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Tracy Gosselin Podcast – Episode 105

Ken Segel: Welcome, everyone. I'm Ken Segel, co-founder and Chief Relationship Officer of Value Capture, where we have the privilege of working with healthcare leaders who, like us, are committed to healthcare without harm, wait, or waste—and to realizing all that's possible within our incredible healthcare system.
On the Habitual Excellence Podcast, we have the opportunity to talk with many of those leaders. One of them is with us today. She's well known to many of you, but perhaps not to everyone, so I'm especially pleased to welcome Tracy Gosselin.
Tracy is the Chief Nurse Executive, Senior Vice President, and the Enid A. Haupt Chair in Nursing at Memorial Sloan Kettering Cancer Center, one of our nation's premier academic health systems focused on cancer care. Before joining Memorial Sloan Kettering, she served in a variety of leadership roles at Duke Health, where we first had the privilege of working with her.
Tracy, welcome, and thank you so much for joining us.

Tracy Gosselin: Thank you, Ken. It's wonderful to be here, and it's nice to virtually meet everyone—or at least have the opportunity to share my voice with you.
I've had the privilege of serving at Memorial Sloan Kettering Cancer Center for the past four and a half years. We provide care throughout New York City as well as in New Jersey. Before coming to Memorial Sloan Kettering, I spent my career at Duke University Health System, where I started as a frontline staff nurse. It was probably the best job I've ever had—caring for people diagnosed with cancer.
Over the years, I moved into a variety of leadership roles across oncology and ambulatory care before eventually serving as Chief Nursing Officer at Duke University Hospital. That role was a tremendous privilege, as is the opportunity I have today.

Ken Segel: Thanks, Tracy, for sharing a little more about your background.
I think our audience can probably already hear in your voice—and would see in your expression if they were sitting with us—many of the qualities that have made you so highly respected. You're admired not only by executive leaders you've worked alongside, but by frontline nurses and caregivers throughout your organizations.
You've always kept your focus where it belongs: on the people. On patients, and on the people who care for them every day. At the same time, you've demonstrated an incredible ability to lead through complexity while bringing optimism and humanity to the work.
That makes you the perfect person to have this conversation at this particular moment in healthcare.
When we caught up recently, we both found ourselves talking about a common theme: leading for both today and tomorrow. You're serving in one of the most influential clinical leadership roles in one of the country's premier academic medical centers, and leadership has never been simple. It has always been rewarding, but it's always been challenging.

Today, with everything happening across healthcare, many leaders understandably become consumed with today's problems. Thinking about tomorrow can easily slip into the background. But that's not how you approach leadership.
One of the things that really stood out during our conversation was your belief that workforce well-being is far more than a leadership slogan or another initiative. You described it as something requiring deep attention and real commitment.
Why do you believe leaders need to go beyond many of the current approaches to workforce well-being?

Tracy Gosselin: That's a great question.
For those of us who have both clinical and operational responsibilities, our clinical perspective always begins with patients and their loved ones. Every day we see the challenges they face. Living in New York City also reminds me how much access to healthcare can vary, and when you look across the country, you see just how different those experiences can be for people.
When I think about the workforce, I think about everyone—from the environmental services team cleaning patient rooms, to food service, nurses, physicians, and every other member of the care team. At the same time, I also recognize that our executive leaders are under tremendous pressure. They're accountable to their boards, their communities, and their organizations to deliver results, all while navigating significant uncertainty.
Financial pressures are affecting clinical care, education, and research. Research-intensive organizations, in particular, are asking important questions about future funding and what that means for innovation.
For example, one of our team members is currently working on a nursing research grant involving large language models. It's exciting work, and fortunately that project continues to move forward. At the same time, I have colleagues at other organizations facing very different realities, and those challenges are real.
When we talk about workforce well-being, we also have to think about teams. Teams matter because healthcare is delivered by teams, not individuals.
Sometimes we assume people are doing fine simply because they appear to be. But they may not be. That's why listening is so important.
We're also facing tremendous pressure around access to care, patient throughput, affordability, and making sure patients receive the right care at the right place and the right time. At the same time, we're seeing remarkable advances in cancer treatment and many other areas of medicine. New therapies create new partnerships and entirely new models of care.
As leaders, we're constantly balancing the challenges we face with the opportunities that innovation creates.
One thing I've learned is that no leader has all the answers. In many cases, the people closest to the work understand it better than anyone else. Our responsibility is to give them a voice and respect their expertise.
People are also reevaluating their own priorities. They're asking questions like: When should I retire? Should I pick up another shift? Should I take time away? Those are all very real considerations because healthcare has always been difficult work—it simply looks different today than it did years ago.

