Rob Williams Wellbeing Hour -

**Amy:** [00:00:00] I'm Amy McDonald. I'm Angus Robinson and we have our colleague Liz Clarkson here with us today, and Nick is beavering away doing all the tech support in the background.

For those of you that don'tknow Headtorch, we are experts in workplace mental health. So we work with organizations to help them to develop a mentally healthy culture.

Helping senior leaders to ensure that it's a strategic priority, working with managers so that they feel confident to have those supportive conversations and working with frontline people. And then we work with all sizes, shapes of organizations right across the globe. We are, of course, always offering that free health check, so, If you are interested to have a chat with us, then do get in touch with myself, Angus or Liz,we're always happy to have a chat.

Welcome to this Wellbeing Hour. Let me just tell you about the format today. [00:01:00] So I'm going to introduce Rob. I'll then pass over to Rob and he will introduce himself using a mystery object that not even we know what it is that he's going to show us. It will be very exciting, and he's going to introduce himself using that object.

He and I will then move into conversation and then he is going to pose us all a question and we'll have chance to, hear your responses to that question, and or of course, you're welcome to ask Rob any question at that point as well. Rob and I will then move back into conversation and he will share his six top tips for us.

And then I'll ask him some quickfire rapid questions before handing over to Angus for the formal thanks and to let you know what's coming up. What Headtorch is offering you for your calendar, in the following few months. You should also have come across that poll question when you came in, Gary [00:02:00] was mentioning it there. So do take that opportunity if you haven't done so already, to respond to that poll question so we can have a look at that together a little later on as well. Let me then introduce you to Rob Williams.

 Rob Williams is the Head of Talent at Vet Partners and Vet Partners is no normal vet practice, ladies and gentlemen. They have 12,000 employees across Europe. So Rob qualified as a vet from the University College, Dublin, and worked as a small animal vet for 17 years.

**Amy:** During this time, he had an internship here at Glasgow Vet School, a surgery residency and he held a clinical director role. Much of his clinical career was spent as an orthopaedic surgeon. Rob's been with Vet Partners now since [00:03:00] 2016 where he initially developed education initiatives such as the graduate and managers programs, and just in case being a vet wasn't enough, Rob's got himself an MBA and is a chartered manager and fellow of the Chartered Management Institute.

He's currently Head of Talent looking after a wide portfolio of activity with particular focus on clinical and professional development of 3000 veterinary surgeons across the UK and Europe. It's my great pleasure to introduce Rob if you'd like now, Rob, to share with us your mystery objet. Okay. and a little bit about yourself.

**Rob:** The mystery object is really an obvious one for somebody who does, what I used to, you have to bear with me while I get him.

Obviously. a vet couldn't come and, not have, an animal as their mystery object. I really struggled actually with the mystery this is Snoopy by the way.

hi, [00:04:00] Snoopy.

Snoopy's a five-year-old, English Cocker Spaniel and he's the sweetest dog alive, although he thinks sometimes that he's a Rottweiler. so if he gets loud, I might have to go and let him out.

but so I suppose, what does that tell you about me? it kind of tells you a bit about my background maybe. So I spent all of my time working as a vet. So I worked as a vet for 17 years clinically. I still, even though I haven't done it for like five years, introduce myself as a vet.

When people ask me what I do and then I have to, I have this really weird dance around, but I don't do that anymore, I do this other thing. and I was talking to a couple of my colleagues, at work last week who are the same. So they're vets, but they also do something different. And we all agree that it's really random that we introduce ourselves as a vet when that's not what we do anymore.

But I suppose I spent all my professional, time as a vet working with, small animals, which is pets. [00:05:00] And that's predominantly dogs. And if you do something really focused like I was doing, so I was predominantly just doing orthopaedic surgery. split between dogs and other species is probably 85% towards dogs.

So dogs are brilliant, they're non judgmental, they always want to be friends. Well, most of them always want to be friends. they can be really good fun. so I think that's, I want to be friends and I'm quite good fun. So there's a kind of a random, connection there. I really struggled with the object thing.

one of the things I wanted, I had things that I thought of. One of the things was a recording of Under Milk Wood read by, Richard Burton.

**Amy:** Wow. we don't quite have the time for that.

**Rob:** No, but it would be a good listen.

**Amy:** It would.

It would. And what is it you like particularly about that?

