics. That it currently exists, business processes that currently exist, morning huddles, all those things, where you can really tie experience there as experience as a strategy, experience management, which is what you do brilliantly at Qualtrics.

Do you think the role of Chief Experience Officer is going to go away completely or be so redefined that people are really struggling to where and what to do?

[00:18:09] **Adrienne:** I think your read on the field is spot on. We are seeing many Chief Experience Officers lose their jobs and many experience offices get rolled into quality safety transformation.

So it's rather than be the umbrella, it's one of those broken metal spokes of the umbrella and, you know, housed under something else. I would argue a couple things. Number one, everyone has to be a chief experience officer in the future of healthcare. I'm going to say that again. Everyone. All the chiefs need to be a chief experience officer in the future of healthcare. Number two, chief experience officers, as we have known it, or narrowly scoped, is that a word? Narrowly scoped to getting better scores on regulatory surveys. That way of thinking is over the chief experience officer of the future.

And so maybe it's an evolution of where we've been. We all know those aren't going away. We're all going to continue to do what is required from a regulatory standpoint, because it's part of healthcare. And I see a successful chief experience officer of the future owning the contact centers working very closely with the CFO on the revenue

cycle experience, working very closely with the director of transformation, pop health, value based care, chief quality officer to influence outcomes for patients, not just clinical outcomes, but patient reported outcomes.

The future looks different than the past, which is, it seems incredibly obvious if chief experience officers today don't evolve in that direction. I think we will face the divide that you talked about, and I think we're capable of more. I think there are plenty of opportunities for it to bake in. I call it empathy operationalized.

It's not this fluffy, nice thing between two people. That's a part of what empathy is, but part of the reason I came to Qualtrics is to make sure we're also leveraging technology. Processes and systems to take humanity and bake it into how we operate to design systems that care and feel caring. That is what gets me up in the morning and I see a lot of infusion of chief consumer or chief customer officers into healthcare today more than I've ever seen.

So people who are familiar with retail and banking and hospitality coming in and saying, what are you doing over in the contact center? Because I've got some ideas around that. And what are you doing over here? Because I've got some idea and here's some different ways I'd like to measure and we're not going to have a disconnected employee experience from the patient experience because they know that a connected experience across employees and patients isn't just about the service profit chain, but is about businesses that do that have two times revenue growth compared to those that don't. So, we are at a critical junction in where the field and the role has to evolve.

[00:21:35] **Offor Health:** When you're a kid, waiting in line isn't much fun, but when you're always in the back of the line, well, that totally sucks. Founded by three frustrated anesthesiologists who grew tired of watching the kids at the back of the line not get the care they deserved, OFFOR Health reimagines outdated healthcare models resourced. One kid at a time, OFFOR Smile MD Business partners with dental practices to serve pediatric patients. OFFOR Health, creating connections, improving lives care you deserve. Learn more at offorhealth.com. That's OFFOR.

[00:22:20] **Shawn:** If I had my pom poms here, I would be shaking them because it actually gives me a sense of hope, a sense of security and like, okay, Shawn, you're not a dumb ass because when I hired my executive team for OFFOR Health, I did not hire in the traditional manner. My chief operating officer has 20 years experience and at one point had 1300 people reporting to her in a contact center.

Probably one of the biggest in the country for one of our, if you know anything around tax season, you might use this company like she stood that whole model up for them. You know, our new head of business and business development and customer success actually, the former chief experience officer, because they understand relationships and HR department.

We have a chief of human experiences. Now you make me want to go back and go, should it be chief of humane experiences? So you've got my brain going there, but I love where you're, I just love where you're challenging the industry and where I've been thinking as well of like, if this doesn't, if you don't start in the world of experience, having some business acumen in your life. I don't mean to sound like a Debbie downer. I just don't see you succeeding in the future.

