Continuing Education, Burnout Prevention, and Creative Pursuits in Medicine Transcript

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Introduction to Dr. Dave Davis

Welcome to the Doctors Making a Difference podcast where we help physicians to be empowered with the tools they need to be successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. Today, I am excited to welcome Dr. Dave Davis. This is an interesting introduction to this, but Dr.

Davis is the most cited primary care physician in the entire nation of Canada, which is such an interesting and bold claim. He's also a published author and I'm excited to talk to him about his work, but Dr.

Davis, would you mind telling us a little bit about how you became the most cited primary care physician in the entire nation of Canada? The first thing to say is thanks for inviting me to do this today, Peter.

It's a great pleasure to meet you and to talk a little bit about my career and I've been able to use medicine as a platform for me. I became interested in continuing education at a really early stage, almost day one in practice.

And I decided I would start attending continuing education courses. So I went to a very traditional course, like 200 physicians sitting looking at another physician talking to us for 57 minutes out of an hour.

And I thought, there's got to be a better way to do this, right? So it began a lifelong interest in continuing education, in large part my own continuing education.

But in the process, began doing continuing education for other people at a local hospital and then at a university called McMaster University. And the last few years in my career at the University of Toronto, which is a huge university in Toronto, no surprise.

And during that time, I wrote papers. One of those papers said, lectures don't work. Actually, what it said was CME doesn't work. It's a very provocative statement.

I just thought I'd wake up in the morning and think, are they going to assassinate me today? What is this going to happen? Anyhow, it was in the days when you did randomized controlled trials.

I did a randomized controlled trial and then I did a review of randomized controlled trials, all using lectures as a form of. and comparing it to other forms in CME.

And it got published by JAMA, which you guys know. Yeah. Widely publicized. No jam. That's right. Yeah. Widely publicized. And I guess the title was so provocative.

People read, I don't know whether they read the article, but. read the headline and that counts as a citation. The head of things that deserved much more citation than mine, like a cure for cancer or something new is an investigation of heart disease.

Early CME Research and the Power of Lectures

This got picked up. So it got something like, I don't know, 10,000 citations. So therefore I became in a field in family medicine, not known for its publications because we're the guys in the frontline doing all the work.

Because of that, it got me this. notation or citation as the most cited to reference family position in Canada, an

honor which I bear and don't talk about.

So there you go. So that's me in a nutshell. I'm retired now. I can yak about this. I'm really happy to be. I appreciate the answer. It is interesting and like we talked about, I'm a primary care physician like you and had worked in that.

A lot of times I'm the one who is on the receiving end of published data. A lot of times I'm the audience and reading it and trying to understand what was happening and you were able to publish that.

One of the things that a follow-up question is as you publish that and did you find up a better way to do continuing education? Because like you said, the lecture series sometimes doesn't always work.

Certainly not every person learns in the same way. So I'm curious, what did you learn was the best way to educate ongoing for doctors? I guess it depends on what you want.

If you want to keep up to date reading as good or talking to your colleagues or being in a small group that shares journals, there's so much written. We could drown in information.

It isn't just Family Doc, Primary Care Docs here. Brown and all that information, it's the specialist as well. Somebody said, if you started reading right now, say in surgery, if you started reading right now, all the published literature in surgery, you'd be two years behind by the time you were a year of reading in.

And so trying to keep up to that, I think requires a real strategy on our part. I used to call it the medical school without walls. So think of yourself as never entirely graduating.

always something that keeps us up to date or needs to be spoken about. And so part of the new strategies in continuing education are embedding as much of that learning in your life or your career.

So the computer helps so you can look up a answer to a question very quickly. Your colleagues help either if you're a rural position to connect to them electronically, Here's a rash.

I don't know what this looks like. Anybody else seen that? That kind of thing helps being, of course, in touch with specialists always helps as well. In terms of continuing education, the medical schools have gotten smarter and have built quality improvement into, at least for staff physicians in those hospitals, more continuing education in a meaningful way with feedback and audit and reminders at the point of care, all of which, in my little head at least, is continuing education.