**Rob:** What do I like about that? I find it really relaxing to listen to.

I, so I love his voice, his, accent. The Welsh accent is,[00:06:00] quite lyrical, and where I come from in Ireland has quite a lyrical accent, so I think there's a bit of that. I like the poetry of it, particularly when he's reading the narrator part and it seems really familiar. So I grew up in the southwest coast of Ireland. I spent an awful lot time with grandparents. They lived in a coastal town. And those kind of small Irish towns are full of characters, just like in Under Milk Wood, it's all characters. So it seems a really familiar thing. So nice. there's that. but it's just, it's a really good listen.

**Amy:** Yeah. His voice is something else, isn't it? It is absolutely. It's that thing actually that it's the tone that really stays with you, not necessarily the words, isn't it? That what completely tone, how it makes you feel is the thing that you carry forward.

**Rob:** Yeah. Yeah. The words are second. Yeah. it's definitely, I would agree a hundred percent with that.

**Amy:** yeah. Fabulous. So, Rob, you were a vet for 17 years. You must have some stories. [00:07:00] Can you give us a story or two?

**Rob:** A story or two, yeah, people are really random.

**Amy:** Expand,

**Rob:** Just, I don’t know. I, one of the, I once had these, quite young, this quite young couple come in. So I would've been maybe 23 and they probably would've been a similar kind of age.

And obviously they'd gotten together, they moved in together and they decided, oh, we'll get a puppy because that's a proxy for something else. So they got a puppy, a little, border collie called Rosie. so I had Rosie in and she was still small enough that I kind of lifted her up and put her on an exam table rather than crouching down to, to see her.

And I was kind of looking at the dog and I was looking at the computer record and I was really confused. So I went through, I was like, you're so and so, and this is Rosie, and she's a Border Collie and she's five months old. And it's like, okay, can you crouch down a sec and just look at that thing under her tummy?

Yeah. what do you think that might be? And they were like, we [00:08:00] don't know. I said, well, Rosie, isn't a girl, dog, she's a boy dog.

So, the dog anatomy is pretty obvious. There's a very obvious visual difference between a male dog and a female dog, and they don't wear underwear, so it's really obvious to see. so I've never seen people, turn so red so quickly. Rosie still kept her name Rosie. I mean, Rosie didn't care what she was called, or have any awareness that she was a boy or a girl dog.

But yeah, most of the things that happen are kind of in the random category. Like, how could you have a dog for four months and not realize that it was a boy? yeah.

**Amy:** Yeah. So, Rosie made them go Rosy, quite frankly.

**Rob:** Oh, yeah. totally.

Yeah.

**Amy:** I'm delighted that they kept, I'm delighted that he kept his name, though.

**Rob:** Yes. yeah. Well, you couldn't change it.

**Amy:** No. Obvi obviously not. Obviously not. Yeah. So when you were a vet how would you say you were looked after?

**Rob:** By do you mean like by employers or?

**Amy:** Yeah, by [00:09:00] employers.

**Rob:** It is really variable and I think it's still probably really variable though hopefully improving. There was, I suppose there was two probably broad categories of how I was looked after. I had a lot of jobs to start off with,

because I cycled round, fairly quickly. So the two camps they fell into were the sink or swim camp. We're not going to really pay a huge amount of attention to you. We're definitely not going to supervise you, support you, and you can either do this stuff or you can't. If you have a rubbish day or something bad goes wrong, that's kind of all on you and we don't really care.

So that was one group. And then the other group were much more of what you'd hope. So very approachable, very supportive. recognized that, Clinical work is really messy, there's never a perfect answer, and even when you do exactly step by step what the book says you should do, stuff will still go wrong.

So very accepting, very open to the idea that will happen. And then when it does, supportive of you as a person, as well as, supportive of [00:10:00] resolving whatever the issue was, that you created.

**Amy:** So

just going back to the sink or swim attitude if you like. What was the impact of that on you and your colleagues?

**Rob:** Well, I think it depends on your kind of, your character. So it didn't have a huge impact on me, or certainly not one that I recognized. I'm sure it did. It will have done. it didn't bother me a huge amount. mostly because I would talk it out with, some friends if we had a something go wrong.

**Amy:** I just phone them and we'd talk it out. So you found an alternative outlet?

**Rob:** Yeah, exactly. I think at scale what tends to happen is people internalize it and think they're a failure. And because of the type of individuals that tend to become vets failure or things going wrong, or error or mistakes.

Or conflict, they're not things that they're generally, used to experiencing for the whole part. So they typically, and this is a [00:11:00] sweeping generalization, but typically the people that, study veterinary medicine and then work as veterinary surgeons are people that are very high achievers academically, but they tend to be high achievers within the context of secondary school as well.

