Reinvention, Joy, and Coaching: Dr. Chrissie Ott on Finding Fulfillment in Medicine Transcript

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Podcast Introduction and Guest Welcome

Welcome to the Doctor's 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. We are privileged today to welcome Doctor Chrissy Ott, Doctor Ott.

She's given me permission to call her. Chrissy is a med pedes 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.

I'm very excited about this conversation today. I 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.

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

I am indeed a med Pete Stark dual boarded internal medicine in pediatrics with a third certification in integrative care. And, I am I'm an odd one in that I had enjoyed about a decade of primary care, followed by about a decade of 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.

And in my spare time, I'm a newborn hospitalist. So I do like a variety of things. And maybe I'm 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'm here to encourage reinvention for anybody who needs to hear that. And, along the way, I've 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.

Chrissy Ott's Medical Background and Reinvention

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

I want to reflect back on what you said that changes the sign. How would you say a change is a sign of aliveness? Yes, reinvention is a sign of aliveness.

None of these things sounded predictable to me at all. I was primary care in my bone marrow. I never thought I would be a hospitalist, and I never, ever thought I would be the complex pediatric specialist, which is almost like the hybrid between primary care hospitalist, pediatrician and pick ICU.

It's a it's a very strange little hybrid for a primary care girl to find herself. Well, but you still have it. You're still doing newborn care in the hospital, and then you're in a care facility with medically complex.

I'm assuming, like El TAC 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, treats and vents and some that are just G tubes and most of them nonverbal, non ambulatory. 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 but I think a lot of people listening to this would say, hey, I'm X type of physician, and I've been in it for a number of years and I can't see myself changing.

So how did you actually do it, and how did 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 I loved my relationships. But awareness is is the short answer. So I was revisiting my meditation practice. I resumed some daily sitting with at the time, the supportive headspace, the app, and in one of those sitting sessions where I was literally just listening inwardly to myself, how am I, how am I?

How do I feel? Which was not a question I was asking 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, but I didn't stop very often to check in with myself, with some compassion and some interest for my own feeling qualities, my own 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'm 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. And 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, that I'm on this train, and this train is not stopping.

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 the standards that we've accidentally been applying that we maybe don't consent to or even agree with anymore.

From a values or pragmatic perspective.

Leaving Primary Care and Embracing Change

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

I really loved the idea of embracing the unexpected. I like to think that like, oh, go ahead. I think there's just something we all set for ourselves that that idea that I am this kind of doctor, I went through residency.

I have this much debt load. I work these hours. That's the rules I set for myself. And I know I've been guilty of that. Like, well, I have to do this right.

So 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're they have a lot of debt related to school loans.

And then I guess another thing is just you built a life. You built all of your friends and connections. How did 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. I 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.

I didn't sell my practice. There wasn't the buyer. I talked to a few different people. I wish that had gone differently. But I was just 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 this other way. 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 the sort of railroad that was put out for us, we forget that we can we can off road. We have 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, you know, you consider the calculus of, all right, how much is this going to cost? What's it going to look like? All in the name of saying I need to be more fulfilled.

I need to find this other piece of myself. And, you know, you made a switch and, you know, there's always fits and starts to everything we do. But, you know, 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?

You know, the the back of the napkin, penciling it out was probably fine. Which fueled my ability to make the switch and I guess of 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, those are know they were gold plated.

There you go. I was like, I like my hours. I love my autonomy. I'm not making as much money as many physicians do, but I love so much of my job. I was 24, seven on call, and so I was really ready to step away from that.

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 would call that out to like, actually being willing to say that was one chapter, that this has been my identity. I'm

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, you know, 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 to lower 30s and this level until our 40s and this level until our 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.

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

Scratch around and see what creative impulses arise.

Finding Purpose in Medicine and Avoiding Burnout

And then iterate. Try it out for a minute to see what's possible. You don't have to commit to it that well. 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 a long time, medical school, residency, fellowship, whatever your path may be.

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

And that is actually also a powerful idea that you hinted at that just because you closed 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 those that part of you still is there and you can look back on it with fondness, but you don't have to continue in that same developmental stage, that same exact practice setting.

And that is that's a powerful concept. I'm curious how you actually, develop that you it's very wise, but I think that part of the arc of our development is developing our own wisdom.

