

Audio Transcription

Season /Episode #:	Season 1 Episode 23
Guest:	Dr. Sadie Elisseou
Title:	Teaching trauma informed care

David Topor	Welcome, everyone, to the Veteran Educator Podcast, a podcast for the health care professional education community.
Andrew Budson	We are your co-hosts, Andrew Budson.
David Topor	And David Topor from VA Boston Health Care System.
Andrew Budson	If you have questions on how to grow your career as an educator, this is the podcast for you.
David Topor	We'll be learning from leading educators and how they developed and grew their careers, the twists and turns they've encountered along the way, and their advice for us.
Andrew Budson	For more information about VA Boston educational offerings and faculty development programing, please visit the VA Boston Education website. The link is in the podcast description.
David Topor	Welcome everyone to the Veteran Educator Podcast. Our guest today is Doctor Sadie Elisseou a primary care physician, a subject matter expert in trauma informed care, and an esteemed medical educator here at VA Boston. Thank you so much Elisseou for joining us today on the podcast.
Dr. Sadie Elisseou	Thank you so much. It's a pleasure to be here.
David Topor	Let's start off just telling our audience a bit about some of your current educational roles here at VA Boston and in the community.
Dr. Sadie Elisseou	Sure. I've been employed in the VA for 8 or 9 years. I started actually at the Providence, Rhode Island VA for a few years. Then I went to Louisville, Kentucky, and now here in Boston. We moved here right before everything shut down in the pandemic. So it was interesting to get a feel for what this land of Massachusetts is all about.
Dr. Sadie Elisseou	I have currently two faculty affiliations. My primary is with Harvard Medical School, and my secondary is with Boston University School of Medicine and I'm a primary care physician doing direct patient care most of the time.

David Topor	How about some of your current educational roles? What are you teaching? Who are you mentoring? What are some of your current roles?
Dr. Sadie Elisseou	Sure, sure. At Harvard Medical School, I've been involved as a small group faculty member for a couple of their courses. They have a course called The Developing Physician for first year medical students to talk about their experiences in developing in this profession of medicine. And I've also served as a small group faculty preceptor for a course called Social Medicine.
Dr. Sadie Elisseou	It's a block of a course where they talk about social determinants of health, and all of the things that contribute to disease in our society, things related to history and race and gender and anthropology and all of the stakeholders in medicine that influence health. I mentor students periodically, particularly those who are interested in this field of my interest, called trauma informed care.
Dr. Sadie Elisseou	And I do some teaching related to trauma informed clinical skills both at Harvard and Bu. And I've partnered with faculty and students at Bu to help promote trauma informed education, including being a faculty advisor for their student led Trauma Informed Care Task force at Harvard. One of the reasons that I was so excited to come to Boston and join the Harvard community was because they have a trauma informed care steering committee, which was really a student driven effort several years ago to put trauma informed care on the map.
Dr. Sadie Elisseou	It's now become one of the core curricular themes that everyone is weaving throughout their longitudinal educational experience. And really, this was started by students who thought that this was important. They drafted a proposal, went to the dean's office, and it kind of spread from there. So now it's a cool group. I have a mix of students and faculty that try to advance trauma informed practices in both the content of education that students are receiving, as well as the context, you know, the settings and ways in which students learn.
David Topor	Wow. You're busy. Let's dive into what this trauma informed care is. You've mentioned it a few times, and this is one of the areas that you are a subject matter expert. And so what is it and why is it important to know?
Dr. Sadie Elisseou	Yeah. What in the world is it. So this was a completely new surprise thing that fell into my lap several years ago. Nobody really taught me at all what that was when I was in school. I kind of joke, reflecting on it now that when I was a medical student and this wasn't terribly long ago, I graduated in 2010.
Dr. Sadie Elisseou	I had the option to join the cardiology interest group or the orthopedics interest group, and, that was pretty much it. But now, if you're in med school, would you like to end human trafficking? Would you like to put a stop to global warming?