So I used to do some, job interview practice for one of the vet schools in their final year, and you'd get, sent, the student CVS before you do the practice interviews with them, and they all read the same thing. It was really, I didn't bother reading them actually after the first time I did it because it, it didn't tell you anything.

What I would do is flip to the page where they spoke about having a part-time job or a hobby, and I'd read that because then you'd get, you'd generate some questions maybe from that, that were interesting. But basically they were all grade A students the whole way through. They did, you know, grade eight violin, they could speak five languages fluently. They were captain of their hockey team. They were gold Duke of Edinburgh, it's like, so that's the type of person. And when they transition from being a student to the [00:12:00] workplace, one of the things that they haven't worked out or they haven't been prepared for is there isn't a perfect answer to anything we do. Medical work, whether it's human or veterinary is messy there isn't a perfect case. There's never a perfect answer, and that's really head wrecking. if you've always lived in a bubble where there is a perfect answer and you can get a perfect score. Now some people naturally have it within them to work out how to cope and how to thrive in that kind of environment.

So transitioning from everything is perfect to, everything is really weird nothing's ever perfect. But quite a lot of people struggle with that cause they've never had to encounter it in a meaningful way. And this stuff is meaningful because there is potentially negative consequences if something goes wrong,

**Amy:** The head wrecking is quite a, yeah.

yeah, it's bringing up quite a visual for me. What about you? How did you react to that world [00:13:00] where actually things aren't perfect?

**Rob:** Most of the time it didn't bother me a huge amount, and if stuff went wrong, what I'd try and do is work out why it went wrong. But in, like, I was a very, I was very fortunate and most of the time stuff didn't go wrong. Or if it did go wrong, I could identify fairly quickly what the thing was, and then I'd learn and think, okay, the next time I'm going to approach that slightly differently.

And I think, I was very confident in my ability to be good at what I was doing, and I was certainly on my own terms good at what I did. So it didn't really, it didn't really, manifest as anything negative, though maybe it did create, negative for people around me.

**Amy:** Right. What do you mean by that?

**Rob:** Well, because I did very quickly develop this kind of thing like that I'm infallible. and so I suppose that maybe the way of dealing with it, the outcome was negative because I was, I had very quickly [00:14:00] developed this arrogance and confidence that I was very good at this. And, even when, something went wrong and I could identify that part of why it went wrong was due to something I did or a decision I made or a technical error.

so that was kind of acceptable because if you do thousands of these cases, then 20 of them are going to have this technical error just cause that's just the way the world is. Like if you do, if you do a hundred, knee surgeries then all things being equal two of them, three of them are going to become infected,

right?

So it's just a numbers thing. So yeah, partly I'll have done something that made case 68 and 72 have an infection, but equally it's just a numbers thing. So I suppose the negative was that I could be very difficult to be around. because I had very high expectations of everybody that worked with me, and if you didn't meet my expectations, you'd definitely know and not always in a nice way.

So I think maybe my way of coping or coping with all of [00:15:00] this was actually quite negative because I could be

**Amy:** Being perfect is not a positive.

**Rob:** Oh God no. Not at all. And certainly convincing yourself that you are perfect, and that everybody else is less than perfect is not a good recipe for anything.

So I suppose my way of dealing with it was a very negative way of dealing with it, but not in the obvious way that people would think. Yeah. So I wasn't at home like, you know, being very anxious and stressed all the time. Nothing stresses me, so, that wouldn't be a natural reaction for me to have, but,an equally negative, reaction would be, oh, I am God's gift. I'm special at this thing. I wasn't, I was bog standard, but in my head I was, and so the consequence would be I could be really difficult to be around at work.

**Amy:** So what happened?

You went to train with a surgeon, is that right? what was the outcome?

**Rob:** I have had lots of epiphanies. So, the one that you want me to talk about, I'll talk about, but there was one before that. When I was in final year vet school, I was on a surgery rotation and I saw [00:16:00] our professor of surgery, doing open heart surgery on a dog. I was scrubbed in it, it was the coolest thing I'd ever seen. And up until that point, I'd wanted to be a farm vet and then I wanted to be an equine vet. And then when I saw this, I thought, no. That stuff is all wrong, this is the stuff that I want to do

and I thought, that's what I'm going to do. And so I did with some purpose, try and engineer it that I could end up doing that kind of, thing and so I worked at the university for a year, cause that's kind of an entry level thing that you kind of have to do and then I worked in practice and I did a qualification in surgery.

And then I'd gotten to a point where I was technically very proficient, but there comes a, there's almost like a ceiling where in order to really excel, you do have to go and formally learn as much as anything. So I, found a residency, which is a training position, specialist training position in a private practice.

