Escaping Burnout and Reclaiming Medicine with Dr. Brittney Anderson Transcript

(Transcripts are generated by AI and may contain errors)

Podcast Introduction and Episode Overview

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. If you're one of those doctors who says I am so tired of having somebody else tell me what to do, or maybe you work at a place where there are practices that are really not the best for patients or for physicians, Or you've been doing it for a long time and you say, I've just got to have a different way to live.

This episode is for you. Dr. Brittany Anderson is a primary care doctor and she's been able to be published and has a podcast. She has lots of opportunities to share her wisdom and information.

I think you're going to really enjoy this episode. There's very good practical tips of what to do if you think that you may want to become an independent practice physician.

Today, I am privileged to welcome Dr. Brittany Anderson. Dr Anderson is a family doctor and a podcaster and an author and has done so many amazing things.

I think you're going to find this to be a great discussion. So Dr, Anderson, would you mind introducing yourself to our audience? Yeah, absolutely. As you said, just like you, I'm a family medicine physician, a proud family, medicine position.

Also in rural practice. I am in private practice in Alabama, but this July I'll be four years into private. And I know we're planning to talk just a little bit about my story, my stories like that of so many other physicians who got to a point where I just could not handle being employed anymore.

And we can talk about that more as the episode goes on, but I am a proud family medicine doc in private practice. I love seeing patients and taking care of patients.

But what I also really love is advocating for physicians. So I do that at a state level. Or do it into national physicians and also do with helping docs launch their own private practices.

With all the things that are going on I'm super busy, But wouldn't have it any other way. and I've honored to be here in the chat with you today on this episode.

Thanks for having me. Oh yeah, no, I'm delighted to have you on board here. We're going to unpack this a little bit and talk about how you started, how he went from an employed model to independent practice and maybe give people some ideas of how to think about that.

But first I want to just hear briefly. Your journey, like, did you start off, you know, at most of us go through medical school and residency and get our first job working for somebody else?

Yeah. I want to hear just a little bit about that. And then how did get to the point where you said, okay, I've got to do what three out of my four colleagues are not doing.

Right. How did go on a different path? How does you go though that journey? Yeah, absolutely. So, you know, I practice in rural Alabama. Now I grew up in a rural, Alabama and so the docs that I knew growing up were family medicine docs, right?

Dr. Brittany Anderson's Background and Early Career

They were in private practice. And so I shattered them as a pre-med student, as in med student came into medical school thinking that. I wanted to do just a little bit of everything.

For me, that was family, medicine, and I chose family. Medicine as my specialty to the residency and family Madison. You know as well as I do in residency, we're just not taught about private.

Practice. We are exactly right and so i think i lost some of that desire to go back and practice like those docs that i've been with growing up in that shadow and i was in a pretty large family medicine residency was a three years fifteen fifteen program.

And like the other 14 residents in my cohort, like you said, I went out into private practice. My first employee job, because I had two before I ran a private practiced, was with an FQHC, so a fairly qualified health center that had a fantastic mission out in rural Alabama.

And it was my opportunity to serve the underserved, be out and grow Alabama, really making a difference, but I'll tell you. So, in the clinic, it was me, a receptionist, and our nurse.

Some days, there would be no receptionists. It'd be just me and the nurse, some days there'd no nurse it'd just be me in reception. In some day, s there will be a nurse or reception and it would just been me answering the phone, rooming the patients.

Yeah, I mean it's a crazy way to practice medicine. And although I loved it, as you can imagine, It was not sustainable. So I did that for a little bit and then things happen.

It certainly wasn't working out. So, I thought, okay, i've got to find something else. I love teaching it even to this day. And so an opportunity arose for me to be able to go to an academic institution and so I was able teach medical students and residents and still have some clinical time as well.

I love that, but anyone who has been in an academic medical institution, I feel like we all get to this point where we see things that we think need to change, right?

That need the change either for us as the physician, for the patient, or the other staff. But one of those things happens in academic medicine or big systems in general is that you have to go through the list of people asking questions before actual change can happen.

And you'll find out throughout his chat in this episode. I'm one of those people that if I see something that needs change, I need it to go ahead and change.

Right? And privacy and afternoon messages didn't allow that. And I found myself honestly getting to the point where I would have to give myself a pep talk, which is where i got out of my car to get to clinic.