	There are all of these ways of getting involved in more of the, let's say, social illnesses that affect our population rather than just, hey, what specialty are you going to go to fellowship for?
Dr. Sadie Elisseou	So I think now our current student body has more of a huge open mind and awareness of things like trauma informed care to teach people like me how to be better doctors. And that's kind of what happened. So I'll share my story. I realized that when I first started my clinical practice at the VA, that there were things I was doing as part of a routine physical exam listening to the heart, checking the thyroid that were making my veteran patients visibly distressed.
Dr. Sadie Elisseou	This was not intentional. I swung my stethoscope off my neck to listen to the heart and the patient jumped. I approached someone to check the glands in their neck and he stammered back and I thought, why am I causing harm? You know, first do no harm is this tenet that we all preach. And so I started speaking differently and adjusting the way that I stood, how I approached patients just physically standing in the room.
Dr. Sadie Elisseou	And I started teaching those little strategies to medical students. At the time, I was at Brown and one of the students had prior experience working in trauma informed education. And she asked me to teach her more about my trauma informed techniques. And when she said that phrase, trauma informed, I was like, that's sounds really fancy. What are you talking about?
Dr. Sadie Elisseou	Did you just make that up? I had no idea that this was something that was established, and she explained to me that actually, this has been around for a long time, and this is a strategic framework for providing high quality clinical care to people who have survived physical trauma, psychological trauma, sexual trauma, trans generational, historical, structural trauma, you name it.
Dr. Sadie Elisseou	And I was completely mesmerized. That was a moment that changed my world. It changed the way that I viewed people and history. It changed the way that I took care of patients. And I was so enthralled by this and so taken by it, that I decided I had to read everything that I could about this thing. Trauma informed care.
Dr. Sadie Elisseou	The more that I read about it, the more I thought, wow, I could develop a more formal framework for a trauma informed approach to a physical exam. And that's what I did. Partnering with this medical student and another medical student, we decided to make this standard curriculum for everybody at Brown and the first year medical student class. At the time, I was the course leader for the doctoring course at Brown.
Dr. Sadie Elisseou	So it was very easy to say, hey, this is going to be for everybody. Good luck. You better enjoy it. And it worked out well. We were able to study published in med

	portal. We won the Editors Choice award for it, and since that time it's been implemented at medical schools across the country as the new kind of standard approach to physical exams.
David Topor	It's very impressive. It almost sounds like you took your knowledge from the clinic seeing what was working, what was not working with certain patients. You worked as a team with students, you did your own research, and as a result of all these factors, you began to develop this framework and then implement it for medical students. Did I capture kind of that trajectory correctly?
Dr. Sadie Elisseou	That is exactly what happened. And this is funny for me now because you're jogging my memory before this all happened, when I had just started at Brown and I took on this course leader position, I was like, oh, yeah, I want to be a medical educator. This is the new hot thing. There are fellowships on med ed and this is the space I want to be in.
Dr. Sadie Elisseou	And I met with one of my mentors and she's like, okay, yeah, Katie, what are you going to teach? And I was like, what do you mean I'm going to teach medical education. She's like, if you're going to be a medical educator, what are you going to teach? And I even looked in like, Harrison's looking through all of the diagnoses in internal medicine, like, what do I like?
Dr. Sadie Elisseou	I like, venous insufficiency. I don't know. None of this was really compelling to me. I was even looking at annual conference agendas for like, SJM and ACP. What's hot now that people are talking about together in I Am that maybe I could make an expertise out of and nothing was hitting me, and I just kind of came at the right time.
Dr. Sadie Elisseou	That you're right, patients and students were the ones who inspired me and opened my eyes to something new that I did feel deeply for, and I ran with it because I felt like, wow, people just have to know about this. I can't believe that nobody told me about this. I people need to know because once you see it, at least for me, I couldn't unsee it.
Dr. Sadie Elisseou	It influenced everything.
David Topor	So not only was it those other factors, but this idea of you being motivated and excited and noticing something that really made a difference in your clinical world, that and in patients lives, veterans lives that gave you that extra boost to say this is the area. So having that attachment to this was also, I think it sounds like a driving factor towards pursuing more expertise in it.
Dr. Sadie Elisseou	It was and getting positive feedback about it as an example, because a lot of this stuff is hard to make concrete, it's like, okay, well, aren't I already like aware of my