It's bringing, you know, the fruit of our 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 and so I'm happy to be able to to verbalize it. And if it serves other people, that's exciting to be, one of my own, you know, inner tenants is that I would really like to be fully used up when I die.

I would like to empty myself onto the field continuously so that whatever gems I get to acquire through hardship and suffering also get to 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 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 to give fully with what you have the capacity to give and and still be a full, fulfilled human being as yourself.

That is a powerful idea, because I find, yeah, I find often, as I again, as I talk to people or think about my own experience, I you do have rules for yourself.

And some of those are good. Keep us, you know, from breaking the law on that kind of stuff. But specific to your careers, you say, well, I learned this.

I learned this process, or I learned to do this surgery or I have this specific thing, and if I give it up, that's part of I have paid to have that experience or I had I paid to learn 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 can grow, I can develop. But if you're not happy, ultimately that's the only thing you can do is look for opportunities to grow.

And like you said, find the green edge, look and see where you can grow and develop not only as a doctor, but as a human being. And sometimes it takes, you know, a thought partner, a body double, a 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're 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, you know, locus of what what is in my control, which is a relatively small circle in the middle of this image.

And then what is in my sphere of influence outside of that? And what is my sphere of concern outside of 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 you give it, you know, the appropriate amount of action, but you understand that not in your power. But we all have choices, even when it seems like we're trapped, even when it seems like this is the only job I could do that works this way for me and my family and for true.

It's never the only job. And not that we all need to change job. Sometimes we just need to change our thoughts and habits in that same job. But I love reminding people that there are more options than they can see.

It's probably it 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 burnouts been used probably excessively, but they get to a place where they say, I'm not filled up by this.

I'm not sure what comes next. I'm not sure. How do I do it? How did you choose to stay in medicine? Because this is really key, that 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 list, we lose out on a whole generation of physicians that 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 I've paid this price, I've made this commitment. I swore an oath, the Hippocratic oath, that I would care.

And 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 current relationship, and they create a conclusion that feels like a new rule.

So somebody who has suffered burnout, the emotional exhaustion, the depersonalization, the sense of, you know, 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 parts available. So again, it's like, how much are we believing our thoughts and how much are we interrogating and doing self-inquiry?

With some support around those thoughts? I have had moments where I did not like my job. I did not enjoy what I was doing. I have 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, 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 we love our intimate, you know, connection with the body and pathophysiology and normal physiology and that we have these, you know, effective treatments and preventive things that we could do.

I mean, 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 obese 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.

So for me, it's kind of like I love to have several different things going on at the same time. But not everybody wants to. And so evaluating, what your, 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 the space talking about financial independence, retiring early, and I don't want to, you know, I don't have judgment or, you know, 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 early. I want to work as long as I'm enjoying it, as long as it makes sense.

I would love to be more financially independent, no doubt. It's, I, I don't have an a goal of getting out of medicine anymore, because I know that I can do just the right amount of medicine.

I think the dose makes the poison to. We're so overworked on these. Like you know, every 8 to 10 minute which rooms see another person, like human nervous systems are just not intended for that many interactions per day.

They're just not I don't care extroverted. You are like, it's just not right. It's oh so true. That is such a I mean, that's good idea. But like, you know, you're right.

The human nervous system is probably not intended to have that many conversations in a day.

The Value of Physician Coaching

And you do come home just kind of like, whoa, I don't want to talk to anybody. I'm just going to go on a walk and go walk the dog and not talk to anybody.

Seriously, if they had a lab rat, like, 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 the fire movement that, you know, choose where you financially independent and retire early. And I, 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. I no longer have this big financial debt burden, dictating what and how I work, and rather I work because I want to make the greatest difference.

I want to do the greatest good for both my clinical work and for my family. Just me as a person. Financial independence does give people the tools to do 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, and I've needed doctors with experience, and I'm so thankful that they have fought the fight, are 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, to see a patient go through their disease day and night and see if the entire process.

And I think that's an important part of of our training process. But I don't think that it has to persist with that same level of intensity for for decades.