[00:23:55] **Adrienne:** I mean, if I think about the people who I most admire in the space right now, there are people who have earned credibility over time because they drive perform experience performance, but also financial and impact in their organization, and now they are running the contact centers and the other pieces of the business.

So it isn't viewed as, oh, you do those surveys. No, that time is over. So people who I most admire, like Alba Villas at Stanford, Sven Gerlinger at Northwell, Rick Evans, Alex Greengold, I could go on and on and on. Patrick McGill, like these people are pushing and they're owning more parts of the business.

Julie Washington is another great example. No, no, and no fear, right? Have a vision for what needs to get done. Highly effective at building relationships across executive teams and aligning and rallying an organization that experience touches every part of

the business. That's inspiring to me and on days when I'm wondering if we're ever going to round the corner, I spent some time with some of them and I can go on.

[00:25:08] **Shawn:** I love it. And we could keep talking about this forever because I do think it's just a pivotal point that's happening in our industry. And I love all the names you mentioned and what they're doing. So obviously, Adrienne, you know that I love to push the boundaries and use this terminology called maverick-minded and human-obsessed.

And I put a pretty big stake in the ground that I say that most successful leaders have to think like a maverick, right. And always, always put people first, that's what successful leaders look like to me, not ones that always meet the numbers and build these great, you know, but leave bodies along the way, not who you and I are not what we want to be around. So, healthcare is increasingly becoming a corporate undertaking, right? So, is there a place for maverick thinkers in this environment? Honestly?

[00:26:07] **Adrienne:** Yes. I see healthcare as a place for the dreamers and the doers. It's a partnership made in heaven. I think, I mean, to be, I'm a realist by nature, so let's talk that through.

If I walked in with the blue mohawk into most executive tables in healthcare today, I would likely get tossed out sooner or later for not being viewed as great, credible, or maybe only you can get away with it. I don't know. But like, you know, let's be honest. There's still some environments that are pretty conservative.

In terms of thinking, trying their best, right, to have an impact and drive value and make people feel valued, but don't have the experiences that you might have with your Walmart and your Disney's and, you know, see the world through a different pair of glasses. And that's okay, because they have expertise that maybe you and I don't have, but I do think there's some marriage that has to happen.

For us to be at the table and stay at the table, we have to know our audience quite well. And to me, that means making sure we can speak the language, we've done our homework on situations and businesses that we don't natively understand, that we

model the curiosity and empathy that we espouse, and that we ask really great questions.

We stay curious in the spaces that we don't know. I don't know rep cycle. I shouldn't claim to know everything about rep cycle. You know, I need to be a good partner and ask good questions. And that's how I see us credibly influencing others. I would add to that to be a thought leader in experience work, you have to know the evidence and hopefully be producing it. Because you and I know, I think that there's a sea of fluff out there, like people are just posting stuff saying stuff other people have already said with no data attached.

And my scientific brain is going to say, like, we can't just be right brain. We have to be left brain. And if you expect to have credibility and longevity in the space, then be driving the results that matter to push the industry forward. And whether that's dollars saved by condensing your tech stacks and you know, thinking holistically about PX spend and EX spend and that's forward thinking and that generates an ROI, whether it's leveraging AI and technology and capability that make your people at the contact center or web cycle more efficient and drive more purpose in their work, go for it, but codify that as an outcome.

Whether that's higher retention, earning the loyalty of patients you have, attracting new patients, growth. These have to be part of what we deliver. I think as much as we're hoping to influence others. And it should be a really high bar. That's the space I'm most interested. That's the table I want to be at. That's the contribution I want to make.

And I want to help others do it. Unfortunately, there are quite a few. There's a lot we can learn from other industries, and there's a lot they can learn from us, too. And it's time we're at the table and I would just caution everybody to model the skills we want to see in the world and make sure we've got our own.

Doc's in a row and articulate the impact we actually have not a nice storytelling all the time, but in dollars and cents, that's what matters right now to some of those ears and knowing your customer means knowing that.