	patients stressors? And don't I already try to be patient centered in my exams? So for the thyroid exam, for generations, doctors have been taught to check the thyroid by standing directly behind the patient with the fingers fully wrapped around their neck and the thumbs in the back, and that can simulate strangulation.
Dr. Sadie Elisseou	The person can't see where you are or what you're doing, and even if you've never specifically been strangled before, that's not necessarily a comfortable experience. So why not instead stand at the patient's side within their peripheral view, with the fingers fully extended on the neck, and let the patient know what you're about to do and why. So it's more of a collaborative and safe and empowering process that's happening, rather than someone perched up on an exam table barely dressed, afraid of what they're going to find out about their health, and having physical things be done to them in areas that are sensitive.
David Topor	And make sense as you're describing. And of all these factors coming together and you're saying, this is my area, this won't spent another minute on these inspirations for you. So it's clear how you became inspired to become an expert in this area. How about as an educator? What are some of your inspirations there?
Dr. Sadie Elisseou	I was the first born of three kids, and I think growing up I was always pretending to be the teacher for my brother and sister, and I very much looked up to my father, who was my hero. He was a primary care physician, and he always told me that one of the reasons he loved his work is because he could be the doctor, the priest, the brother and sister, the teacher of his patients.
Dr. Sadie Elisseou	I knew from just who he was and from also shadowing him that he would draw pictures of anatomy for patients and explain in a very intentional, thoughtful way, spending time what was going on with them. And that felt beautiful to me. It felt like an expression of love that he was inviting people in to better know their health, rather than continuing to be in the dark and worried.
Dr. Sadie Elisseou	Then my mother was always teaching us. She's such an exceptional mom and would always read to us and help us to just thrive in school. Music and theater were always stressed as important for us as my mom was trained in opera performance and then moving into school. I remember in my A.P. chemistry class, I was supposed to teach the class a little session on thermoregulation.
Dr. Sadie Elisseou	It's so funny thinking about it now. And after class, the chemistry teacher gave me feedback and said, Sadie, you knocked my socks off. And that felt so good. Of course, feedback like that just feels so great, and I took that home and shared it with my parents. And then for months to come, my father would joke, hey Sadie, I saw Mrs. Timmy's socks on the side of the highway on my ride home from work, and she was just very funny and made me feel good and that kind of encouraged me to continue teaching.

Dr. Sadie Elisseou	So that kind of progressed in little ways throughout college and medical school. Eventually I became chief resident, and of course, I had to lead morning reports and do a big grand rounds at the end and all these things, and I just absolutely loved it. So I knew that I had to find some way to continue being with trainees, passing along not only content, medical knowledge, but also inspiration and encouraging people in their own development to become whoever they want to become.
Dr. Sadie Elisseou	And it was just really great and lucky that I stumbled upon this thing. Trauma informed care.
David Topor	So the inspiration for education really runs deep for you. Just driving with your parents and knocking people socks off and high school and, you know, multiple experiences. And it's a wonderful story combining your interest in clinical care and this idea of bringing others in and teaching others as you're describing your father did. And what a nice legacy for your family as well.
David Topor	That education is a common theme.
Dr. Sadie Elisseou	Yes, for sure.
David Topor	I imagine a number of listeners are resonating with this as well, that that family and early upbringing and environment on the importance of education and the love for education and the enjoyment of teaching others really drives their passion today to be an educator and health professions. I wonder, just as you've gone on through the years in your career thus far, what habits or strategies have you used that have helped you succeed?
David Topor	That maybe others can hear and say, oh, that would be great for me to apply my teaching to my clinical care, to my mentoring or preceptor today or tomorrow, perhaps.
Dr. Sadie Elisseou	Okay, so for strategies that may help others thinking about what has helped me, one of the things that you set up front is you're busy. And yes, we're all very busy. Life is full when you do education. As a physician, it is often also the case that you see patients. It is often also the case that you have administrative responsibilities.
Dr. Sadie Elisseou	It is also often the case that you have a life at home. Perhaps you take care of an apartment. Perhaps you take care of your plants, or your cats, or even children, or aging parents, kids with disabilities, whatever. So life is full. How do you balance it all? And that's been the biggest thing that I've had to tackle to facilitate my own success in education.