So I think we've changed in continuing. The other big thing, of course, is it used to be pharmaceutical companies that supported much of continuing education with all the bias that sometimes implied.

And so much of that has shifted. I spent a lot of my time in medical school, so I was on my own in practice for many years, but then joined a medical school.

Yeah, I'm just thinking last time I took the board recertification just for the specialty boards and what I found as I was going through it is the thing that helped me the most was just like you mentioned the ongoing daily reading, reading the journals, reading things that are updated articles or synthesis articles that kind of updated A variety of things and doing it every single day of my practice going, look up, looking something.

I think I know what to do, but I'm just going to go double check. Is there anything new on this? And I tell my patients the same thing. Give me a second to just review this and see, is there any updates from last time I looked at this?

You can't possibly know it all. There's no way you could know every single thing, but that. in the moment I have this patient in front of me they're right here or they just left and I told them I would look this up and now I'm going to research it or I'm going to call a friend those stick in my brain like really good because I've had its need to know right then and because I'm in primary care we see this broad variety of stuff so I'm so thankful for all the information that's out there.

A funny story for about a year when I began practice, I'd keep the drug compendium, the big thick book of all the drugs. I'd keep it inside a closet and say to a patient, excuse me, I think I have something in the closet.

So I'd go in the closet, I'd get the book out and look at it. I thought after about a year, I thought, oh, the hell with that. If she thinks I can keep up to date by keeping it all in my head.

And so I took the book and put it on my desk where I referenced it regularly. No, it's important to find a way to do it. I've heard one statistic. I don't know if this bore out true in your work, but somebody said that you can't possibly stay up to date.

But after your residency, most people are out of date by about year six or seven, just because. That's about right. Yeah. So that's been a challenge. I'm about 15 years into practice and I attend my continuing medical education courses and my board certification and all those kinds of things.

How Doctors Stay Current in Practice

But I'll tell you the thing that makes the biggest difference really is just my patients because I see it again and again looking things up. That's absolutely right.

So I remember graduating and thinking, now I know it, so now I'm done, right? Because we were taught in a didactic fashion and you get this sense, knowledge is static.

I think the newer medical school curriculum, McMaster University was my school for many years and it developed a way of teaching that implied you're always learning.

So it was not just the content of your learning, but the process of your learning. And the students were encouraged to do that spread across all of North America and I think well beyond problem-based learning as I think accentuated that learning for you.

So you're probably a graduate of that era compared to my much more didactic era. Yeah. And it is good to think that we chose medicine because it's so interesting and there's so many things to learn and you can't possibly know it all.

So you must become a lifelong learner. Otherwise you do a disservice to yourself and your patients. That's right. That's right. Absolutely. So throughout your career, did you continue to publish other things?

Obviously you had a lot of citations on your provocative title about CME doesn't work, but I'm curious, did you continue to publish as a primary care doc?

Yes, I did. My wife would accompany me and I went on speaking trip and I can remember, so this is a story that will eventually answer your question. And we had, I don't know, 13 speaking engagements in 12 days or something.

These are the days of overheads, remember? Yeah, I do. I remember. Right after dinner or lunch, I talked to a group of 20 or 30 docs in Australia and she would show the overheads and she said, I can give your talk by the end of the time.

It's all about continuing education. So virtually, here's the answer. Virtually all I've done is about continuing education in that published sense. It got me interested though, both in randomized controlled trials and guidelines or the development of guidelines as a result.

And I began to spread out towards the last maybe 10 years of my practice life and my continuing education life. I began to think much more about quality improvement and systems-based learning.

how systems learn, how knowledge becomes real action. And so those form the big chunk of the publication. The vast majority, just like my wife's, is about continuing education and she should be here talking.

She knew your overheads like the back of her hand. We've gone back just a little bit more of your origin story. You went and you started off in medical education.