And, went and moved, my wife is also a vet and, six month old twin [00:17:00] boys, that's not a good idea, to this practice and the, it was pretty, it's pretty hard. They're pretty hardcore. it's a three year thing. It's very structured and, you really have to perform and you have to learn a huge amount. So that just in textbook terms, there's a 4,000 pages of textbook. You have to be able to regurgitate verbatim pretty much when it's exam time.

**Amy:** So what was the epiphany that happened there?

**Rob:** So, so there, so I was doing this thing and I. Up until this point, as a work colleague, I was very demanding, very assertive, very argumentative.

I was always right. A lot of times people couldn't meet my standards and my expectation of them, and I would tell them. So you can kind of get the idea of what kind of person I was to be around at work. And, so I went to this practice and the guy who owned it was a specialist and there was two specialists there and you kind of need two in order to do these programs.

And I spent most of my time with the other [00:18:00] guy who was lovely. But the guy who owned the practice was, the devil incarnate, is probably the politest, I would use other words, but that's probably the politest way of putting it. And he liked playing games with people. And he was basically doing back to me what I used to do to, to people in previous work environments.

But because the power dynamic had shifted, I had no kind of, I had no obvious, way of managing.

**Amy:** You were on the receiving end this time?

**Rob:** Yeah, I was on the receiving end and because there was this massive power imbalance. I didn't really have a way of, not fighting back, but standing up for myself, I suppose.

**Amy:** Sure. So what did he, what happened?

**Rob:** So the thing that happened, well, we were doing, I was assisting him doing a hip replacement on a dog. And I'd done loads and loads of this with him. And the way these programs work is you have to do a lot of that kind of thing, and then eventually you start doing it with their help, and then eventually you kind of fly solo.

That's kind of the way it works. [00:19:00] So when you're doing that surgery, you get obviously there's special equipment you use and the kit comes in these beautiful metal containers and each instrument has its little slot it sits in and it's beautifully engineered and designed and it's all, it's lovely colors and, perfect weight in your hand,

it's brilliant. Anyway, there was a slot in one of these metal instrument trays that was empty. Okay. And we were, this is probably the 80th 81st one of these that I'd scrubbed in and helped him with. I'd never ever seen him use the thing that sat in that slot. And whilst, he was a horrible person, if I needed a hip replacement tomorrow and he was the guy doing the surgery, I'd be more than happy with a vet

 doing my hip replacement. he was very good at doing this. He sort of had a reaction to the fact that there was an instrument slot empty, and his reaction was very aggressive. He picked up a scalpel blade, a scalpel, so that's just a, it's a metal thing with a sharp blade on the end. [00:20:00] And he threw it at the nurse who was doing the anaesthetic, managing the anaesthetic.

He threw it not beside her or close to her, he threw it at her head. Because one of the jobs that the nursing teams do in a lot of these practices is, they manage the kit. Now, luckily, she saw it coming and moved out of the way and it kind of hit the wall behind where she had been standing.

**Amy:** So let, let me just, yeah, let me just cut in there. So the epiphany for you was?

**Rob:** Oh, sorry. Yes. Yeah. The epiphany for me was. So this time next year I will be stood where he is. I'll be the one, the lead surgeon, I'll be doing this case. And in my head, that is a perfectly, that could be a perfectly reasonable reaction. I mean, obviously it isn't at any level in any circumstance, a reasonable reaction.

but because of, I suppose, the persona I'd adopted at work and my way of interacting with the world and role modelling [00:21:00] back what I had seen role models do like it would seem like that was a perfectly legitimate reaction. so the epiphany came about. So that was the thing, the transitional thing.

But I, one of the questions I could never answer when I was being less than friendly. People would often say to me, like, why are you like this at work when you're such a nice guy outside of work? To which I I'd no answer to that question really. and that, that incident of watching him, it was like an out of body thing.

It was like I was kind of hovering above the operating theatre, looking down at this and this, him throwing the scalpel. And, I could see myself, I thought, that's not, nobody needs that. And that's not a good way to be. and maybe if I were to be more like I am outside of work at work, that would be a good thing. and obviously it would be a good [00:22:00] thing to be friendly, chatty, have a sense of humour, be very interested in people, want the best for people around me.

**Amy:** Sure. So, so let's fast forward to now then, cause you're in a very different role. and you're there in terms of people development, right?

Both clinical and the people part of it. Yeah. So what is it, what's your approach now knowing that, that could be the head space of other people in, in, you know, in your industry?