Dr. Sadie Elisseou	And, one thing that has always been kind of a rule for me is to make sure that I leave my VA work at work. It's extremely difficult to do. This is not a 100% perfect thing. There are times when I don't get it right, but I have to leave at 5:00 every day. I have to do that so that I can pick up my kids and make dinner.
Dr. Sadie Elisseou	And all of the things. So I try to be extremely efficient, ruthlessly efficient at the VA with the alerts and paperwork, etc. I've learned how to batch tasks so that, for example, I don't stare at my pile of paperwork every day and think, I have to do that. I have to do that. I have to do that. I know that that's for Thursday afternoons, and I'm not going to think about it.
Dr. Sadie Elisseou	If it's not a Thursday afternoon. I definitely have to thank a very supportive, packed team. The LPN, MSA, and Rgn that help communicate information to patients. They're extraordinary with nurses visits and making sure that they send me a team's message for things that have to be done same day very quickly, and the rest will kind of come. Also, an extremely supportive spouse at home who makes sure that I'm staying on track with my own real goals.
Dr. Sadie Elisseou	And if I do need extra time to finish up a manuscript or something, he's right there. I got kind of into paper planning, and I kind of geek out about my planner, but I am now shifting from making a very long to do list that is haphazard and disorganized, to creating a priority list so that I know every day what are my priorities that are both important, and urgent?
Dr. Sadie Elisseou	And what are the things that I can accommodate when possible? One thing that's really challenging, in my view nowadays is our email inboxes, because they're always full. They're constantly screaming at us, saying, I am so important. Do this right now. Drop everything. But usually they're not important things. They're often not urgent things. And I could fill my entire day doing email if I want, let myself, but I need to instead schedule all blocks of time during the week that are from my priorities.
Dr. Sadie Elisseou	And maybe that's coming up with, a proposal for an independent study to do with students. Maybe that is time to write the abstract of a new manuscript. Maybe it's time to set up a meeting with colleagues and trauma informed care to figure out what's our next project to make this a bigger thing within VA? So if my priorities are not built into my schedule, everything else that is loud will take precedent, and I just can't let that happen.
Dr. Sadie Elisseou	So that's been the key to my success. It's also important for me to note that as I've gotten busier with trauma informed care stuff, I have now, as of two months ago, gone to part time at the VA so that I can do more of what I call my dream work, which is writing and project and speaking and consulting related to trauma informed care.

David Topor	It's really an emphasis on efficient use of time. Prioritize time. Having that team around you both at home and at work to help with you achieving your goals. I think there's a lot there people can take away from and think, how can I borrow some of these strategies for use in my work as well? The emails are tough.
David Topor	They are. They are coming up all the time.
Dr. Sadie Elisseou	Always.
David Topor	So I think these strategies and other specific resources, if people are thinking, well, I'd like to get more efficient in my daily schedule or my emails that you have found, or books or other things that you've relied on to learn some of these strategies yourself.
Dr. Sadie Elisseou	I have definitely been, listening to podcasts on efficiency and time management. There are so many that are great. One of them that I found helpful is called the Intentional Advantage. It's with this, woman named Tanya Dalton who's a productivity expert. She has a couple books about it. She has a beautiful planner company, and there are also YouTube videos and conferences related to this.
Dr. Sadie Elisseou	And you can follow people on Instagram who are really great about efficiency. So it's something that I've had to build due to necessity and due to my own goals. Making sure that I'm able to achieve these goals and sustain these goals amidst a very busy clinical life schedule. As part of the VA Primary Care Physician Leadership Development Program, I have given talks related to time management and efficiency, and if anybody is interested in learning more, I'd be happy to chat more.
David Topor	I think we will be chatting more on that, given how important that is. And I imagine many people think about that, perhaps even struggle with that of how to manage emails, how to manage all the alerts, the notes, the trainee who needs help and perhaps the trainee who needs help immediately. How that goes into a schedule, perhaps for another time.
David Topor	But this is a really interesting topic that you're bringing up today that I think a lot of people resonates with. How about for you thus far in your career? What have some of the highlights for you been? I know you've spoken about a few of them already, but just give us a sense of some of these big moments.
David Topor	For you, as a medical educator thus far.
Dr. Sadie Elisseou	Big moments, I think having the privilege of serving as the doctor and course leader for Brown when I was there was really an extraordinary experience. I learned a lot

	through that, struggled through that because it's a big job. Of course, it's the kind of thing that bleeds over into the evening and the weekends, so balance is difficult to learn.
Dr. Sadie Elisseou	When you have a role like that, then one of the biggest surprises I had in my career was moving to Kentucky for my husband's fellowship. That was amazing year and I would never regret it. I would do it all over again in a heartbeat. It was so much fun to live somewhere new and different. I grew up in Connecticut, so Kentucky was pretty different, and I had to leave this job that I loved at Brown and kind of press the restart button.
Dr. Sadie Elisseou	I was pregnant with my second child at the time. I focused on maternity leave and just being a float physician at the VA in Kentucky, just seeing other people's patients, I took home no real responsibilities. I did not have an educator role at the time, but it was very freeing to kind of hit pause and rethink things. Do I want to go back, you know, wherever we're going to live next and do more basic media?
Dr. Sadie Elisseou	Do I want to teach clinical skills or do I want to do something completely different? And I'm so grateful that I had that time to kind of get out of what I was doing, because when I moved to Massachusetts, I was able to, yes, get back into patient care, but do more work specifically related to this expertise and interest of trauma informed care.
Dr. Sadie Elisseou	Had I just continued doing the doctoring role, I wouldn't be where I am now. So I really sometimes it's just nice to go with that flow and accept where the universe is taking you and see what comes, even if it means a disruption of where you currently are. And you can always get back in to teaching. There are always more trainees in this country or in the world, and they're always more opportunities to do more things.
Dr. Sadie Elisseou	And taking a pause is all right, especially if it gives you time to kind of listen and see where you need to be next and create something new. Sometimes what comes next is even better.
David Topor	So it sounds like you've had some twists and turns on your way to your current position, and I think all of those have helped build who you are today as a medical educator and as an expert in trauma informed care.
Dr. Sadie Elisseou	Yes.
David Topor	What do you currently do to stay on top of your field?

