Podcast Introduction and Guest Welcome

Welcome to the Doctors Making a Difference podcast, where we help physicians to be empowered with the tools they need to 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. We are privileged today to welcome Dr. Chrissy Ott.

Dr Ott, she's given me permission to call her Chrissie, is a med peds doctor and she is written a lot of things about physician coaching and wellness.

And she has spent many years in the trenches working, doing all the things that we all do and has found a way back to. practice and to find ways to help infuse joy back into the medicine for herself and others.

So I'm very excited about this conversation today. Want to hear some of her insights, so I encourage you to tune in and listen. I think it's going to be a great conversation.

Dr. Ah, Chrissy, would you mind introducing yourself to our audience? Absolutely. Thank you so much for having me. I'm looking forward to this conversation.

about a decade of primary care, followed by about decade hospital medicine. And my current clinical assignment is that I'm the medical director of a long-term care skilled nursing facility for medically complex children and young adults.

In my spare time, I am a newborn hospitalist. So I do like a variety of things, and maybe I'm guilty of having a seven-year itch, but I have taken to the belief that reinvention is a sign of aliveness.

So, I am here to encourage reinvention for anybody who needs to hear that.

Chrissy Ott's Career Path and Reinvention

Along the way I found coaching, in particular coaching other clinicians as I was leading wellness work, and it took me from my previous sort of cynical position about coaching which was a little bit cringe to engaged and promoting it all the way to the extent that I am now the leader of the Physician Coaching Summit each year.

So I'm excited to dive in wherever you would like, Peter. I have a lot of experience with bird-out doctors, the wounds of caregivers, and the moral injury that we share frequently in the US healthcare system and trying to keep ourselves afloat.

Well, I want to reflect back on what you said that change is a sign. How did you say that? Change is the sign of aliveness? Yes, reinvention is as a side of a liveness.

None of these things sounded predictable to me at all. I was primary care in my bone marrow. Never thought I would be a hospitalist. And I never, ever thought that I'd be the complex pediatric specialist, which is almost like the hybrid between primary-care hospitalists, pediatrician, and PICU.

It's a very strange little hybrid for a primary care girl to find herself in. You're still doing newborn care in the hospital and then you're in a care facility with medically complex, I'm assuming like LTCH patients that are showing up needing this complex type of care for long term, is that right?

Yeah, these are pediatric kiddos, so many with trachs and vents and some that are just G-tubes and most of them

non-verbal, nonambulatory, and we provide respite care to the community.

But it's kids who have great need and quite a bit of clinical complexity, which my nerd for medicine brain loves the novel problem solving that I am required to do on a daily basis across multiple systems and it keeps me interested all the time.

Well, I would like, if you're willing to share a little bit more of your own journey, because like you've described a seven-year itch and this reinvention idea.

And I think everybody goes through chapters in their career, but I, think a lot of people listening to this would say, Hey, X type of physician and I've been in it for a number of years and can't see myself changing.

So how did you actually do it? And how do you come to that realization that you needed to change? Yeah, I'm going to reflect back to the time that I decided to leave my micro practice.

I had a solo micro-practice in primary care for about eight years, and I loved it and loved my relationships. But awareness is the short answer. So I was revisiting my meditation practice, resumed some daily sitting with at the support of Headspace, the app.

And in one of those sitting sessions where I was literally just listening inwardly to myself, how am I? How do I feel? Which was not a question I would ask myself frequently because we get so caught up in the doing.

which is frenetic and can be overwhelming and all-consuming, that I was not relating to myself very often outside the to-do list that was constantly running in my brain.

I didn't stop very to check in with myself with some compassion and some interest for my own feeling qualities, my emotional state. And when I did that day, the answer that was evident was I'm not that happy.

Even though I've created this practice of my dreams, The downsides are really exhausting me and I am not actually that stimulated with the clinical problems that are coming toward me.

And I am challenged, but not in the best way with some of the interpersonal dynamics that come as a solo doc without a front desk. All of that together quickly came to like, oh, I need to consider a shift and I could hardly believe my own thought.

because I had a previous thought just five minutes ago that I will be in this practice permanently, that this is my future, and I'm on this train and this training is not stopping.

Leaving Solo Practice and Choosing Change

And what I love in coaching is that we interrogate our unconscious thoughts so frequently. We begin to look for the beliefs and the rules and standards that we've accidentally been applying that maybe we don't consent to or even agree with anymore from a values or pragmatic perspective.