One of the most valuable things we've done at Memorial Sloan Kettering—and previously at Duke—is implement daily huddles. They help us stay connected to frontline operations and allow issues to cascade quickly through the organization.
It's been exciting to watch those huddles evolve. Teams have helped shape what we discuss, what measures matter most, and what concerns deserve attention. Sometimes the absence of an issue is actually a positive outcome, and that's worth recognizing too.
Another important initiative has been building peer support.
Moral distress is very real in oncology, just as it is in emergency medicine, surgery, maternity care, and many other specialties. It simply looks different depending on the environment.
We've created an interprofessional peer support program as part of our nursing strategic plan. It complements the resources we already offer by giving people additional ways to seek support, whether that's through a leader, a colleague, or after a significant event such as workplace violence or another difficult clinical situation.
Our goal is to support the entire care team—not just nurses—and create opportunities to learn and grow together.
Innovation is another essential part of workforce well-being.
The way we solved problems when I was a frontline nurse isn't necessarily the way we'll solve them today, and that's a good thing. We continue to apply high reliability principles while asking frontline teams where the inefficiencies are.
I often think about the old Institute for Healthcare Improvement question: *What's the pebble in your shoe?*
Sometimes it's something as simple as a microwave that doesn't work in the staff lounge. It sounds minor, but removing everyday frustrations matters. Those small sources of waste affect people's experience at work, and ultimately they affect well-being.

Ken Segel: That's wonderful. I appreciate how you've moved from describing the complexity of the challenges to sharing the systems you've put in place that are helping address them.
Let me ask a follow-up related to your own leadership.
Have you changed your own standard work as the environment has become more complex? Or is it the consistency of your leadership practices that has enabled you to recognize these opportunities and continue innovating?

Tracy Gosselin: That's a great question.
I'd say the answer is a little bit yes and a little bit no.
Like anyone, I can get caught up in the busyness of the work. When that happens, I have to remind myself to return to what I know—my principles, my values, and who I am as a leader.
That may sound simple, but it happens to all of us. Sometimes we're so deep in the work that we're focused on the roots instead of seeing the whole tree. That's usually my signal to step back.
So there are elements of my standard work that remain constant, but I've also learned to adapt them, especially when joining a new organization.
For example, when we talk about "going to see," that language doesn't always resonate with everyone. I've learned to frame it differently.
Instead of using terminology that may not be familiar, I'll ask questions like:

"Tell me about your quality concerns."
"What safety issues are you seeing?"
"How can I help?"
"What's working really well on this team?"
I realized I needed to ask those questions in language that made sense to the people I was talking with.
Getting out and spending time with staff is still one of the best things I do because it's how I learn.
I remember participating in one of our Epic go-lives. I sat with staff members and asked them to show me how they were using the system.
I found myself saying, "Wow, Epic looks very different than I remember."
That experience reminded me that I have to continue learning too.
As leaders, we spend a great deal of time managing change, but our real responsibility is leading people through change.
That requires reflection. It requires recognizing that everyone is at a different place in the journey and helping bring them along.
Sometimes someone else will naturally have better ideas than I do, and that's okay.

Ken Segel: I'm not surprised to hear you say that.
What I also hear is something equally important—you model the vulnerability to keep learning.
When leaders openly admit they're still learning and growing, they give everyone else permission to do the same. Rather than pretending to have all the answers, you're creating an environment where learning together becomes the expectation.
I think that's incredibly powerful.
Another topic that often comes up when we discuss today's workforce is the role of different generations.
Healthcare organizations now include Baby Boomers, Generation X, Millennials, and Generation Z, all working side by side.
How do you think about those generational differences?