**Rob:** I have a little anecdote that will explain maybe what my approach to things is now. and I really kicked myself that I didn't use this approach like all those times, but I had a colleague, uh, come to me about, probably about six months ago with the heart dreaded, can I have five minutes?

What's this going to be? So I said, of course you can. So we [00:23:00] walked to the, to a private room And, I was thinking the whole way there was going, please don't be handing your notice in and please don't be handing your, and she wasn't. So she sat down and, she said, oh, I've been having some trouble outside of work and I'm going to start crying.

I said, don't. Please don't start crying, cause if you start crying, I'll start crying, and neither of us need or want that. So I said, just tell me what the thing is.

So she told me the whole story, chatted for ages. She spoke for ages, and then she stopped and I left a little pause just to make sure. And then I said, thank you so much for confiding in me. is there anything that I could do that would help you now? I said a couple of other things. Anyway, the crux of it was in a 25 minute interaction I said 88 words. I counted them afterwards, that's how I know. That's about 30 seconds worth of speech. So I suppose my approach to things now is to do that thing that people always talk about, but it is really difficult to do and that's to be [00:24:00] present and available and to listen in order to really understand the other person's perspective and say very little other than what can I do to help?

Or how can I remove that barrier? Or what do you need from me? Or, and I force myself to, because my natural instinct is to want to, well here is the solution to your problem. And I don't have a solution, so I sit on my hands.

**Amy:** Literally,

**Rob:** Yeah, literally, I put my hand, I'm doing it now, as a way of forcing myself to listen and not intervene or saying what might be going on in here, which often isn't terribly helpful, but by saying

**Amy:** How powerful was that session for her, do you think?

**Rob:** Oh. She, the following day, she came and she's like, I, she said I can't, I was so stressed about saying it to anybody at work. I knew I had to say it because I had this feeling that I was going to have to come and ask you to change some of how I work. And ask for time, you know, [00:25:00] to go to medical appointments and stuff like that.

And she said it was just so cathartic that you just sat and listened. And then what you said at the end. So I, what I said to her is, thank you for confiding in me. Is there anything I can do now? And please. And I knew she was, because of the kind of person that she is I knew she'd be a stickler for rules and there'd be a rule about if I need a medical appointment, you know, you've got to inform your line manager and all that kind of, so don't worry about any of that. Just take the appointment and you can text me or tell me afterwards. I'll know where you are. I'll know you're doing something and it's probably medical, so like, yeah, I'm not going to freak out.

I don't really care, I want you to be right. So yeah, she was very appreciative. of it. Now, if that had been back when I was clinical and I, that would not have gone like that at all. I'd hate to think about that

**Amy:** But yeah. It sounds like, you know, you created the perfect, what we call thinking environment

where you're enabling, you're supporting someone, you're holding that space, right. And you're supporting that person to talk about what they need to talk about, think about what they [00:26:00] need to think about, and you're not judging. How do you get that message out to the 3000 people that you're,

**Rob:** you do one by one.

**Amy:** Say again?

**Rob:** One by one. one by one. Yeah.

 I think you do it through storytelling. because, and I do that a lot, I tell a lot of stories. So if I'm. So if I'm. doing something. I did something last week about, trying to get people to reframe how they think about recruitment. So we've got a workforce, massive workforce issue in the veterinary sector,

and so recruitment is how it manifests. It's actually the result of a retention, engagement and all that kind of thing problem, but it manifests or it feels in the real world like it's a recruitment problem. And, the. So I use an awful lot of storytelling to try and make a point, and I won't make the point I'll tell the story and then I'll say, well, what do you think? What do you think the thing is that I'm trying to tell you? And often they'll, somebody will say, well, I think it might be this. I say It's exactly that. So I think [00:27:00] storytelling is underutilized. People do an awful lot of telling.

You should do this. And I was like, no, give them, give a narrative and something that people can put themselves in the position of the manager listening to their colleagues opening up about the fact that they're, you know, experiencing signs and what that might, what that might mean for them.

**Amy:** Absolutely. Because story stories get us on a whole different level. Yeah. Don't stories get our heart actually. Right, and so it's not just about head and logical stuff, it's actually about who we are as human beings. Yeah. I'm very conscious that, people have been completing a poll question, so

**Rob:** let's have a look at the response to that poll question. Ok, so, the question is, how do you mistakes and failure affect you? so there, I suppose the reason to ask the question is because a lot of the kind of, infallibility that, certain cohorts of [00:28:00] people in the medical or veterinary world can feel, comes from, the idea that, either they don't make mistakes or

**Amy:** Absolutely, yeah. What you were talking about before around, around perfection. So we've got in terms of percentage then, so I avoid any situation where making a mistake as a possibility.