So the first step was awareness, and then I think the second step, was some bit of willingness to take a risk to do something courageous, to something unexpected.

I really love the idea of embracing the unexpected, I like what you said, like, oh, go ahead. I think there's just so many rules we all set for ourselves.

That idea that I am this kind of doctor, I went through residency, have this much debt load, work these hours, that's the rules I set myself. And I know I've been guilty of that.

Like, well, How did you break free of that? I mean, you have this meditation moment, but there's a lot of practical nuts and bolts on that. Like, first of all, most people are financially kind of obligated to a practice or they have a a of

debt related to school loans.

And then I guess another thing is just you've built a life. You've build all of your friends and connections. How do you actually do it? Because that is a big shift that you made and in some ways that daunting for people to consider that It was daunting.

I think that disassembling a practice was almost as daunting as assembling a solo practice. It had to close out relationships with vendors and insurance companies, not to mention, of course, my beloved patients and families.

my EMR, there was a lot of closing books. And so much of that was just fueled by the decision and the clarity that the Clarity was there. I had debt, I took a loss, didn't sell my practice, wasn't a buyer.

Talked to a few different people. Wish that had gone differently. But I was willing to take the loss because the other expense would have been my happiness.

my joy, my actual like human fulfillment was on the line is what it seemed like to me. And so I was willing to take a financial risk or financial loss and decide, okay, well, I know how to earn money as a physician.

I can do that in a variety of ways. Let me do it in this other way and see if I have some more of my own self back in other And it's an iterative process for all of us, but sometimes we forget that we are iterating and we just get stuck in the same place.

In fact, the sort of railroad that was put out for us and forget we can off-road. We have other options available. Yeah. Well, what did you think when you made the switch?

You know, that again, I'm kind of just reflecting back on my own journey and people I've spoken with because, you know it's one thing to think about it.

And then you, consider the calculus of, all right, how much is this going to cost? What's it going look like? All in the name of saying I need to be more fulfilled.

I needed to find this other piece of myself. You made a switch and there's always fits and starts to everything we do, but When you actually did it, when you look back after a couple of years, I'm curious, how did that go and what was your experience with it?

The back of the napkin penciling it out was probably fine, which fueled my ability to make the switch. And I guess if the back-of-the-napkin-penciling-it-out had been less workable, I might have had a difficult time making that switch, because I did feel pretty trapped.

I didn't have golden handcuffs at the time, but I don't know, they were gold-plated. I like my hours. I love my autonomy. Um, I'm not making as much money as many physicians do, but I loved so much of my job.

24 seven on call. And so I was really ready to step away from that, um, level of availability. But, you know, how did it go? It went well. I would say that it was like the clearest but hardest decision to make and then to follow through on.

And then, to give up this piece of my identity as a primary care doctor. So, I will call that out too, like actually being willing to say, that was one chapter.

This has been my identify. Im not going to lose the fact that that existed if I move on to a different adventure. But it takes some real intentional directing of our mind to reinvent and to change in these ways.

We are expected to have a developmental arc up into our mid-20s at least, but they forget to tell us that there is a developmental arc beyond that. There's one that is not available.

We don't unlock, you know, this level until our 30s, and this until 40s and until 50s. And I think that when things are going well for a human, we are continuously developing.

So I often tell my coaching clients to look for their greenest growth edge.

Identity, Growth, and Staying in Medicine

What part of you is actually asking to be grown? What parts of is interested in a new topic, whether it's a leisure topic or a professional topic? And then go lean in and see what's available there for you.

Scratch around and what creative impulses arise. And then iterate, try it out for a minute, see what's possible. You don't have to commit to it. I think that's a powerful concept, the idea that there's another arc of development, because it's true, especially when you are in school for long time, medical school, residency, fellowship, whatever your path may be.

You know, it's kind of set for you a little bit. You do this, then this and then that. And I think that is something I know I hadn't reflected on until recent years to say, well, there's chapter one and there is chapter two and chapter three.

That is actually also a powerful idea that you hinted at. Just because you close one aspect of what you do doesn't mean that doesn' t exist somewhere.

But I think, I don't know how you said it so cleverly that that part of you still is there and you can look back on it with fondness, but you don' have to continue in that same developmental stage, that exact practice setting.

That's a powerful concept. I'm curious how actually you developed that. It's very wise. I think that part of the arc of our development is developing our own wisdom.

It's bringing the fruit of emotional labor forward and hopefully making it available to be of service to other people. So somewhere along the line, my lived experience dropped that one in me.