It sounds like pretty early in your career. One of the things that gets talked and bantered around a lot today is people feel burned out and stressed and they say, okay, medicine's no longer for me.

I got to get out of this because it's so hard. Or I find that it's not fulfilling me in the way that I thought it would when I started. You were able to stick with a full length career and you published and it sounds like you had a lot of opportunities to travel and teach others and interaction with your peers.

How did you find a way to stay engaged in medicine throughout the length of your career? It's about relationships, Peter. We talked about the relationship you have with your patients, which I'm sure is the driver of what all of us do.

But we also have a relationship to our family and to our colleagues. And I think we all burn out or begin to burn out. And maybe 10 years or 12 years into practice for me, I was on a treadmill.

I would do a little bit of teaching, but I looked at my week one day and thought, so what do I enjoy most? What particular chunk of my time do I enjoy the most?

Of course, I enjoy the relationships with my patients. But what I really enjoyed was the teaching component, the sharing of knowledge, sometimes not the specific, not what drug to use necessarily, or what laboratory test order, but the notion of a doctor-patient relationship.

And I had lots of experience in that, and my young students and residents didn't have that. So that made me think, listen to your gut. I'm listening to my accountant say, see more patients, but I'm thinking I need to listen to myself.

So it made a change for me. You may not know this, but in 1987, 86, 87, in Ontario, there was a physician strike. We were forced into a more socialized form of medicine with one insurer, which was the government insurer.

And my colleagues, there were 10 of us in a group, nine of them decided to strike and I couldn't strike. I thought, I just can't do that to my patients.

I would strike if I could against the government in some way, but I wouldn't strike against my patients. So I wound up making house calls for about three hours.

And I thought, this is stupid. I'm wide open. Why don't I open my branch? So I did. So with one other physician who joined me, she and I together looked after the practice of 10 patients for about three weeks.

And it was the most successful practice I think I felt. I was seeing things that were truly important. We had a nurse who worked with us, who did all the triage on the telephone.

Burnout, Purpose, and Meaningful Practice

And so we saw important things. I felt like a physician again. And subsequently, a position became available at the university clinic. It was an urban clinic on what you might call the other side of the tracks.

I had practiced fairly well to do part of town. And this was on the other side of those tracks. And that was the most meaningful thing I've ever done in my life.

That was a community health center. Working not only with other physicians, we were a teaching practicer, tons of docs around, but lots of nurses and nurse practitioners and social work and psychologists and brilliant psychiatrists.

It was probably the best learning experience of my life. It was also, Peter, at the beginning of the AIDS epidemic, at least in Canada, And we were almost a step down AIDS primary care clinic because most AIDS patients didn't want to be identified with the AIDS clinic with a sign above the door that was at the university itself.

So we were a primary care clinic, a tough end to town, if you will. And that was very meaningful for me. You know what? I felt alive. I think this is the first time I've talked about this.

It's the first time in years I had felt truly alive in my practice. That's an interesting thing to reflect on. Cause I talked to lots of doctors all over the place and there's this theme.

Everybody is going to experience burnout at some time. And I think what you just hinted at is really the core of it. Find out what drives you, not just that I punched a lot of paper.

I filled out my forms on time or that I was just really good for the accountant, but that I was very good for my patients. And I think all of us, when you get into that mission driven, purpose driven side of medicine and you feel like you really are.

Making this impact. It's just something really engaging and reawakening about it. And it sounds like you went through that. You're right, Peter. It's true in life, isn't it?

And we teach our children to do that and what made you happy today, but we forget it. We get driven by whatever the drivers are, whether that's just, it's the accountant and the financial bottom line or.

the practice demands or being available or building a practice or whatever that is, or the insurers demands. I think listening to your gut is truly important.

So I was very lucky to do that. Did you continue doing any of that type of work? Yeah. So, so for five years, I worked in this particular clinic. It made me very much more aware of the needs or social needs, if you will.