What have we got percentage wise for that?

**Rob:** Zero?

**Amy:** And I dread making mistakes. I worry about the consequences for me. How many?

**Rob:** 25%.

**Amy:** I'm comfortable making mistakes as I know I will learn something valuable.

**Rob:** 75%

**Amy:** glad, which is good. No one said I never make mistakes if something goes wrong, there's always a reason other than something I've done.

**Rob:** Yeah. So if I was to answer that honestly, I would say all four would be the honest answer. So, so the one that I would, the one that I try and apply is the one that everybody agrees with. But I would say I will try, I will, if I can avoid that situation sometimes that's a thing. I never make mistakes.

I definitely, would fall into [00:29:00] that category. I never make mistakes, it's always something else. I can justify it. But actually, and you all know this because you've all, almost all of you said it .So the thing that you start to recognize though is, well if something goes wrong, yes, there could be seven reasons why it went wrong, but one of those reasons will be something I've done or didn't do or executed slightly less than ideal or suboptimal or whatever. So if I look to the other reasons, then I'm going to create a problem, cause I'll never look to what I could do differently. And that's one of the big problems actually with a lot of our clinical teams. They will try and push the mistake or the error to something or someone else,

**Amy:** Right and that can definitely cause problems.

thank you, Rob. Let's move now. And thank you everybody for, taking part in the, in, in the poll question there. I'm just going to share now the question that Rob is posing all of us, [00:30:00] and here it is. What strategies have you used to help leaders or even yourself to break through the God complex?

What strategies have you used to help leaders or even yourself to break through the God complex? So, we'd love to invite you now to respond to that question or perhaps you've got other questions for Rob after our conversation there.

Tara Ferguson. Welcome. Welcome. Hey, Tara, do you want to just tell everybody where you, where it is you work, and then, tell us what you have to say.

**Tara:** Yeah, Absolutely. I work as a people business partner for a company called Exscientia, who are using, artificial intelligence to speed up the process of drug discovery.

**Amy:** so fabulous. What's your question then on your thoughts, Tara?

**Tara:** I guess my thoughts on it is I often

will use this to myself, to my colleagues, to senior leaders. is flip [00:31:00] things on their head and say, What would you say to a friend? Or what would you say to someone in your team? Because more often than not, we think that we should appear infallible. but we never expect other people to appear infallible, and therefore, by saying, well hold on a second, what makes you different? You're not different. You are human. I know that Brene Brown kind of talks about people just always remembering, that we are human, and that we all have that in common. So as much as possible, I will say, actually like, do you expect anyone else to be this kind of person that makes no mistakes and can't show any weaknesses?

And they'll go, no, of course not. then

**Amy:** Fabulous then. So, so it's about challenging and encouraging people to flip their thinking. Brilliant. what do you think to that, Rob?

**Rob:** Yeah, I love, flipping things. and I'll try and do that almost everything. Because a lot of the time what you, one of the things I think [00:32:00] people struggle with is to, think with a different lens on or take a different perspective.

So one of the reasons why clinical people or certainly, a subset of clinical people have this infallibility idea, is because they don't, allow themselves to have any other perspective other than the one they have themselves. And they're convinced that one is correct because their success rate is often very high so why would they need to change how they think or view the world? But then they're massively limiting themselves. And so trying to get them to flip or to, take a different view, I think is a really important thing. And as soon as when people do it, you can see the light bulb go off in their head. And it's a really, it's a really powerful thing when people, it gets in there and they think, oh, Chr... They kind of stop and they sort of don’t know what to do and then they kind of work through it and they, you can see them improving actually, with an awful lot of what they do.

 I work in the people team too, and we [00:33:00] see this a lot with, managers. So a lot of times in, in, in our context, how people get into positions of seniority or as managers of other people is cause they're technically the best, which happens in most industries, and that's a rubbish way of picking who should be the leader of a team, or in our case, the leader of a practice. There could be 120 people working in some of our practices, or 400 people, and like the technically best person is the but most people, you can develop them and you can coax them and bring them to a place where they're much better at leading a team. And one of the ways is to try and flip how they view the world.

**Tara:** There's a really good book as well called Flick It by Michael Hepple, which is really simple, really easy to read in like just an evening, but it's, simple is good.

**Amy:** Absolutely. Yeah. Yeah, yeah. And Chatter also, by Ethan Cross is brilliant and that's looking at, is looking at our inner chatter, but it's also encouraging us and encouraging others [00:34:00] to reframe and flip our thinking.

Thanks, Tara. Wonderful. Anybody else got a question?