And so I'm happy to be able to verbalize it. If it serves other people, that's exciting to me One of my own inner tenets is that I would really like to fully used up when I die.

I'd like empty myself onto the field. continuously so that whatever gems I get to acquire through hardship and suffering also get live their life as their higher octave insight and wisdom that is shareable and might prevent somebody else from having quite as much difficulty.

Oh, that's generous. That's actually a wonderful way to think. You don't want to wear yourself out so you're thin and have nothing to give, but rather you want give fully with what you have the capacity to get and still be a full fulfilled human being as yourself.

I find often, again, as I talk to people or think about my own experience, you do have rules for yourself. And some of those are good to keep us from breaking the law and that kind of stuff.

But specific to your career, You say, well, I learned this process or I learn to do this surgery or have this specific thing. If I give it up, that's part of it.

I have paid to have that experience or paid that skill. And I don't want to give it up. And so it is hard to have that self-reflection and to be able to say I can change, I grow, and I develop.

But if you're not happy, ultimately that's the only thing you can do is look for opportunities to grow. Like you said, find the green edge. Look and see where you grow and develop, not only as a doctor, but as human being.

And sometimes it takes a thought partner, a body double, coach or mentor holding a mirror up and saying, hey, it looks like the words you're saying indicate that you don't like what you are doing.

Let's check that out. What is it that you don't like and where is your agency? Because ultimately we all have this locus of what is in my control, which is a relatively small circle in the middle of this image.

And then what isn't my sphere of influence outside of that and what does my fear of concern outside that. So if it's actually in your control and you can do something about it, then you should give yourself permission to act.

And if it's in your sphere of influence, then give it, you know, the appropriate amount of action, but you understand that it is not in you power. But we all have choices, even when it seems like we're trapped.

Even when is seems this is the only job I could do that works this way for me and my family. Never true. It's never the And not that we all need to change jobs.

Sometimes we just need change our thoughts and habits in that same job. But I love reminding people that there are more options than they can see. Well, that's probably serves as a good reminder because we do kind of get locked into that idea.

Another question related to this is, as I've talked to people, a lot of people get to that place where they feel, you know, the word burnout's been used probably excessively, but they get a place that they say, I'm not filled up by this.

I am not sure what comes next. How do I do it? How did you choose to stay in medicine? Because this was really key. There's only so many of us that have gone through that training, and if everybody departs medicine and says, okay, I'm going to do something that's completely not medicine, we lose out on a whole generation of physicians.

It's very important for the care of our communities and our patients. And so I think people feel this sort of existential guilt that I've paid this price, made this commitment, swore an oath, a Hippocratic oath that And then some people feel unfulfilled by it.

So they feel like, well, if I can't be all the way, then I have to leave. And so my question is, for you or for others you've coached, how did you find your way back to medicine and still continue as a physician despite some of these challenges?

I'm so glad you asked that. I think it's such an important fulcrum point. So the first thought that I have is that people often take their current emotional state or their relationship and they create a conclusion that feels like a new rule.

So somebody who has suffered burnout, the emotional exhaustion, depersonalization, low self-efficacy, and very understandably their brain has offered them the thought, this isn't working.

This is over. You hate medicine. And there are other bots available. So again, it's like how much are we believing our thoughts and how are interrogating and doing self-inquiry with some support around those thoughts.

I have had moments where I did not like my job, I didn't enjoy what I was doing, and I've been through multiple cycles of burnout from different angles.

I have had days that just felt like I was like, check clock in, clock out, do the thing and feel kind of automated about it. Those are never ever my favorite days.

And I know that for myself and for probably most of us, there is a memory of how much we actually love medicine. that we love knowing what we know, that love our intimate connection with the body and pathophysiology and normal physiology, and that have these effective treatments and preventive things that could do.

It's so exciting to watch the body of knowledge continue to grow. My latest growth edge is actually obesity medicine. I think we talked about this when we first met, Peter.

So I've fallen in love with obesity, medicine in particular for children because my family has gone through a difficult

time related to that. And it has made me really want to serve that population on the side.

For me, it's kind of like, I love to have several different things going on at the same time. But not everybody wants that. So evaluating what your delight is calling you toward.

What in medicine could possibly still cause delight for you? And if nothing is the answer, then some self-care time is actually really needed, a little washout period.

I see a lot of folks in this space talking about financial independence and retiring early. And I don't want to, you know, I, don' have judgment or, like, that's not wrong.