And that's why we went into medicine to have to fight yourself up to go in to see patients. And I got to a point that we throw the term burnout around, but I was there.

I absolutely burned out. I almost got to the point where I didn't want to go. I, I did want go into it, into the clinic in the morning. And I don't wanna go in a clinic after lunch.

As soon as the day was over, was ready to leave. Even if that meant I still had a ton of notes to do. So I booked a flight to Honolulu. It was a round trip flight.

A plane on coming back. But I booked a flight to Honolulu and I sat on the beach and wrote my letter of resignation. And I wrote the beginnings of the business plan for my private practice.

I came back, gave my a letter resignation and something about handing that over just freed me up completely. So even those three months that I was working out my notice, even patients, friends, my family would say, Brittany,

what is going on with you?

Why are you so happy all of a sudden? And it was because I knew that building this thing that I truly could build to be what I want it. And I will say forever that private practice is that easy.

It absolutely isn't easy, but it has given me my joy back in practicing medicine because it's given that autonomy that really, really need. You know, that's just how my personality, I need that.

Autonomy be able to make the decisions and feel comfortable making decisions that are right for me, right? For my staff and right. For the patients around me.

No, that's a wonderful answer. So I want to just back up for a second. I've talked to lots of people through the podcast and just in my professional colleagues, and it seems like most people arrive at a moment as you just described.

Something has got to change. Not everybody flies to Hawaii. That was a great idea. Kind of clear your head, go somewhere nice. But it seems like people arrive at this idea that either I've got to leave medicine altogether and figure out a way to file, you know, find a lential independent, retire early.

I gots to find another way of generating income that has nothing to do with medicine. Yes. Or I have got. To completely change the way I practice medicine and so I think it's real.

Pretty much everybody that's been in practice for a few years will relate to that. And so. What I have noticed is there's a lot of attention given to the alternate sources of income.

Could you do something that's not a doctor? And for some people, that is going to be the right answer. I don't contend against that. But I think it's really important that we keep our experienced physicians as physicians and give them the power and autonomy they need.

I want to kind of unpack that decision. How did you decide to stay in medicine and take kind this? It's a pretty brave step to say, okay, I'll put my financial well-being and my guaranteed job and guaranteed benefits.

I'm going to just quit and I will put on the line and become what I need to become.

Burnout and the Decision to Leave Employment

So do you mind kind talking through that a little bit because that's brave decision? Yeah, no, let's talk about it. So one of the things there absolutely was this option to leave medicine altogether.

I'm dead, right? At this point, I still had to be paid, still needed a physician income coming in. And the other part of it, which I think a lot of us get to that point is we trained for this.

You know, the MCAT, to organic chemistry, being an intern, like I spent so much of my life Trying to become a physician, I just couldn't find it within me to say I'm throwing in the towel.

I can't do this. And that is not to discredit any physician who decides that we all certainly have to decide what is best for us. But for me, it was I still needed to have a position income.

Medicine is a calling and it is absolutely my calling in what I'm meant to do. And so just as you said, it came to the point where I had to decide. In the other part of that decision was, okay, do I just leave this and start practicing medicine in a different way?

Do I join a large private practice? So I joined a group, try another system. But again, I thought back to those docs that I shadowed as a pre-med student and as medical student, and I remembered that autonomy.

I'm talking real Alabama, these are dogs who would take a week off at the beginning of turkey season, right? And they practice medicine, I think about their patients, and my patients are so much like that now who just become a part of their family, they become part And you have that leeway, you had that little bit of wiggle room because the buck stops with you.

You're able to say, yes, Ms. Jones, I understand what you, have going on. So even though the rules say that you gotta say pay your full copay or your whole balance state, this is my practice.

I can say I know you've had these things going. I know you're good for it. We can move this to something later now. Don't do that a whole lot because the goal of a person is that we got to do it exactly.

But I still have that flexibility that again, you just don't get in system. So for me, it was, how can I stay in medicine? How can be happy being practicing medicine every day?

And how could I keep my physician income in it? It was what do I want? Why did I say I wanted to go to medical school? I wanted to go to medical school to help people.

I want it to have a practice like those docs. And for me, the way to do that was private practice. So I buckle down, gave the notice. As I said, one of my regrets, hindsight being 2020, is that I wish that had leaned more on docs who are already in private.