So Janet, you've shared in the chat there, that a family member failed medicine and really struggled as they had never failed before.

**Rob:** Something similar, actually, we, we have a case at the moment, which is incredibly upsetting in some respects, um, of a relatively inexperienced vet who is having an unacceptably high number of catastrophic outcomes to cases that they're dealing with. And they have no awareness that they're failing at an epic level, that professionally is, um unacceptable, it's ethically and morally unacceptable too, and um, the practice that she's employed by, have tried lots of different ways to, to support her. And they [00:35:00] have done a very good job in at one level of trying to be very supportive. But it has in the last week or two slowly dawned that there is something big going on here that is at a level where it just can't continue.

Whatever the outcome of this is, it will be crushing for this individual when they do finally realize, where they are professionally in terms of their practice. and I think that's almost like the flip of being infallible. And I think the God complex thing, Gary asked something like, where does it come from? It comes from the idea that I am perfect and I am always right. And that is not true. And where people have, come into grief with it and there is a huge problem in our industry with this, is they can never meet this expectation that they've set for themselves.

So people like me, whatever it is about me, I can convince myself that I am meeting this [00:36:00] standard and excelling it. But an awful lot of people don't come anywhere near to it. So in their conception of themselves as a person, as a professional, they're operating up here, but actually they're operating down here, which is totally fine because that's where you need to operate,

but they're not meeting their own expectation. So that's not great for them, that creates lots of stress and anxiety and stuff. With people like me, where, I've set my expectation here and I'm operating way up here. That also creates a problem because it allows all of these really negative behaviours to flourish.

 I'm very angry with myself that I carried on in that manner for so long and I shouldn't have, but I'm equally, angry and disappointed with the people that were, leading, managing me, that they never called me out, properly, on that kind of behaviour.

**Amy:** I was going to say there's something isn't there, or is there something that needs to be brought in at an early stage?

[00:37:00] especially within your industry, that's, that's a part of the learning process as you're becoming a vet. Just quickly on this one, Rob, because I'm aware we need to move on., yeah,

**Rob:** I think that there's probably a problem with expectation, setting expectations and then holding people to, to those expectations.

And that's true as undergraduate, but it's definitely true as, as employed vets and there's too much focus on academic. The, people that run vet schools have an impossible job to do because there's so much content they need to cram in. But they often don't do enough to develop the individual, the human part of the veterinary professional.

they do a great job of developing the veterinary professional, but not the human.

**Amy:** So work to do there. Wonderful. Thank you Rob. Thank you everybody. Thank you for your comments and your thoughts. Rob, your top tips. Let's just fire through these for folks. Your first one there.

Don't take yourself too seriously. Relax.

**Rob:** Yeah. So, I definitely took myself way too seriously.[00:38:00] and that creates problems. It creates conflict, it creates a very unhealthy persona at work. but whereas if I relaxed and I brought who I am outside of work to work I'd have had a far better, and the people around me would've had a far better, Yes.

Gary's thing is just, it is to do with personal development. So the reason that I was like that I think was a huge amount of immaturity coupled with boredom. That, that's not a great recipe.

**Amy:** Sure. Let's just move on with your top tips then Rob, have some people at work you can trust and confide in.

Nurture these relationships. How Very powerful.

Yeah.

**Rob:** Yeah. So I've learned that now and I do have, those people, that I work with, that I, I will confide in. Back when I was clinical, I didn't, partly because I didn't want to show any vulnerability, but partly because I didn't always, respect

them for who they were and the experience they had, and that created problems.

**Amy:** Yeah. Yeah. [00:39:00] Absolutely. Enjoy and be thankful for what you have today, not what you think you want.

**Rob:** Yeah. So again, I think this fed into that, that, part of that behavior type thing because I was striving so hard to get to the specialist stages.

That drove a lot of that, single-mindedness that was destructive when I should have been content with where I was and still traveling towards where I wanted to be, but not in this very single-minded, aggressive way that I was doing it.

**Amy:** Sure. It's nothing like being in the moment. No. Run, even when you can't be bothered.

**Rob:** Yeah. So I mean, these are all like slightly trite and patronizing at one level. So I run five times a week and quite a few of those times I can't really be bothered. But you feel so much better for doing it.

And so I suppose it's the activity thing, like being active is a very valuable thing. And again,

**Amy:** So it's run forward slash do whatever. yes. Oh yeah. Whatever sport comes to [00:40:00] mind for you. Yes. rather than not,

Make an effort to notice, be continuously curious, channel your inner four-year-old.

Lovely.