But it does hurt my heart to think retire early is to extract my capacity to serve people through medicine. I don't want to retire really, I want work as long as I'm enjoying it, as it makes sense.

Um, i would love to be more financially independent, no doubt. It's, um, high. Don't have an, a goal of getting out of medicine anymore because I know that I can do just the right amount of I think the dose makes the poison too.

We're so overworked on these like, you know, every eight to 10 minute switch rooms see another person. Human nervous systems are just not intended for that many interactions per day.

I don't care how extroverted you are, it's just no right. That's so true. Well, that's a good idea. You're right, the human nervous system is probably not intending to have that much conversations in a day and you do come home just like, whoa, I didn't want to talk to anybody, and I'm just going to go on a walk and walk the dog and not talk with anybody.

Coaching, Burnout, and Physician Support

Seriously, if they had a lab rat replica for our office lives, how neurotic would those rats become? Well, and that's what I tell medical students that come through sometimes.

It's like, if you're not careful, medicine will eat you alive. And I want to reflect back on what you said with the fire movement that, you know, choose where you financially independent, retire early.

I think I feel the same way you do. it would be wonderful to say I do medicine on my terms. i have control of my schedule. and no longer have this big financial debt burden.

Dictating what and how I work and rather I worked because I want to make the greatest difference I wants to do the great as good for both my clinical work, and for my family just me as a person Financial independence does give people the tools to that But I hate the idea of all of our physicians trying to retire when they're 45 Because you lose out on that and I've been a patient as I shared with you before I And I've needed doctors with experience and I'm so thankful that they have fought the fighter still there.

But I wouldn't want them to work 90 hours a week just so that we can do it. And there is a time for training to put a lot of hours in it and really understand the disease process so you see a patient go through their disease day and night and see the entire process.

And I think that's an important part of our training process, but I don't think it has to persist with that same level of intensity for four decades. There's a way to find that balance.

Yes, I'm so glad you said that. I really don't want the people taking care of me to be suffering. And that extends to all of the caregiving folks. You know, don t want my nurses to suffering, my CNAs to suffer.

the quadruple aim where everything is going well, it's safe and it is cost effective, people are getting better health and its not killing the people providing the healthcare.

Oh, yeah. And so if I could pick, I think some sounds like you would be much the same. I would pick for every resident to graduate and have an ample understanding of what it requires to achieve financial independence, not so they can retire, so that they have the greatest impact for good in their lives and not feel that their constrained by this kind of artificial construct.

We borrow money necessarily to go to school. Medical school is expensive. There's probably ways to make it cheaper, but it is tremendously expensive. And at the end of it, you don't want to say I have to spend 30 years now just trying to dig out of this hole.

You have understand that way early in the process. Begin very early by not spending money you do not have, trying pay off that debt. Be really careful and frugal so that when you are in your 40s or 50s and say, I want make a change.

I can do so. It sounds like you were so brave and so courageous and you did it. Which I love. You know, I think that we need a new acronym instead of fire.

It's like, you know financial independent, don't get trapped. So you can still practice medicine because you love it. And you can do it in a dose and in relationship where you're empowered.

I really do wish that we had like a bi-weekly financial seminar as residents, not just the one or two times where they really did try to tell us important things.

But I did not learn them in the way that they took traction. You know, I had to learn my lessons the hard way. And, you know, when I think about medicine, I want to stay as a doctor.

I like helping my patients. And I find it so fulfilling, and I'm thankful to still be able to work in medicine despite dealing with health problems. All those things.

But then when look at the dose, like you said, if I got to pick, If I could say, okay, You're financially independent today, It probably would be 40 hours or less per week.

And most doctors work more like, you know, 60 to 70 hours per. Week. What about if you could cut back to full time? Think about that. Only 40. Hours a week sounds incredible.

You know what I mean? Yes, I do. Absolutely. Well, so what would you tell, now that you've kind of been through this process, and it sounds like you discovered coaching and went from maybe a skeptical way of looking at it to saying embracing it and wanting to help.

What would tell someone who is at the end of residency or is in their first few years of practice who finds themselves going down this place where they don't feel real happy about what they're doing?

You know, I'm speaking to those people in my mind and my heart right now, and also I am thinking about just any person entering the world of medicine.

get a coach. It is like a paid mentor. Serena Williams has a couch. I'm not a super big sports person, so I can't name drop a bunch of sports names right here.

But let's just say, elite athletes at the top of their game have coaches, have trainers, has somebody to reflect their blind spots to them and remind them of where they want to go.