Tracy Gosselin: That's always an interesting conversation.
First, I like to remind myself that before anyone ever called me "Generation X," there was probably some label people used for new nurses like me.
Every generation gets labeled.
Part of me simply thinks, *it is what it is.*
The priorities of younger generations may be different than mine were, and who's to say those priorities are right or wrong? They're simply different.
Understanding those differences is what matters.
At the core, I still believe most people enter nursing—and really, most healthcare professions—for the same reason: they want to care for people.
If caring for others isn't part of your values, healthcare probably isn't the right profession for you.
What has changed is the environment people grew up in.
I recently heard Jason Dorsey speak about generational differences, and one of the things he discussed was parenting.
Parenting today is very different from when I was growing up.

Listening to him gave me several moments where I realized just how different those experiences really were.
I had a job long before many young people do today.
Many people entering healthcare today are beginning their very first professional job. Their expectations are naturally shaped by experiences that are different from mine.
It's not my role to judge that.
One of the most impactful things Jason said was:
"Just because something is new to you doesn't mean it's new to everyone else."
That really stayed with me.
When I started nursing, we didn't have barcode medication administration. We manually hung IV fluids and calculated infusion times ourselves.
Technology evolved.
Today's new graduates have always known barcode scanning, smart IV pumps, electronic medication administration, and mobile technology.
So when we talk about technology, who is it really new for?
Certainly not for them.
I think technology is a tremendous asset. It helps us deliver safer care.
At the same time, it can sometimes feel overwhelming.
That's why it's important to understand the perspective of the people using it every day.
Another book that's influenced my thinking is *The Anxious Generation* by Jonathan Haidt.
It provides helpful context for understanding how younger generations have grown up and why they may experience work differently.
We can't solve today's workforce challenges using only the lens of our own generation.
That's why listening to their voices is so important.
When we're designing workflows or improving care processes, we need to ask:
"What makes sense to you?"
What feels intuitive to me may not feel intuitive to someone entering the profession today.
Understanding those differences ultimately leads to better systems.

Ken Segel: I love hearing that because, once again, it reflects your leadership mindset.
You're seeking to understand rather than judge.
From there, you're helping people move forward together around a shared purpose, which is why everyone came into healthcare in the first place.
I think that's incredibly wise.
We'll actually devote a future episode entirely to generational issues, and you've given us a wonderful preview of that conversation.
Thank you.
One other topic you've spoken about is collaboration across teams.
You consistently celebrate the remarkable work happening at Memorial Sloan Kettering and the other organizations you've served, while also being honest about where healthcare still has room to improve.
One area you've highlighted is collaboration across disciplines.
We all have examples where multidisciplinary teamwork works beautifully, but it still isn't as consistent as we'd like.
Why do you continue to emphasize this issue, and what do you think healthcare needs to do differently?

Tracy Gosselin: That's a great question.
I think it starts with how we communicate and how we learn from one another.
Several years ago, I was rounding with a fellow and asked, "How do you know what's happening with the patient? Do you go assess them yourself?"
The answer surprised me.
They explained that they often relied on the nurse's assessment through the electronic record before deciding whether they needed to see the patient immediately or could place an order based on the nurse's clinical judgment.
I thought that was fascinating.
I came from a generation where you picked up the phone, waited for someone to return your page, and had a conversation.
Communication has changed.
Today we're also seeing ambient listening technologies, different documentation tools, and entirely new ways of capturing patient information. How we train clinicians and how we document care continue to evolve.
Sometimes these technologies aren't as intuitive as we'd like them to be.
And if communication isn't intuitive, it's easy for people to default to technology instead of conversation.
It's incredibly easy today to send a secure message, text someone, or email them.
Sometimes that convenience unintentionally replaces a conversation.
But this isn't about confrontation.
It's about saying, *"Help me understand."*
Healthcare has become much more complex. Patients are sicker, their care is more complicated, and I believe patients and families have different expectations today than they did before COVID.
That makes communication even more important.
I wish I knew the perfect solution.
Some people naturally prefer texting. Others prefer FaceTime. Others still want to pick up the phone and talk.
Those preferences are often shaped by what people have grown up with.
Within healthcare, though, we always have to come back to our team dynamics.
What are our escalation processes?
How do we ensure the patient receives the right care at the right time?
Another important consideration is our newer team members.
Sometimes people hesitate to raise concerns because they worry they'll appear inexperienced or ask the wrong question. They don't want to be embarrassed or criticized.
But avoiding that short-term discomfort can have long-term consequences for a patient.
That's why we have to help people understand that speaking up is an act of caring.
You can be respectful, calm, and kind while saying:
"Help me understand."
"I have a question."
"Can you clarify this for me?"
Finding language that feels comfortable encourages people to use their voices.