Dr. Sadie Elisseou	I think it's still important for me to spend most of my time seeing patients. Right now, I very much enjoy my clinical work, and for all of us in education, I think it is important to keep a diverse portfolio, so to speak. If you're if I can draw that comparison to like a financial portfolio, if you're going to come off as knowing what you're talking about to students or to attorneys, if you're an expert witness or whatever, whoever your audience is, it's helpful sometimes to keep your foot in the door for clinical medicine that you're still up to date with clinical guidelines and the practice of medicine, and what happens when you're with a patient
Dr. Sadie Elisseou	and all of that. So I think that keeps me fresh. It also keeps me feeling fulfilled because it feels very different. And I think for for anyone here has who has worked remotely or even who has had a staycation, when you're sitting at home, in your office, in your pajamas, on your laptop for a whole week, versus your face to face with patients offering healing and comfort and teaching and guidance and holding people's hands through their pains, through their joys, there's a different level of engagement fulfillment there for a professional.
Dr. Sadie Elisseou	So I think seeing patients is something that's critical for me. I also preceptor students. There's someone from B.u. who comes on Thursday mornings. They're a nurse practitioner, students who come Mondays and Fridays. The VA has been great about blocking a slot per session for me to do that effectively, so I'm not very behind and I'm able to teach and enjoy it.
Dr. Sadie Elisseou	I'm also involved in committees related to trauma informed care. So I mentioned before the trauma informed steering committee at Harvard Medical School. The trauma informed Care Task Force at Bu. And also I helped to co-found the national VA Trauma Informed Care Collaborative. It's a group of trauma informed care interested folks and or experts who meet monthly for kind of an academic seminar.
Dr. Sadie Elisseou	We invite guest speakers. We have members of the group share their own projects. Ask for feedback. We've even had some cool collaborations for scholarship that have been built as a result of that collaborative. I am a member of, something called Ticer, which is the trauma Informed Health Care Education and Research Collaborative, and that's the National Committee related to trauma informed care that also meets monthly virtually now to have guest speakers and further the field.
Dr. Sadie Elisseou	I read when I can as much as I can. Articles will come out. Right now I'm sitting in my home office and behind me. I have all these books related to trauma and healing and I try to encourage fellowship among similarly minded folks who have similar interests. I think there's something very powerful about just hanging out with other medical educators, sharing the same woes, sharing the same wins.
Dr. Sadie Elisseou	Peer support is helpful, right? And still being engaged in some form of scholarly activity. That doesn't have to be something that you put out every month. It