And I think that all of our trajectories would be improved and would more aligned with our own core values, our vision for ourselves, and our intentions for our life if we had a person at our elbow saying, Hey, remember how you wanted to take a year off while your kids are still at home and live in Europe?

Let's talk about how we're going to do that. Let us think ahead about that might happen. Are you going work for a

company that has a sabbatical built in or are you you know, tear it all down and start over.

Like, what's your priority here? Are you interested in academic appointments? How are you going to schedule your year so that you have the right number of publications and do it in a way that feels more sustainable than most people end up doing it?

I mean, just random ways to kind of keep your feet on the path that want for yourself instead of the paths that the machine would like to put you on and sort of turn you into a widget maker.

That is powerful. I remember in residency, at least at the end of my residency they started with work hour requirements and it was, you know, and I think it's progressed a bunch since then.

And I remembered thinking like, oh, well, this is good for me in some ways, but I don't want to miss the disease process. But the point is somebody was kind of watching a little bit, like how many hours has this person been awake and how may hours have they worked?

But if there's somebody in residency listening to this, surprise, when you're done with residency, nobody keeps track of that. You are your only gatekeeper.

The only one who can protect your time and your schedule. That is actually a powerful concept of having somebody a little body double or a chimney cricket on your shoulders.

Remember why you did this and remember the valuable things that you want to do because you set your schedule. They'll just have you work 80 or 90 hours a week and they'll keep saying, hey, but if you do more, we'll pay you more.

but that's not really going to fulfill you after a while. It meets the need, but it's really not the thing that is going drive you forward for years and years in a career.

Yes. And I would say, you know, a lot of times having a coach feels cost prohibitive. There are many ways to work around that. They are just, lots of ways, to get creative.

Their group coaching opportunities. Residents actually in many training programs now have access to a program called Better Together. which is physician coaching.

And so it's free to the residents. The residency program pays a small amount to some physician coaches who started this program. It's drop-in and it sort of like hot seat coaching, so if you want help with a particular situation, you can raise your hand and receive individual coaching in the call.

But there's also some teaching of some of these concepts that are coaching and psychology adjacent, especially positive psychology. Coaching is kind of thought to be like the action arm of the positive-psychology movement.

Well, so give me, I know you work with a lot of coaches and work this coaching summit. Well what's the range of cost? Like zero dollars if you are part of a residency group and maybe cheaper if your part a group versus one-on-one, you know, the number of hours.

What's range cost because a lots of physicians listening to this will have heard about coaching but have never considered it and would want to know kind of how much are they out.

I will pause and say, think of it as an investment rather than an expense because the dividends and the return on investment, they're a little bit intangible except when somebody comes to me and says, everybody in my life says something has shifted and I am feeling really different.

So I want to say, you know, there is a little bit of suspension of disbelief for many of us, especially if we're hyper rational to begin with. So think investment rather than expense, but you're often paying a physician for their time as

well, right?

So it's often a position, coaching a physicians. And it doesn't have to be, it could be somebody who's an executive coach coaching the physician. But there is a certain, you know, tribalness to having somebody from the inside.

So I think an average is probably 250 average per hour if you're doing one-on-one. And if your doing a long engagement for say a year of weekly coaching, then it comes down significantly from that.

Having said that, if are working with a corporate entity that provides coaching. For example, Vital Work Life comes to mind. They may charge the employer and the employee gets the benefit.

More and more places Mass General started this, Mayo has this in Rochester. There are internal peer coaches that are trained to coach and employees and faculty can often access inside coaches without that kind of investment.

Now, for those who are investing in an outside or independent coach because they want a super specific subspecialty, or they just like the way this person thinks and explains things, it's often covered or reimbursable by professional development funds.

We don't always ask about professional developments, but they do exist. And some of the coaching that we do is actually accredited with a CME accreditor.

So some people have been lucky enough to use their CMA funds, to have six months of coaching. So there are creative ways to get there. And I would say, you know, dip your foot in and see if you find a match.

I was sharing, I think, briefly with you, the Regional Wellness Director for my large organization in 2021 and 2 approximately. And we succeeded in getting a grant to fund a 12-week coaching intervention for 300 medical staff over about a 15-month period.

And at the beginning of that, I was interested but sort of skeptical about coaching. Maybe skeptical more than cynical, but definitely at least skeptical.