Ken Segel: That's such an important point.
Since you're always thinking strategically, let me build on that.

Patient care flows horizontally across disciplines, yet healthcare organizations are still largely organized vertically by profession or department.
Those structures naturally shape how people think and behave.
Are there any innovations or experiments—either in your own leadership or at Memorial Sloan Kettering—that you're excited about because they help bridge those boundaries more systematically?

Tracy Gosselin: I think one of the biggest opportunities is intentionally bringing multidisciplinary teams together.
It's difficult to solve complex problems if the right voices aren't in the room.
Healthcare today is highly technological, and every profession brings a different perspective that's essential to good decision-making.
A good example came after our Epic implementation.
We established a Nursing and Patient Care Services Council focused on Epic optimization across the system.
Initially it represented nursing, but very quickly we realized we needed broader perspectives.
We added physical therapy, occupational therapy, respiratory therapy, advanced practice providers, and members of our Epic leadership team.
Bringing those different voices together has led to much better decisions because everyone sees the work through a different lens.
Another important initiative is our work around goal-concordant care.
Again, that's only possible when multiple disciplines are involved.
Social work plays an incredibly important role.
Nurses, physicians, advanced practice providers, pharmacists—everyone contributes unique expertise.
I've always had a special appreciation for pharmacists.
When I was a new nurse, they were often the people who helped me navigate medication safety issues.
That partnership made me a better clinician.
Ultimately, multidisciplinary collaboration starts with understanding the problem you're actually trying to solve.
Before applying a solution, you have to be confident you've identified the real issue.
And then you have to use your data.
The data should guide your decisions.
I also think we have to become more comfortable saying, "Good is good enough—for now."
Let's get to good.
Then we'll work toward great.
Sometimes we need to stop endlessly discussing a pilot project and simply begin.
Healthcare naturally wants perfection.
We all want to provide the very best care possible.
But there are always factors that make perfection difficult.
At some point, you have to start.
That's how improvement happens.

Ken Segel: Exactly.
Stabilize.

Act.
Improve.
Don't spend six months creating a PowerPoint presentation hoping someone approves it before you begin.
Start learning.
Healthcare leaders—did you hear that?
That's terrific.
Tracy, I'd like to shift gears for a moment.
You've always balanced today's challenges with tomorrow's opportunities, which brings us to succession planning.
But before we talk about preparing future leaders, I'd like to go back to the beginning of your own leadership journey.
We know the positions you've held.
What I'd love to hear is how leadership evolved within you.
How did Tracy Gosselin—the young bedside nurse—grow into the leader you are today?
After that, we'll come back to succession planning and what it means to prepare the people who will someday step into these roles.