And because we had social work with us, we could meet some of those needs. And then after the five years we're up, the Dean of the University of Toronto Medical School called and said he wanted me to come and run continuing ed for him.

And we found a practice site for me, so I did 60% practice and maybe 40% at the beginning administrative teaching and administrative and research. And that too was a benefit for me because I could share my practice much better, again in a teaching practice, again in an urban environment, which is very exciting for me.

But also I could share it with others and that's quite powerful. And a role in the university, I'll talk about that in a minute. The role in the university allows people like you and me to think, oh, I can think outside the box.

He's given me a half a day a week or a day a week where I don't have to be on the treadmill. I don't have to see my 4.5 patients per hour. And that's empowering.

That is empowering. I thinking back, just as we're talking, when I think I went to the University of Utah School of Medicine, great university, fantastic.

And I think of all the people I interacted with had some fantastic professors. But I would say the one that still stands out strongest in my mind was the physician that taught our outpatient continuity of medicine course.

And it was laced throughout the first couple of years of medical school. And this really accomplished doctor, he just talked about How are you going to prescribe this medication for the person they don't have a refrigerator?

How are you going to do? What have you thought about all the folks that you're caring for in this community that aren't there in your office that they really need the care that is available and something so simple that would normally be cured if they had access to a car and insurance and a refrigerator.

And yet there's a lot of folks who don't have some of those basic necessities. I remember him talking about that and things that I had just never really put together and that kind of stuff left a really big impression on me and I still try to think about that.

How do we make it so that people who don't have all those normal things are able to get what they want? I feel like I grew up in a really loving home where I had lots of help from my parents.

We didn't have anything. It was a single wide trailer house and we never went to the doctor unless it was falling off or broken. And there's a lot of people that are like that.

It's important to think, how do I make sure that I am not only a steward of those patients who present in my clinic, but how do I help facilitate or support a system where everybody can get access to some little bit of care if they can?

Absolutely. I think that was a big lesson for me was not everybody was like you. I was raised by loving parents that are fairly well off home and very fortunate in many ways.

An American raised in Canada by two Americans who were proud Americans and still Canadian at their heart. And then to see, and to be in a practice setting where most of the patients that I had were like that and where I didn't have to think about prescribing costs and that sort of stuff.

And then to move into this urban environment where. People lived alone or were alcoholic or had drug abuse, or in my case, HIV and AIDS because of drug abuse or because of other activities.

And so I think just sometimes learning from that holistic environment, seeing ourselves differently, that too is refreshing. We're talking about burnout here and how to avoid the burnout, but that refreshment for me just made my career.

This is another thing on your story that I think is really fascinating. So you stuck with a full length career. You serve people across the spectrum of age.

You've worked in academia, but you've also worked in kind of an underserved environment. And you're also a published author, which not just for medical publications, but you've written just.

creative stories and novels. And I think that is also a very interesting part of your journey and your personality. So how did you get started on that?

Maybe start with some of the books you've published and then walk us back through how that process started.

Writing Novels and Creative Work in Retirement

So when I was in high school, so that's like a thousand years ago, I had this idea, we were talking about the universe and how it began as this big bang, right?

And it was infinitely expanding. And I thought I had strapped her as kids. I stuck on my hand and said, how do we know it's expanding? Of course not. It doesn't contract.

But this is when I was, I don't know, 18 or 17 or so. And I thought, what the hell? So in the back of my mind, I composed a little bit of a science fiction story in my head.

And on my time off, if we were on holidays or something, I was watching the kids. I'd get my laptop out and I'd start to type up a little story and I'd do like a paragraph and then you go off and play with the kids.

It's just more fun. But it was always there until about the time I retired. I worked in Washington DC for about eight years and it was much more an administrative job, not clinical.

And I was allowed a little bit more time. And so I'd play with the idea. So it became a novel called Potter's Tale. You probably know Jeremiah in Bible.

talks about the potter who gets upset with the pot that he's making and decides it's a collapse of all things. So what if God were a potter and decided, you know what, this isn't going well?