One of the beauty of family docs and having this wonderful network of physicians. It's like plenty of family docs who are out there in private practice.

I wish that I'd leaned a little bit more on them learn from some of their mistakes. Now I did take about 12 docs. So I wrote out this list of questions.

Did this on the beach in Hawaii also, but questions that wanted to ask. And I asked all those docs, those same 12 questions, how did you choose your EHR?

What kind of package do you provide to your staff? Those kinds of things. And that was helpful for me to kind of compare and contrast what they thought.

But I wish that after that, I followed up more and that I'd said, Hey, you said this before. Can I ask you, six or seven, eight or nine, 10 more questions behind it in the hindsight?

I wished I had done that. I spent those three months. working out my notice in the three months behind that, just in AC spreadsheets and paint swatches and all those things, trying to figure out how to run a private practice.

And thankfully it has gone incredibly well. It's gone incredible. I'm not being devil's advocate, but I just trying to think, cause all of us go through this and say, how could I do that?

I have so much student loan or how would I pay for benefits for myself and my family or my employees? Or I don't want to be in charge of firing somebody or sending somebody to collections or you know, some of those HR kind of things that are, are challenging.

And so you talk to some your private practice colleagues and like you say you wish you'd even done it more to kind get some other insight, How do you respond to that?

Because I think we live in a time where the pendulum, I thinks going to start swinging the other way because doctors realize they've given up not only their autonomy, but they're giving up a lot of their power, a of the voice, lot a their advocacy for their patients because you're just a cog in somebody else's machine.

Actually and you're so right in those are the real questions that the doctor i work with i do some one to one coaching of doctors are in their own private practices and that's what we go through that mindset shift that has to

happen right.

In that realization that practice is not forever position. There are some physicians who strive and do really well. And I know this paycheck is coming on this day.

I knew that someone else upstairs is going to handle the hiring and the firing. Then I think there's another type of physician who sees things in real time and says, gosh, I wish this was done differently.

Choosing Private Practice and Learning from Others

and I was just that person. So that mindset shift has to happen to say I've done hard things, right? You know, in debated babies, we have done lumbar punctures.

We have all these things that are otherwise considered hard. And we've been able to find our way on the other side of them. So this thought about private practice is too hard is one that I don't buy, right?

The end cap is hard, organic chemistry is harder. taught ourselves to do those hard things right we had 10 things we have people on the way to help us and showed us the path to those things that you're absolutely right and shift has to happen in you or you have to be in a really had that ability within yourself to comfortable hiring to become.

And even more than that to be comfortable making mistakes, right? Making mistakes and saying, you know, this didn't work and it was a good idea. It sounded like, but this isn't worked.

Let's change it. And that also is the beauty of private practice. I told folks my staff meets every Wednesday at lunch from 12 to one. and one of the things that we had the ability to do because we're a private.

Practice is to make a decision that something needs to change in our office. When we open the door at one o'clock, it's changed. Now, two weeks later, we may look back and say, that was a really bad idea.

But that again is the beauty of it. You change it to something else. And so realizing that mistakes are going to happen, you're going make mistakes, but our mistakes or not in the life and death of taking care of the patient.

We know how to do, right? There may be some mistakes that come in revenue business, those are things that, again, being in private practice, he got the ability to go back.

That was bad. Let's do that this way instead. So that super flexibility, that ability to adjust and then to make it the way you want it. So, because you're right, you don't have 10 layers of bureaucracy.

You can simply just change it so I see the beauty of it one of the other questions I've thought about myself and others have talked about is, all right.

If I wrote a resignation letter. How would I financially take that on? Cause if you still have student loans and most people have a mortgage and they've got kids and all that stuff.

And so you have to be a little bit financially prudent to have that type of flexibility. One of the things we've talked about on the podcast before is if, you want to, be able to the autonomy to make changes in your life, You have, to play the financial game.

You got to be able to say, I'm not indebted, but the system is sort of made to keep us indebit and keep a trap and like, well, you can't leave. You can do anything else because you're in debt up to your eyeballs.

And if you do. Anything else, You're going to have a very difficult time. So I walk us through that. Maybe through your own journey, your insights you gained over the last little bit.