Tracy Gosselin: That's a wonderful question.
It's actually funny.
As an undergraduate nursing student, the two courses I enjoyed most weren't clinical courses.
They were nursing leadership and management, and nursing research.
People often laugh now because they think, *Well, of course—you earned a PhD and became a healthcare executive.*
But when I was twenty or twenty-one years old, I genuinely loved those classes.
Then I moved from Massachusetts to North Carolina.
That was a significant transition.
I went from a large metropolitan area to a much smaller community.
I loved my job as a bedside nurse, and I remember asking questions like, "Why don't we have a committee for this on our unit?"
Someone looked at me and said, "Why don't you start one?"
I remember thinking, *Me?*
But I did.
About a year and a half later, our clinical nurse specialist approached me and suggested I present at a conference.
Again, my response was, *Me?*
She said, "Yes."
So I gave a presentation on advance directives.
Looking back, those early opportunities mattered tremendously.
Throughout my career, there were always people who believed in me before I fully believed in myself.
They kept saying, "You can do this."
That encouragement stayed with me.
Even today, there are moments when I remind myself, *Yes—I can do this.*
And I can do it while still being authentically myself.

Tracy Gosselin: Throughout my career, there were people who continually encouraged me.
They would say, *"We'll support you. We'll help you get there."*
When I look back, I'm incredibly grateful because not everyone has that experience.
They also weren't afraid to give me honest feedback.
Sometimes it was encouraging. Sometimes it was difficult to hear.
But they always cared enough to tell me the truth.
Over time, I came to believe that feedback is a gift.
I've been fortunate to have mentors and leaders who were willing to challenge me as much as they supported me. That combination has shaped who I am as a leader.
Am I perfect?
Absolutely not.
I don't need to be.
What matters is continuing to learn and grow.

Ken Segel: That's wonderful.
I'm taking notes as we talk because, as always, you're incredibly thoughtful.
So let's connect that personal journey to succession planning.
You described a career built through encouragement, honest feedback, growing confidence, and a willingness to keep learning.
Today, however, healthcare leaders are facing a very different environment.
When you think about developing the next generation of leaders, what does "leading for tomorrow" require today that perhaps wasn't as important ten or twenty years ago?

Tracy Gosselin: I think the first question is:
What are the future needs?
We'd all love to believe we can future-proof everything.
When I think about our mission at Memorial Sloan Kettering—**Ending Cancer for Life**—it's an inspiring purpose. It gives people a reason to come to work every day and do their very best.
But even if we achieve remarkable advances, people will still be diagnosed with cancer.
That means we have to think differently about business models, access to care, and how we deliver care in the future.
The science is changing so rapidly.
It's exciting, but it's also humbling.
Leadership has to evolve right alongside it.
We have to ask ourselves:
What do we know about the next two years?
What about five years?
When I think about artificial intelligence, for example, I believe AI today will look dramatically different from AI five years from now.
Its impact may be more disruptive than anything I've experienced during my career simply because the pace of change is so fast.
So we have to prepare leaders who are comfortable working with new tools, new knowledge, new care models, and entirely different ways of extending care beyond the traditional walls of the hospital.
We also have to continue ensuring patients have access to care while navigating workforce shortages and retirements.

Every generation is making different decisions about work.
Baby Boomers are retiring.
Generation X is deciding whether to stay a few more years or pursue one final opportunity.
Generation Z places tremendous value on personal well-being and work-life balance.
As leaders, we have to thoughtfully consider all of those perspectives as we prepare the people who will come after us.
We make the best decisions we can with the best information we have.
If someone had told us five years ago that AI would become what it is today, most of us probably wouldn't have imagined just how quickly it would evolve.
That's the environment today's future leaders will inherit.

Ken Segel: As I listen to you, I don't hear overwhelm.
I hear someone who recognizes that healthcare itself won't stay the same.
Science will continue advancing.
Patient needs will continue evolving.
Technology will continue changing.
Leadership, then, isn't about preserving today's systems forever.
It's about staying grounded in enduring principles while thoughtfully adapting to whatever comes next.
That's actually an exciting way to think about the future.
There's something else you've said to me in previous conversations that has really stayed with me.
You once told me that part of your responsibility is making sure the best and brightest people believe they should want your job someday.
Why is that so important to you?