These people, they're the only people in the universe and they're Machiavellian. I'm just going to start all over again. So that's the story. And that became, I'm not real, real proud of it, but I'm proud of the fact that I got it.

I'll tell you how it happened. I was flying somewhere and when I get on an airplane, I don't know what they're like. I'm so rushed when I get on the airplane because I always leave.

I fell asleep for 10 minutes or 15 minutes and we're in the air and I wake up and everybody, literally everybody around me is reading Dan Brown's Da Vinci Code.

And I thought, oh, poop, that's for me. I'm gonna write the next Da Vinci Code. So I copied, not the plot, not at all, but the way a thriller like that unfolds.

So that's how I wrote A Potter's Tale. That was a lot of fun. And I self-published with help from a publisher in Los Angeles. And that was a lot of fun and was successful enough.

And so I wrote something called The Last Immortal. And its question is, what would we do if we lived forever? We know about longevity. We know about genetic engineering.

What would happen if? 10 of us on the planet lived forever and we met one of them. What would our life look like? So that's how it began. What I really loved about it was I think I listened to my gut about this too.

So I would find if I was writing about the randomized control trial of didactic lectures versus small group learning, if I was writing about that. or doing a systematic review and I was doing statistics on it, not enjoying the process of all that.

And then I turned to my creative writing and think that hour went really fast. Why don't you listen to that? So in retirement, I've been able to really do that.

One of the really exciting things is, I have to tell you about this, I'm mostly done a book that we're currently calling clandestine. I had a patient who came to me in Toronto years ago, a Jewish woman, who I was explaining something to her and she's always, oh, doctor.

She said, you don't have to explain that to me. I was a medical student once. I said, oh. She said, yeah, in Warsaw, in the ghetto. So there was a medical school that taught at one point 500 medical students hidden under the noses of the Nazis.

Interesting. It's a powerful story. So in my retirement in the last five years, I've been able to spend time gone to Warsaw. I've been able to do some research in the area.

Other people have done it. I've been able to look at transcribed interviews with some of the medical students and some of the faculty. And I've built a novel, the historical fiction novel around.

And that's the most exciting part of my current life, except for one other thing I'll tell you about. And that has really allowed me that creative side.

So there. It's fascinating. Like a lot of people talk about, oh, I'll be an author someday. If you ask a class of fourth graders, they're all going to be novelists someday.

They're all going to do everything. And then we get into the busy pace of career and family life. And then some people find their aptitude for writing isn't what they thought, but.

For the ones who say, I really like this, how did you get into that? Because it is hard to find the time and it seems so

expensive and so challenging to finally bring something from an idea to actually have the humility to allow it to be critiqued and go back and do revisions and to actually publish it and do it again and again so you become good at it.

I'm interested in kind of the nuts and bolts of how did you actually bring that about? Yeah, I think the clue for me just to tie into your theme of not burning out is to hear yourself and to say, what do I enjoy most, not only in the day, but in the week or the hour, or what does it play in with my kids?

Or is it my credit? Now it's my grandkids, of course. And so something like that. So to listen to that, I think is powerful. And then to say, I better build in some time for myself.

If that's an enjoyable thing, whether it's tennis or golf or music or whatever, going to church, whatever it is, build time in to do that. And it becomes as precious and as valuable as your on-call hour or your CME requirement.

It's as important for you. We tend to forget that, don't we? Health professionals particularly are bad because we're driven by the other, the urgency of the other.

immediate need. The patient bleeding, of course, is the most important thing at the time. But in our life, as we look back over a week, paying attention to that.

So I did that. I also took some online courses and I joined in my retirement or pre-retirement, actually. I joined a couple writing groups. Talk about humility.

If you weren't humble when you went into the writing group, you sure were humble when you came up. I had the experience of being with very knowledgeable writers.

women who were very blunt in their critique. I thought, these are my babies, these little paragraphs. My children are the most beautiful thing on the planet.