Yeah. Now and that's so real. So like I said, I worked out my three months notice and during those three month I

went back to what we all should be doing the first couple years out of residency anyways and I lived like a resident I may have looked like medical student for those 3 months so I gave my notice.

I've worked the 3 month of the notice in the practice of then first day of clinic was 3 moths after that. So there was a true three month period there where I was not employed, you know, daily through the academic institution.

And so then I'm doing some moonlighting working from urgent care, which was what I needed to do in order to be able to bring money in at that time. So I working maybe two or three days a week doing that a couple hours a day.

Then the rest of my time was dedicated to marketing for this practice. But what do I tell docs all the time and just people in general, When we're thinking about a private practice, one of the things that we have to do is we had to make the math math, right?

And math is the revenue, income, expenses, all of those things. It's a math equation. You know what you need your profit to be. you've got to think about what the Revenue needs to look like.

And you got think what your expenses are going to. And then you can manipulate those numbers, right? To look like what you want them to be. So if you say, you know, my take home to beat this set amount, well, what is your revenue need to look?

Like, What do you expenses need? You look. And you manipulate what your. Revenue needs to. Look like. What your expenses. Need to, look, like, or what.

Your take-home needs. To. Like when it's all over. And what that looks like when you're building a practice is you think the revenue part it helps with deciding what your schedule needs to look like.

So again, family medicine, I'm in an insurance based practice. There are certainly docs these days who are going into direct primary care empowered to them if you can market a direct premier care practice that is fantastic in rural Alabama.

I knew that wasn't an option for me. I'm going to insurance space. But when I did the math and I said, okay, I'd like to bring home X amount. So let me manipulate these other two parts of the equation.

What is my revenue need to look like? What do my expenses need? To look, like in an insurance based practice, what that means is how many patients do I need in a day?

I am one of those people I do not like late early. And I don't want to see a patient before nine o'clock in the morning. So that means that I'm having to adjust my schedule a little bit to meet that.

How many patients can I see in a day and feel comfortable with? What does reimbursement need to look like per patient? And for some folks, that determines in an insurance based practice, which insurance is you're going to accept what your schedule is going Prudent.

Financial Planning and Building a Lean Practice

You're going to be about your coding to make sure that you are coding for the work that your doing to, make that if you're working with a biller, they're doing the things that they are supposed to do.

So all those things, that can manipulate to makes your revenue look like you need it to look. And then the other part of that is making your expenses look, like they need to work, which one we're starting about talking about going and build a private practice.

That means maybe, are we starting off leasing something instead of building? You know a clinic are we starting off with chandeliers hanging from the ceiling in some super swanky place are restarting off within x-ray machine and we get to a point where unfortunately we're ordering x rays just to pay for the machine that we have into really

taking into mind all of those expenses.

and being really sharp on the front end about what you need to start a practice and maybe add in some of those bells and whistles later. So I really had the foresight with some help from other docs who were already in private practice to make sure that I started off as lean as I could in starting off with that.

I made the math work so that did not start off this private practices too far in the hole and I'm having to see you know a bajillion patients a day in order to pay for this practice that i started to build so it's one of the things i really encourage dogs at the first.

Thought of private practice is what is this need to look like i need you what does it need your life on paper. What I'm just thinking when I was growing up in the 1990s, you know, most of the doctors were independent doctors.

And then somewhere along the way that really changed. We see, I think it's something of primary care docs anyway, about 75% or so. are choosing an employed model.

So it's really hard to find colleagues who are doing it. And then I would say that what your path of saying, I was employed, came out with debt. I went to all my colleagues did, and then saying I'm going to break this model and return back to the entrepreneurship is unique.

and so I appreciate you talking through it a little bit because it, it not just like normal anymore. It might become normal in the future, but it really cool that you did it Yeah.

Well, I have lately, you know, in the last six months or so have been really fortunate to be able to go to the family medicine residency programs in this state.

And at the first couple that I went to was just amazed. You know they would give me an hour during their didactics afternoon. The very first one I want to, they gave me and hour to talk and after me they were going to have just a resident meeting or resident forum, something they had planned.

I got to the end of the hour is ready to say goodbye there to president stand up and say doctor Anderson like we can have our resident forum some other time can you please keep going and i think that really speaks to you the fact that we don't get this in residency or we do.

apps were getting it from attendings who have come back to academics and maybe were in private practice before didn't have a great experience or a little bit jaded.