Like, is it just going to be a bunch of the secret and manifest-y stuff? And no shade to manifestation, it's real. And also it not like that at all. It's really much more grounded in like, what are your core values?

What are your obstacles to your goals? And what are the small incremental movements that can be made and explored to move you closer to where you want to be, whether that is with your relationship, with with your professional trajectory, with you own professional development.

So we're not being asked frequently enough, what do you want to do next? What do want do do to next as a professional? We're asked, like, What's your five-year plan or goal?

And I hate that question, but like what feels alive when you come to work? what you wanna do more of right now? Thank you for diving into that. I think it's quite interesting.

And as a physician, again, most of the people listening to this are physicians. When you go to work, it is pretty common where somebody comes to see you and they get billed a 99213 or 99214. that they're getting charged somewhere between $100 and $200. And sometimes that's only for 20 minutes of your time.

Finding Resources and Closing Remarks

So if you are paying for coaching that is life-changing and personalized, focused by someone who is maybe one step or 10 steps ahead of you right within your profession, that probably is a big return on investment.

And it's interesting to hear your journey from skepticism to embracing the idea that individualized coaching does pay a big return on investment. I appreciate you taking the time to explain that.

Absolutely. We hired a firm that did only physician coaching at the time. And we had these small groups. There was a didactic portion. Then there was also one-on-one.

So through that process, I watched those 300 people. I didn't talk to each one of the 300 folks, but they had pre and post surveys. They had surveys along the way.

Their well-being index, which is a validated brief measure of burnout, shifted tremendously from severe burnout was our average to actually very close to the national mean, which is nothing to write home about, but it was a huge shift, much more than I would have ever predicted.

And the self-assessment questions, rate your physical health, your relationships, you know, professional development, they also showed a really significant trend toward improvement.

I got comments back like, I actually can see a path in medicine now, or I've decided to take on this leadership role thanks to this program, Or I'm not taking on leadership thanks for this programme, which was equally powerful and useful, you Oh, yeah.

Well, you know, and I'm thinking about all the bad examples of what executives and corporations have tried to do to instill resilience, training, largely unsuccessfully, but comparing it to what you're describing where physician peers and mentors and people who, like you said, are in the tribe and know exactly what your talking about.

Get it. They get it. And I can see that that would be a lot more positive and real world than having somebody just coach you to be more resilient because that is almost a slap in the face when they blame the victim.

Oh, you're just not resilient enough. I think everybody absolutely. Absolutely. When I started studying well-being science, I was so gratified to learn that we actually enter medicine as a population.

People who come to medicine are some of the most highly resilient people you will find, which is like no duh, or else we would not have survived residency.

Or all the things that came before. I mean, go all way back to organic chemistry. We are inherently super resilient folks. And it's not us, like we're the canary in the coal mine.

We don't need tougher canaries. we need some shifts in coalmine. But in order for the system to change, we actually need as many individuals as possible to be their most fulfilled, most engaged, and most alive selves.

And so I actually have this thought that coaching when done well, gives people back to themselves in the way that they can give themselves to the world.

Again, not in a way the depletes them, but in way it feels like fulfillment. It feels meaning, alignment, and delight, which is my definition of joy. That is so cool.

So Chrissy, I've really enjoyed this and I appreciate that you've spoken authentically and that shared your own experience. It doesn't feel like a canned sort of experience, you're telling us your story as a physician.

And I, related to it, think I learned a lot from this. I think our listeners will too. What resources would you turn them towards if somebody wants to get in touch with you or says, okay, this sounds good.

How do I start? Because I'm not sure what my next step is. Yeah, thank you. So nice to spend time with others on this path. And I commend and admire the difference that you are making with doctors making a difference.

For anybody who would like to get in touch with me, I am open to working with some individuals right now. You can find me at ChrissyOttMD.com or at JoyPointSolutions.

com. That's the coaching site. I am teaching a half-day intensive on September 6th where I'll be introducing some

of these tools, especially around joy.

But I have a curriculum that I share with my clients and we can work one-on-one for as long as it makes sense. Awesome. Thank you for taking the time to share this.

And again, I appreciate you talking about not just your experience, but the world of coaching and why that probably makes a bigger difference than just resiliency training and all the other buzzwords that really make no difference.

It is one of my great passions and delights. So I'm so happy to get to introduce the idea and how it's gone for so many people before. Yeah. Yeah, keep in touch.

Thank you so much. We'll talk to you later. Thanks for tuning into the Doctors Making a Difference podcast. And thank you for what you do to help your patients and your community.

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