**Rob:** So I think, again, I think if I had done more of this and brought, like I am a bit of a four year old outside of work, so if, but if I. I'm curious about everything and if I had been curious about the people that I was working with particularly, rather than being judgemental about them, then I would've had better, work relationships.

Sure. So I think that's probably the thing there.

**Amy:** Yeah. It's about looking outward at as much as anything, isn't it? Absolutely. And finally, embrace mistakes. They will improve you as a person.

**Rob:** Yeah. So when the poll question, like I, I genuinely would've had all four of those simultaneously at one point about any. And actually the one that everybody agreed with is the one that I should have focussed on, but I would've spent too much time focusing on all on the other three, and that, that's not helpful.

**Amy:** That's [00:41:00] not helpful Indeed. Lovely, lovely, top tips. Thank you so much, Rob. I'm just going to ask you now a few quick fire questions. So are you ready? Yeah. Rob Williams. What does vulnerability mean

**Rob:** to you? I suppose, I think it's, the ability to share. Not just the best of you, but the worst of you or the stuff that goes wrong, as well as the stuff that goes right.

**Amy:** Nice. Yeah. What's going to revolutionize workplace mental health?

**Rob:** People relating to each other as people, not as colleagues or a report or a line manager, but like, I'm a human, you're a human. Fundamentally, we are relatable.

**Amy:** So what message would you give to vet schools now then?

**Rob:** Oh gosh. I, well, how long do you have? Six minutes. I could talk for the whole [00:42:00] rest of tomorrow.

**Amy:** Just this is a rapid fire question.

**Rob:** Yeah, no, I think, focus on the person, not not the academic knowledge they need to acquire.

**Amy:** Lovely. Yeah. So that whole person approach again. Yes. Thank you so much, Rob. That is fantastic. I'm just going to pass over now to Angus for more formal thanks.

**Angus:** Rob, that was great. Thank you very much. we always really appreciate the people that, come on the Wellbeing Hour. We first, met Rob, at a thing that Prime East did actually, and we got the train back together and Rob and myself compared swear words. Yeah. for quite a long train journey and, time doing that.

And, Yeah, we did swear words in Glaswegian and swear words in Irish. Yeah. so I think that was a real example of not taking life too seriously and having some fun. yeah. So I've always been impressed by, you know, your laid back [00:43:00] friendly attitude, that's the Rob that I have always known and always seen.

I think it's really interesting how the Rob, who was not a particularly nice person, had the epiphany. Thank goodness you did. Yeah. You gave us a very honest and candid description there, and I'm glad that you've moved away from aggression and violence and head wrecking. And I love hearing also about sitting on your hands and listening.

The words you said was, Be present, available and really listen. What an impact that makes on people's lives? Yeah, it's really impressive. And using storytelling rather than telling. I think, a lot of us could all learn from that. So thank you for sharing some of your inner four-year-old and and, thank you very much for taking the time to join us on the Wellbeing Hour. Really fascinating, really interesting. We really appreciate it. Thank you.

**Rob:** No worries. Thanks for [00:44:00] having me.

**Amy:** Thank you, Rob.

**Angus:** It's a pleasure. So on the next Wellbeing Hour we have, Rupa Mooker, who is Director of People and Development at MacRoberts solicitors, that's a large, solicitor practice.

Rupa is a solicitor herself and she has moved into becoming director of people and development. She's also a broadcaster on both TV and radio, so I think this is going to be a really interesting one as well. And, so join us in the 25th of May, 2023 for that at 12. And also coming up the, in the Headtorch world from the 15th of May to 23rd of June, we are doing a Kindness Counts campaign.

So this is a really easy to implement campaign, and, we encourage you all to take part in that and, celebrate kindness in the workplace. I mentioned the next webinar with Rupa. There we go. [00:45:00] And then after Rupa, we have Hannah Storm. Hannah is, she was a journalist and, she worked in Haiti, and various other, really kind of difficult spots around the world.

She's now a media consultant, award-winning author and speaker, and, again, promises to be really interesting that's 15th of June. So please stay in touch, follow us on LinkedIn and you know, if you'd like any more details in terms of what we do, we have tailored solutions for senior leaders, people managers, frontline people.

Please get in touch, that's my details there. it'd be a real pleasure to hear from you and hear what you're doing. So unless there's anything else, I think that's it for today. And we thank you everybody for coming along. It's been a real pleasure. Thank you.

**Amy:** Thank you everybody. Thanks so much for coming.

Thank you again, Rob.

**Rob:** No worries. Yeah. Yeah.

**Amy:** Thank you, Rob. Really insightful. Thank you so much.