And so then the residents get this jated view of private practices or we have academic attendants who've never been in practice. So they're not able to give kind of a true picture of how it can be successful.

You know, I've done six or seven now just go into residence. He's talking to the current residents and I am never not amazed at how many really good questions they have, how they line up afterwards to continue asking me questions, helping shoot me emails after, because like you said earlier, I think the pendulum is shifting and the only way it shifts is for docs like me to have a platform like, you've given me today to really talk about private practice and how private practices isn't dead.

How it can be financially sustainable. You can't be. I make more in private practice now than I ever did in my small private practices we had seven fingers last year our goals are huge this year but it's not just about make money it is about patients who love coming into our practice it about the fact that I've had to hire You know, a physician assistant in here lately, another position because we can't see all of the patients who want to be a part of our practice.

So we're not just financially successful, but we are taking really good care of patients because I'm doing it in a way that feels right. That is right, right by me and right that patients.

You know, I've observed two systemic things just based on what you said. Number one, the tax code in the United States is built for people who employ other people.

So you can write stuff off. You have the opportunity to roll that into your businesses and you could do a lot better. A lot of things from a financial standpoint that you couldn't do as a W-2 or even a 1099 employee because you now own the practice and the Tax Code is, like I say, is set up to favor those who do it.

And the other systemic comment is in medical school, you're just not even taught, at least though I wasn't, how doctors get paid for what they do. Like just the basic nuts and bolts of here's what all these different entities are.

We spend all of our time focusing on the pure medicine part of it, which is good, but it was almost like a taboo subject. Oh, don't talk about money. That's not the cure in it for the patient sort of thing.

You gotta be able to stay in business and so i think a lot of people have come out of this and saying like i have to be employed all my colleagues are employed everybody around me is employed and i just couldn't understand the business or the insurance is too complex.

And so again i'm just kind of blown away at your story of doing this making it successful even in a rural place where people would say hey there's not enough people how can you be busy enough.

Exactly. And we're certainly busy enough and till present. I go, we are not the only doc in town, right? And so it's not like they have no choice, but to come to us, which sometimes is the case or what we think about in rural areas.

But there are several other physicians here. There's several of the family docs who were here that they could choose their big systems.

Growing the Practice Through Marketing and Social Media

When there's a hospital here and hospitals clinic that, they can choose. That when you practice medicine the right way, when run a business the way patients are going to We'll get to a point where they'll knock down the door to get there.

One of the things that I loved about the practice and I think we did a really good job from the beginning was marketing the. It is 2026 and even in 2022 and the way you market things is social media.

And so we took off with our social. With the posting, with making sure that we were here being a part of a community. in our social media marketing has really driven our patients to come into practice to give them a way to find this and it's one of the things that docks often shy away from you but like you talked about earlier that we're starting to lose some of her ability to reach patients but we are also losing just.

What we've learned right in the ability to take ownership of the education that we have of all of these people who are not physicians who were getting on social media and saying all the things, but to really use that platform to educate patients to share within things that are going on in our practice, things are that going with our community.

It's really help to continue to drive that so there's no shortage of patients out there whether it's using insurance based practice or even these days a direct care practice of cash pay practice there is no storage of patience but you have to put up the front so that patients can find you you had to be the one to not just hang a shingle and hope people are gonna come knock down your door you hang the shingles and then let people know that the single been hung and how they can buy.

So do you still create content for social media? Like, is it mostly about healthcare? Or do talk about just the practice? What's been your strategy on that?

Yeah, so I do all the things and I have a 16 year old niece and she tells me that I had too many social-media accounts. So the clinic has a social medial account which we use for patient education.

We use to remind them of the services that we provide. We use them to raise awareness about kind of the months or special days related to health. And we use some, just to give them kind a back door or behind the scenes look up things that are going on in our practice.

So our patients like that. Then I have a separate social media for the physicians hanging a shingle platform that really just talks about. Building a private practice and how to build a product practice some of the things that you know i wish i'd known why i was building my private practices and then i have a tick tock with your whole other thing in court my sixteen year old niece dad one day went viral and it's just been a whole thing since the end i somehow.