And they'd say, this is, Dave, this is bullshit. This is poop. And I learned from doing that. And of course they were more respectful a little bit. And in time and I got into the rhythm of doing it.

So a writing group is powerful. And the online learning, I took some master classes, one of which was from Dan Brown. And the other thing to say is it doesn't have to be a novel, they're art.

You have to remember where Johnny is on page 400, where you put him on page 150. You don't have to write a novel. You can write something for the local newspaper.

I've done that. You can write a poem and write something for the grandchildren or your children. You can write a memoir or write a memory of something that was power for you.

It started me on my writing career. In some ways, my dad died and I was close to my dad. And I wanted to write, he died on July 4th, which of course is America's day.

And he was an American and I wanted to write about that in Canada where he lived. I wanted people to know about his Americanism.

Volunteer Service and Human Connection

in Canada and that became a powerful driver for me using your emotion in that way. It was a funny story though, I wrote it long after he died. My wife said to me, are you going to submit that?

I kept on changing a word here and there. I didn't want to let it go because I didn't want to let him go. It was a powerful thing for me that drove me into writing.

And it might not be writing for some of us. It might be music, like I say, or golf, or something. Doesn't matter. For me, lately, it's been volunteer work.

And I'd love to come back. If we have time at the end, I'll come back, talk about volunteer work. Oh, that's really interesting. And I think, like you hinted at, it's not just that everybody needs to become a writer, but there are other areas of your life.

And I remember at the end of medical school thinking, like, this is my life. I have to do this 80 hours a week forever and ever. And I love what I do.

I love being a physician. I enjoy my patients. I enjoy the constant learning. But I'm a whole person. I have to say I'm Peter Crane first and all the parts of that identity.

And I have a career as a physician, which is a unique and interesting career. But I can't be, I am only a physician, nothing else. And I think sometimes people get on this treadmill and they feel like that's the one and only part of their identity that they've given any attention to.

And then after a while, if that doesn't feel fulfilling, then they feel a little bit broken inside. So you've hinted on something really powerful where you try to explore the deepest parts of your meaning and then listen to what fills you, what makes you light up, and how can you contribute to the world around you.

So thank you. I looked after a patient years ago who was the vice president or maybe the president of a big steel company. And that was his full life.

He was the vice president and lost a wife in the process. They divorced and I think was a strange from his children, if I remember right. And at the end of his career, his retirement at 68 or 70, he said, I'm nothing.

He said, I'm an empty shell. It all went to, he hadn't paid attention to the whole person. And it reminded me, not for the first time, that we have to pay attention to that whole person, don't we?

I didn't learn it. My patients taught me some of that, but I was on a treadmill at the beginning, at least of my practice life. Yeah. And like you mentioned, a service is a way to give back and to find that because you're serving individuals.

Tell us a little bit more. What's your perspective or your experience with service like you hinted at? Yeah. So in my retirement, I've been able through my church to establish a drop-in center for seniors and others.

So we're a fairly well-off community. We're outside Hamilton, Ontario, if anybody knows Hamilton, Ontario. So it's just adjacent to the city and now a part of the city.

and fairly well-off, but in this well-off community, we have homeless people, and we have people who couch-surf for their life. We have a woman who lives in her car, and this church, it's United Church of Christ in the American context, United Church of Canada in the Canadian context.

And it's decided several years ago after COVID, there's going to open its doors for things like this. So my wife and I run this program. We started with 15 or 20 people.

We're not 30, 35, 40 yesterday. We serve them lunch and breakfast and friendship. And it's not traditionally religious, but there's some things. Very important happening.

And that importance is we care for you. I had a friend years ago who worked in an academic environment and he always booked a get acquainted visit at the beginning of seeing patients.

And I would mean to do it, but it became a medical visit. His was always so tell me about your life for 20 minutes or half an hour. I never had time to do that or never made the time to do that, but now I do.