[00:29:46] **Shawn:** Yeah, and that's like a mic drop moment. I'm like, I don't know how to add to that, but I would say this if you're going to be so maverick-minded as you know, I am, and I don't even have a blue mohawk anymore. It's just a normal colored Mohawk.

[00:30:01] **Adrienne:** Never emblazoned in my mind, Shawn.

[00:30:03] **Shawn:** That's right. If you're going to be that way, you better be for damn sure that, you know, how to talk the language when you get to that table, right? I've had a couple instances as being CEO and now where I've walked into rooms and people have looked at me with that look, but by the end of the conversation they went, oh, no, he knows his shit. Like he knows what he's talking about. He can talk finances better than anyone else at the table and pop numbers off.

[00:30:33] **Adrienne:** If we continue to think about it as a discipline, this is a discipline. If you want to be taken seriously as an experienced professional, then think of it as a discipline, and that includes knowing the research, knowing your business, driving outcomes that people want to see in the context of the environment you're in.

And quite frankly, I also see a lot of people who are in environments that are not healthy for them, where there's clearly not leadership support for what they're doing. And you either try to make waves to the extent that you can, or you've got to make a critical decision to get out. Because I'll tell you right now, now is the time for leaders to step up, experienced leaders to step up to the plate and lead in ways they haven't led before or haven't always had the opportunity to, I think seize the moment, don't wait for somebody to come along and say, hey, you should maybe think about doing it now, we're on the threshold of something pretty spectacular in medicine, I think.

[00:31:33] **Shawn:** I love that statement, though, that you did experience is a discipline, and I don't think most of our colleagues, even who practice it in their day to day would consider it that way. So what a powerful nugget to end with and those questions. So, Adrienne, we've done something, this whole season has been with incredibly powerful women in healthcare and the impact you're making them.

But we did add a little fun piece in here, and I know this will be right up with the, we do this 2-minute drill around how might we statement and for our listeners who don't know anything about how might we statements, it's part of human-centered design, or you might hear it talked about as design thinking.

It's really the problem solving stage. Or if you're a researcher, it's your hypothesis. It's your, you're putting something out there to grab on to. So, you know, we're going to put you on the spot, Adrienne, and we've done this with everybody, and I'm going to read you a how might we statement, and then I'm going to let you jam on it. I may join in and add some ideas to it, but are you ready for this how might we statement?

[00:32:43] **Adrienne:** I feel like I should do jumping jacks or something.

[00:32:47] **Shawn:** All right. I got my timer ready. Here it is. How might we shift the healthcare industry to start focusing more on humans and less on the diseases and conditions they have?

[00:33:03] **Adrienne:** Number one, use tech to rain down love and gratitude on people in creative ways, healthcare workers and patients. Two, follow up on what people say in real time so they know they're listened and valued. Number three, bake empathy into your operations and processes. Look for opportunities to do that in your business, quality, safety, value based care, finance.

Number four, make it all easier. If you haven't mapped the journey to understand pain points for your people and your patients, and then operationally fix the processes that it has to work. And then empathy has a role. If it doesn't work and it keeps being broken, you can empathy all day. It doesn't matter.

So make it easier for people to do what they're trying to do. Number five, remember who the people are. Remember their birthdays. Operationalize processes to send birthday notes and anniversary celebrations and make sure it's authentic. Number six, know your own joy. Do joy plan. I've talked about that in some other writing where I sat down and mapped my personal strategic joy plan. You gotta know yourself before you show up in

these other spaces and give to others all day. And lastly, how about use the phrase, how might we more?

[00:34:22] **Shawn:** All right. Okay. So I have to dig into that one. How might we more? Why do you say use that phrase more?

[00:34:29] **Adrienne:** I don't hear it in healthcare. I hear we can't. We won't. We couldn't. We shouldn't. We didn't. We won't. I don't like that idea. That won't work. But let's have a brainstorming session, but that's not a good idea. I hear that. And when I learn design thinking in Stanford this fall to do design thinking too. When I heard the phrase, how might we, for the first time, it was another Jim Carrey moment for me because it requires people to dream a little bit.