Tracy Gosselin: Because every healthy organization has to think about succession.
Part of that is understanding where people are in their careers and where they hope to go next.
I also think many people simply don't know what executive leaders actually do.
One of my favorite questions from frontline staff is:
"So...what do you actually do all day?"
I always laugh because every day begins with a plan—and almost every day ends differently.
Something unexpected always comes up.
You're constantly reprioritizing.
You're solving problems.
You're helping move the organization forward.
For me, staying connected to purpose is what makes all of that worthwhile.
That's one reason I spend so much time rounding.
It reconnects me with patients, families, and staff.
Those conversations remind me why we're here.
They also help people better understand what leadership really is.
Leadership isn't simply meetings and strategy.
It's advocating for a profession.
It's often advocating for multiple professions simultaneously.
It's helping people navigate change.
Nationally, we're seeing significant turnover among C-suite leaders.

That naturally raises questions about who will become the next generation of healthcare executives.
For example, should the next chief nursing executive in an oncology organization come from an oncology background?
Or should they simply be an outstanding operational leader from another specialty?
Those are interesting questions.
I'll admit I'm probably a little biased.
But they're important conversations because we want to create the right opportunities for future leaders while making the best decisions for our organizations.
At the heart of it all, I come back to our professional values.
For nurses, that's reflected in the ANA Code of Ethics.
Those values help guide our decisions no matter how healthcare continues to change.

Ken Segel: As I listen to you today, I don't see someone discouraged by the challenges.
I see someone energized by them.
Your commitment to people is just as strong as ever.
I love hearing you talk about rounding—not only because it helps you understand what's happening operationally, but because it reconnects you with your own purpose.
To me, you've modeled exactly why you're such an important leader at one of the nation's premier academic medical centers.
You've also demonstrated why talented people should aspire to step into roles like yours when the time comes.
Before we wrap up, I'd love to ask one final question.
What advice would you give the next generation of healthcare leaders?
Whether they're nurses, physicians, therapists, pharmacists—or anyone beginning their leadership journey—what do you hope they'll remember?

Tracy Gosselin: There are a few things I'd want future leaders to remember.
First, recognize that your mental models will continue to evolve as you grow.
That realization actually takes some pressure off.
As leaders, we don't have to solve every problem ourselves. We don't have to be the expert in everything.
It's okay to rely on the expertise of others.
That can be difficult in healthcare because many of us are conditioned to check everything ourselves.
Did I verify this?
Did I complete that?
Did I catch every detail?
Learning to let go of some control—and trusting the expertise of the people around you—is something I wish I had understood earlier in my career.
The second thing is to surround yourself with people who will give you honest feedback.
They can deliver it with kindness, but they should still tell you the truth.
That willingness to receive feedback has made an enormous difference in my own leadership journey.
Finally, never lose sight of what matters most.
Stay focused on patients.

Stay focused on the value we bring to our organizations, our communities, and every individual we serve.
When I think back more than twenty years to the Institute of Medicine reports—*To Err Is Human* and *Crossing the Quality Chasm*—it's clear that healthcare has made meaningful progress.
But we also know there is still important work ahead.
New technologies have helped us improve, and they will continue to do so.
Whether it's artificial intelligence or whatever innovation comes next, be open to learning.
Stay curious.
Stay willing to understand.
That's the mindset that will continue moving healthcare forward.

Ken Segel: That's wonderful.
Tracy, I have a feeling people are going to start searching for that mentorship presentation you mentioned from Ohio State.
Is that talk available anywhere online?

Tracy Gosselin: No, it's an older presentation.

Ken Segel: If someone reached out to you directly, would you be willing to share it?
Tracy Gosselin: Absolutely.

Ken Segel: That's terrific.
Tracy, as always, it's been an absolute pleasure.
Thank you for sharing your wisdom, your leadership, and your perspective with us today.
You've reminded us that leadership begins with people—patients, caregivers, colleagues, and the teams we build together.
You've challenged us to remain curious, to keep learning, to embrace change without losing our values, and to intentionally develop the leaders who will carry this work forward.
Thank you for joining us on the Habitual Excellence Podcast.

Tracy Gosselin: Thank you so much, Ken.
I truly appreciate the opportunity.
Have a wonderful day, everyone.