	doesn't have to be an active blog where you're posting things weekly. You don't have to be on social media, even if you're trying to have one primary project for the year.
Dr. Sadie Elisseou	I think that's plenty.
David Topor	As it sounds like staying engaged in multiple areas to engage with the patient care setting, engaged with the trauma informed care, with the latest research, with trainees, with the medical schools, and being organized for some of these takeaways of staying at the top of the field. And I'm sure it is hard to juggle all of that simultaneously in terms of just being involved with all of these different aspects.
Dr. Sadie Elisseou	It is, and they usually happen in teams. This isn't something that I only do all alone, all by myself. So it's important to note that. And sometimes I'll see someone. Let's say giving a keynote at a conference and I'm like, wow, man, they have it together. They're so successful. They do meet it and they, I don't know, rule the world.
Dr. Sadie Elisseou	Let's say, why can't I do that? But when you really ask people how they got there, and this is one of the purposes of this podcast, I think you see that it takes a ton of work and it happens over years. This isn't something where you build a career in three and a half weeks. Some people are blessed enough to be able to, you know, write a book in a week.
Dr. Sadie Elisseou	The Alchemist is one of my favorite books, and he wrote that in a week, somehow, magically, somehow, you know, but that's not that's not the rule. I think these things are exceptions. So that framework for a trauma informed physical exam, that took many months and I had to rely at the time on my husband a lot to take care of our daughter.
Dr. Sadie Elisseou	While I was in the office reading about trauma informed care and coming up with the PowerPoint and getting ready for grand rounds and all these things. And it was through a group of VA colleagues that we wrote in the pandemic, a publication on trauma informed telehealth. So that was a collaborative effort. And then something that was on my mind for many, many years since I was in school was how to design a curriculum for a trauma informed peer physical exam.
Dr. Sadie Elisseou	What do I mean by that? I was I've always been aware that students learn the exam by touching one another. That's called peer physical examination. Most medical schools use peer physical exam to some degree as a teaching modality. And when I started teaching peer physical exam during my chief year, I was aware that there were certain things that would predispose students to feel uncomfortable during that experience, even distressed, even possibly retraumatized or reminded of a past traumatic event.

Dr. Sadie Elisseou	So I worked with Bbu to and the course leaders there and the students to develop a curriculum on a trauma informed peer physical exam and was able to publish that in collaboration with students. So these are things that happen over a long time and with help.
David Topor	I noticed that aspect of teams actually also throughout your story, since we started recording just a bit ago, of how much teams have helped you along the way. And I think that is something that people can use to stay on top of the field. But this is a very interesting trajectory, and I do think that is one of the goals of this podcast, is to help folks understand what is happening behind the curtain for the medical educators that we look up to and that we respect.
David Topor	How much time does this take? What are they doing? What are they thinking about? What were some of their struggles? And I think your description today, your narrative today is is really powerful. And I think many people will say, I understand, I understand this takes time. I understand this takes, organization and the team can hopefully be energized by the skills that you're sharing.
Dr. Sadie Elisseou	Not everybody has to have the same story, either. Not every medical educator has to have the same expertise or breakdown of their weekly schedule. I remember meeting with a and attending when I was an intern. He was renowned as someone with encyclopedic knowledge. He seemed to know everything about his specialty, infectious diseases, as well as every other specialty on the face of the earth.
Dr. Sadie Elisseou	And I asked him for tips. How do I be more like you? And he told me, just read three hours a day. And I thought, never, that is not my life. Because it wasn't my interest. It's not my priority. So if you're listening to this podcast and you're trying to sort out what I'm saying and apply it to your life, maybe it doesn't have to be at all your life.
Dr. Sadie Elisseou	It's about thinking about where you want to go. What are your goals? What are your priorities?
David Topor	That's a great point. Wow, three hours a day of reading. That seems like a nice luxury. Maybe one day.
Dr. Sadie Elisseou	Yeah.
David Topor	So where can folks go to find out a little bit more about your work and your current work? Your past work, and things you're you're thinking about?

Dr. Sadie Elisseou	I think for any, VA employee, you're welcome to find me on Microsoft Teams or send me an email and outlook. I'm not big on social media, but I do have a personal website and that is.com-elysium.com. And maybe that'll be available in the show notes of the podcast. I'm doing more work lately related to my side business.
Dr. Sadie Elisseou	I have an LLC as a speaker and consultant, so I've been applying trauma informed principles to organizational well-being and speaking with organizations about how trauma informed principles can mitigate burnout and boost personal and professional resilience.
David Topor	So lots of opportunities for people to learn more about you, your work. And you mentioned embedded portal. I mentioned there's some other publications that people can look up as well.
Dr. Sadie Elisseou	Exactly. The trauma informed peer physical exam and trauma informed physical exam. We're both on meta portal. And the trauma informed telehealth was on federal practitioner wonderful.
David Topor	I'll say that I really appreciate you taking some time out of your day to talk with us and talk on the Veteran Educator Podcast. It's really been a pleasure. You have knocked our socks off and it has been a pleasure to learn more about you and your career, and hopefully you've inspired others as well. So thank you so much.
Dr. Sadie Elisseou	Thank you so much. Thanks for inviting me. Thank you for having this podcast. It's a pleasure and I hope you're all well. Enjoy the day. Take care of yourselves.
David Topor	Thank you again. Our guest today, Doctor Sadie Elisseou, primary care physician and medical educator at VA Boston Health Care System and a subject matter expert in trauma informed care. Thank you to our audience for listening to this podcast.
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