It encourages and empowers people to say, well, it feels hard now and how might we do it anyway? What would it look like? And then there's this beautiful exercise in design thinking where it's not just how might we. One person says it right. And then the next person adds two cents or more color. How might we make it even better?

How might we? And the next thing you know, you've built this beautiful mountain of how might we's and this is where I see the partnership between the dreamers and the doers, right? I'm often criticized because like Adrienne, we could do that, but that's way, we're five years from that. It's okay.

I still need to dream. I am the how might we person. And there, I always need to be surrounded by people telling me, yes, and we would back into that by doing X, Y, and Z, but don't rain on my parade. We have to have the dreamers. And I think a lot of people feel they can't dream in the environments they're in.

And if we don't have a dream, I don't know how we're going to transform, real transformation requires you think differently, act differently. You try things, you fail and you make your failure bow and you move on. And so it all starts, though, you have to have a dream. So how might we, Shawn, how might we change the field of experience for the good of humans?

[00:36:37] **Shawn:** So powerful, so powerful. And yeah, it's very much around a mindset we talk about leading with yes. Right, if we could just learn to leave with yes in health care, what could we really do? Right? So, alright, last part of this episode, we do this with every guest. It's things called The Combustion Questions.

And there are three randomly selected questions from my AI robot, that's a human being, that portals them and texts them to me, and I haven't even read them yet. So when I read them to you, you will hear them for the first time as I am reading them, and I will hear them for the first time. So, are you ready for your three combustion questions?

Alright, combustion question number one. If you could be any kind of animal that lives in the ocean, which would it be?

[00:37:38] **Adrienne:** Orca. Majestic force of nature. Resilient. Beautiful.

[00:37:44] **Shawn:** I love it. I love it. Love it. All right. Question number two. Art museum, history museum, or science museum?

[00:37:55] **Adrienne:** How about a lobster tour participant? I mean, I might pick art museum only because empathy originated out of art. I think art, you know. The ability to feel into an art piece is really interesting to me, trying to imagine what it evokes in me and someone else, that's an interesting exercise, but to me, I come to life on the water, near the water, by the water.

[00:38:27] **Shawn:** So I'm ready for a lobster tour whenever

[00:38:28] **Adrienne:** We want to do it. There's a hundred and three year old lobster lady in Maine, and I'm hoping I can get to spend more time with her.

[00:38:34] **Shawn:** Oh, amazing. All right, last one. What do you think about ping pong?

[00:38:40] **Adrienne:** I am the best ping pong player I have met so far.

[00:38:47] **Shawn:** Oh, that is a throw down challenge. All right, people, you all heard it.

[00:39:03] **Adrienne:** Bring it, bring it on.

[00:39:05] **Shawn:** Adrienne, wow, thank you so much for this time and for all the nuggets and all the gems that you left for our listeners and always look forward to our conversations. And until we see each other in person again, stay safe and be well, my friend.

[00:39:21] **Adrienne:** Right back at you, Shawn. I so appreciate you and the force that you are in the field. And as my friend, thank you.

[00:39:30] **Shawn:** Thanks so much for listening to this episode of The Combustion Chronicles. If you've enjoyed this episode, please take a few minutes to subscribe, rate, and review. Remember that I'm always looking to meet more big thinking mavericks.

So let's keep the conversation going by connecting on LinkedIn. If you want to discover more about human-obsessed, maverick-minded leadership, go to MOFI.co or go to experienceevangelist.com to learn more about my mission to challenge leaders to blow up outdated, siloed systems and rebuild them with an aligned, human first approach.

You can also learn more about OFFOR Health's commitment to reimagining outdated healthcare models at offorhealth.com. As always, stay safe, be well, and keep blowing shit up.