Have a hundred thousand tick-tock followers and i thought it was crazy it is the absolute craziest thing. But what I was telling you, I spoke in our state's Medical Association conference and did just a whole talk on physicians and social media.

And what i told them was that I can see 10 new patients every day for the next 30 years and I would not hit as many patients as I wouldn't hit by making a TikTok before I leave my house in the morning while I'm drinking my coffee.

And so I feel like it's incumbent upon me to use that platform to truly provide education, not patient specific advice, but to provide just general education.

Whether it is health education whether it has had to prepare for your doctor's things that all those things in my hope always is that. War Docs will do what you're doing right here that will find platforms where we can either share with other physicians.

We can share it with patients, just things that they need to know. And so I love the idea of opening up our platforms to social media, however it works.

It all kind of ties together because just to kind provide a little synopsis, you just started off, let's say kind a cog in the wheel. You were helping lots of people, but from a business standpoint, You weren't making the decisions.

And then, went through a couple of iterations of that. Now you've opened up not only the business side, how you want on your daily practice, But you're willing to share and you've created a platform to that knowledge.

And somebody shared with me that depending on what age group we're talking about, a lot of people are spending two hours a day on social media, but they see their doctor maybe 15 minutes, twice a year, maybe.

And so you look at the percentage of time people are getting medical information, but it may not be really sourced on anything that's real. It might just be tick tock or it might be something that is somebody's opinion.

So I think it has a place in the larger dialogue long-term for people to say, where do I turn for reliable information? I'm going to go ask my doctor.

And if I see a board certified physician talking about something legitimate that I had on my mind and it pops up in my search engine or whatever I've been using to access that information.

I think it really does help dispel some of the crazy stuff that's out there. So there's a lot of crazy. shift with me for just a minute. I want to talk about burnout a little bit more.

That term has been beat to death. It's overused, but it describes something real, a real phenomenon. Doctors are in it for a long time and you realize like, I am not going to be able to get ahead.

Either the paperwork load or the number of patients who need me, or I've got somebody telling me what to do and I don't feel like I have autonomy. Just going through the motions I tell my wife is I feel I'm the doctor bot 2000. Just going through it again and again, and, again.

I did it for 48 hours straight. You know, I can't do it. So I think that concept of moral injury, burnout, whatever we want to call it is very real. And I want, to hear your thoughts on how does regaining some autonomy, even though your workload may have actually gone up in some ways, how Does reganing autonomy influence that?

And why do you think regaling that autonomy would have such a profound impact, Even if your work load has actually maybe gone Right and that is a common conversation that I have with dots even dogs who aren't thinking about private practice who just will say something like pretty how in the world are you now not just seeing patients are also running a business are not more burned out than you were when you are an employee practice.

And the very simple answer to that is no, is it hard? Yes, it's harder than other things we've done before. Again, I'll say no. But this is a hard of my own making, right?

It is hard in my making and hard that I have the ability to adjust and that's where that autonomy that you talked about comes in. And like I said earlier, the Ability to make a change on the fly, and then really see if that change works.

Autonomy, Burnout Relief, and Knowing When to Start

That is something that has been so liberating for me and it has certainly reduced the amount of burnout. Even same thing, if I'm seeing the same number of patients a day or I've seen more patients, now I got to add this part of running a business on top of it and all of that HR things and these things that come along with it.

But there's something about knowing that the decision stops with you that for some people may find absolutely terrifying, but for I find that is something that relieves that burnout because again I have the ability to make decisions and that I think is where for me personally a lot of my burnout came with being employed especially the academic setting because I couldn't make those decisions in so not only were things perhaps not going the way I wanted them to But I had no way out of it.

I have no ways to change those things in real time unless five or six people up the ladder also thought they needed to. And so for me, that part of the autonomy alone really makes it more freeing and helps to reduce some of that perceived stress that would be there by having now more responsibility.

Well, returning autonomy is one of the things that helps with burnout. I think every study has shown the same thing. And it's not just resilience training, like rah, rah rah.

You're being more resilient. It actually makes us better people when you say I can control the circumstances. If I want to take a day off, well, I could ask my boss, can I take the day?

Sure. You can take a day off. My brother works for himself and he says, I've got the worst boss in the world. I'm the best boss. Whatever I face the repercussions of those decisions, but they're yours.