And now in the kind of volunteer capacity, not at all clinical, not at all medical, but the thing that kept me in family medicine first along was getting to know patients and their stories.

Something that I write about, but something that I just love and I'd love to support. And so I'm hearing stories like I became homeless when, or I don't speak to my wife, we've been divorced many years and I miss her or another story that has to do with alcohol or drug abuse or estrangement or those are powerful stories and just listening to them in some ways is healing for the guest.

So that's quite strong for us, for both my wife and me, and we feel very lucky to be able to do it. Yeah, thank you for sharing. I found the same thing, Dave, when I talk to people and you get on that personal level and you get to know somebody, that's where it really matters.

When you think about that, it's kind of cliche, but live like you were dying. If somebody had a chance to have that perspective to say, what would I do if I knew that my time was limited?

And almost everything that people would do centered around relationships. How would I treat other people? How would I go out of my way to get to know them?

How would I interact with people so that I treat the people around me more humane? How would I forgive somebody who's wronged me, loved ones? And how would I listen to someone and raise them up?

It's not so much, it can't be about money or building things that are superficial that are only going to last a few years. It has to be about those deep core relationships, building things, I think.

that we've danced around that a little bit in this discussion several times. Everything has to hinge about what makes you a full, complete person. And then how do you really construct those relationships of trust with others around you, even if it's not like a long-term relationship.

If people say, wow, when I talked to Dave Davis, that was a genuine conversation. I haven't had a conversation like that for years because he seemed like he was really interested and wanted me to be able to tell my story.

And so I think that work is actually really meaningful and I appreciate you sharing it. It is about the relationship, isn't it, despite all the other things I would value in a resident when I was evaluating them, or a medical student, for example.

or drive for learning and all that. I would almost always comment on the relationship that I witnessed with the patient whom I observed either in the room or through a videotape or something.

It was almost always something in that relationship that I felt was important enough to share. Not the drug at the time or the lab test at the time, but rather something about the relationship.

and eye contact and speech and manner of presentation and listening, all those things are very powerful.

Closing Thoughts and Where to Find Dr. Davis

And it's what makes our job meaningful. Primary care, particularly, I'm sure in surgery, it's about sort of the manual aspects. I'm sure there are many other things that give you joy, but for us in primary care, at least in primary care and probably across all the profession, it's that relationship.

It's very powerful. Yeah, and as we wrap up time, I think there's been several themes through this that you've done a remarkable job of sharing that, connecting with those core parts of who you are, building relationships, looking for opportunities to express yourself outside of medicine, just outside of the clinical work through writing or volunteering or other means.

Every one of those things is a powerful tool that if used by any of us will help us to become a better version of

ourselves. And I think That kind of stuff helps you go beyond what you could ever imagine yourself being as far as a healer and a caregiver, more than any kind of course you could take.

And so thank you for the ongoing medical education you have given us for this experience, Dave. Yeah. Peter, it was great to meet you today. I hope our paths cross again.

Thank you. Will you tell the audience how they can find out about your book? Is there a website or a LinkedIn profile or something where folks can follow your work?

For sure. So I am on a website called drdavdavis.com. So D-R-D-A-V-E-D-A-V-I-S dot com. So easy to find me. I'm also on LinkedIn, Dave Davis writer, and I do TikTok for reasons that are obscure to me.

My kids have talked me into being a TikTok guy. So Three or four times a week, I think about a story, something to do with patient care, often sometimes to do with educate a little bit of what we're talking about today.

And so I do 30 seconds, 50 seconds, sometimes an hour, and they're fun. So you can follow me on TikTok as well. So there you go. Awesome. Thank you for sharing it.

I look forward to staying in touch. I have not really been on TikTok, but you're tempting me. Your kids will get you there. Right here. Awesome. Great talking to you today.

Keep in touch. Thanks. Bye bye. Thanks for tuning in to the Doctors Making a Difference podcast. And thank you for what you do to help your patients and your community.

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