Nobody made it for you. It's you exactly. And there is something again, that is so liberating about that, it cancels out in far exceeds, in my opinion, the downside of being a dual physician, seeing patients and the CEO of a practice.

So one of the questions that maybe people are asking, there's somebody out there listening to this saying, all right, this has got me really excited. I wonder if I could actually do this.

How would somebody know if they're actually ready to take the plunge? Because there is a financial commitment and like you shared, it wasn't just somebody decided in Honolulu one day, you made a plan, but then it was, at least a six month window to begin.

And then you're reevaluating constantly. do this in my life or i'm not quite ready yeah absolutely and i think that question is private practice right for me right now is a very important question to ask and all those things that you started to mention come into play one is where are you financially right can you Financially see your way through doing this and not just do you have money in the bank or what your student loans are but can retrain your mind to

think in a way that, as you said earlier, we're just not trained to thank in medicine for most of us.

So thinking about where you are, I need to re in what I tell people is when you're driving down the road or when your walking into your void practice or walking out of your employee practice, if your day is consumed with thoughts of I would do this differently, yes, then it's at least a thought that you should entertain as far as private practice.

You the other things i think about is do you have a team around you to help you with that i don't mean staff i mean a teamwork people whether it's family members whether its close friends whether your therapist someone that you can bounce things off of throughout this process because i.

It's certainly something that people who you. love and people who love you may come back and say, Hey, wait a second. Like, why would you give up this guaranteed paycheck at this steady job to go out and do something that you don't even know if you'll be successful.

And so that other question is making sure that. A team of folks around you who can help you through the process. But I think those things thinking about financially where you are thinking, about having a team around.

And if you get to the point where all you think about is I would do this better if I could do better, if was doing it myself, answer things that make you say rather practice maybe in your future or at least something that you should truly entertain.

I've found this to be like really fascinating because I'm a family doc and I just like, man, mind blown. Not only did she just think about it, she did it and she's doing it.

And it's amazing. So thank you for sharing. It's working. Give a little bit of promotion here. Where can people find your work? How can they follow along?

Because it is really inspiring to other docs. Yeah, so I'll share three things. So the website is hanging a shingle.com. And so there you can find out that digital course, at least one to one coaching and the podcast can be found there.

The podcast is called physicians hanging the shingles. I released it twice weekly. How to steps right, like how to think about forming your clinic policies, what to.

Think about before you give your letter of resignation. So very kind of practical things. And then the two episodes a week, the Thursday episode is all about mindset shift.

Resources, Podcast, and Book Promotion

you run through our minds were driving down the road we're taking a shower all these things that make it say i should not start a private practice i really dispel some of the minutes that are out there and start to work with some other mindset changes so the website hanging the shingle dot com the podcast which is available where we listen podcast.

Call position hanging a shingles and earlier this month after months and probably years i could say. of working on it, I published my book, it's called private practice on purpose.

I told myself when I was in the throes of planning this private practices that if I made it work, if i look back a couple years later, and it was actually successful, then I'm going to make this process easier for docs who come behind me and are thinking about private I told myself I was going to write a book.

I tell myself that I would do it at two years. Here I am now almost at four years, but I have done what I'd told my self then that would to you and write the book and it is available on Amazon called product is on confess.

And I'm just really excited to put it out there. So if anyone's interested, check it up. I'm just giving you an applause.

That's awesome. It's such a cool thing.

So thank you for what you've done. I hope to stay in touch and I know a lot of our listeners will find this be inspiring. Thank you. What you're doing and thanks for being a guest.

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. Your work truly helps so many people.

We produce this content to have the tools you need to stay in medicine and to highlight the amazing work being done by physicians around the world. Please note that while I am a physician and many of the guests on this program are also physicians or other professionals, the discussions on the podcast do not represent my employer or any professional organizations to which I belong.

This podcast is for your information and entertainment only, and should not be taken as professional advice. You should seek appropriate professional advise pertaining to your own situation.

Please check out more of our content on our website, DoctorsMakingADifference.com. Also, please follow, like, or subscribe on your podcast player or YouTube channel, and give us a five-star rating.

It really helps to spread the message. Finally, if you'd like to be a guest on the podcast, Or if we'd to nominate someone else to the guest, Please visit the website or email admin at Doctors Making A Difference dot com.

See you next time.