There's a there's a way to find that balance. Yes. I, I'm so glad you said that. I, 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, I don't want my nurses to be suffering. I don't my CNAs to be suffering. I would like their to be you know, the, the, the quadruple aim where everything is going well, it's safe and it's cost effective.

People are getting better health and it's not killing the people providing the health care. Oh yeah. And so I 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 can have the greatest impact for good in their lives, and not feel that they're constrained by this kind of artificial construct.

We we borrow money necessarily to go to school. Medical school is expensive. It's 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. And you have to understand that way early in the process.

Begin very early by not spending money you don't have trying to pay off that debt. Be really careful and frugal so that when you are in your 40s or 50s and say, I want to make a change, I can do so.

And it sounds like, absolutely, you were so brave and so courageous and you did it, which I love. You know, I, I think that we need a new acronym instead of fire.

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

I, I really do wish that we had, like a biweekly financial seminar as residents, not just the 1 or 2 times where they really did try to tell us important things, but I, I did not learn them in a way that they took traction.

You know, I had to learn my lesson the hard way. Yeah. Yes. And, you know, the I when I think about medicine, I want to stay as a doctor. I like helping my patients. I find it so fulfilling.

And I'm thankful that to still be able to work in medicine, despite dealing with health problems, I mean, all those things. But but then when I look at the dose, like you said, if I got to pick, if 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. And what I you know, what about us? 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, now that you've kind of been through this process, and it sounds like you discovered coaching and went from a oh on maybe a, skeptical way of looking at it to saying, embracing it and wanting to help.

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

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

Get a coach. It is a like a paid mentor. You know, Serena Williams has a coach. I, I'm not a super big sports person, so I can't namedrop a bunch of sports names right here.

But let's just say, you know, elite athletes at the top of their game have coaches, have trainers, have 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 be more aligned with our own core values, our own vision for ourselves, our own intentions for our life.

If we had a, you know, a person at 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's think ahead about how that might happen. Are you going to work for a company that has a sabbatical built in, or are you going to, 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 you want for yourself, instead of the path that the machine would like to put you on to 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. Our requirements and it it was, you know, and I think it's progressed a bunch since then.

And I remember 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 is this person been awake and how many hours that they work, but you know, if nobody if there's a if there's somebody in residency listening to this surprise when you're done with residency, nobody keeps track of that.

You are your gatekeeper. You're the only one who can protect your time and your schedule. And that is a powerful concept of having somebody a little, body double or a, Jiminy Cricket on your shoulder saying, brain devil.

You remember? Remember why you did this and remember the valuable things that you want to do? Because that 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 will pay you more, but that's not really going to fulfill you.

After a while it meets the need, but it's not really the thing that's going to drive you forward. For years and years and 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. There are just, you know, lots of ways to get creative there. 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, and it's drop in and it's 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, you know, coaching and psychology adjacent,

especially positive psychology adjacent coaching is 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 with this coaching summit. Well what's the range of cost like $0 if you're if you are part of a residency group and maybe cheaper if you're part of a group versus one on one, you know, the number of hours.

What's the range of costs? Because a lot of physicians listening to this will have heard about coaching but have never considered it and, you know, would want to know kind of what's how much do they out.

You know, it's it's I will pause and say, think of it as an investment rather than an expense. Right. Because the dividends and the return on investment are, you know, they're a little bit intangible, except when somebody comes to me and says, you know, 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 for 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 physician coaching a physician.

And it doesn't have to be. It could be somebody who's an executive coach coaching a physician. But there is a certain, you know, tribal tribal ness 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 you're doing a long engagement for, say, a year of weekly coaching, then it comes down significantly from that.

Having said that, if you 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. Does Mayo has this in Rochester? There are internal peer coaches that are trained to coach and 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 development funds, 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 CME funds to have six months of coaching. So there are 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, I was the regional wellness director for my large organization. In 2021 and two 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.

How to Get Started with Coaching

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 stuff and no shade to manifestation? It's real. And also, it's 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 like explored to move you closer to where you want to be, whether that is with your relationship, with your physical health.

With your professional trajectory, with your own professional development. So we're not we're not being asked frequently enough. What do you want to do next?

What do you want to do next as a professional devote? We're asked like, what's your five year plan or goal? And I hate that question. But like what? What feels alive when you come to work?

What do you want to do more of right now? What actually gets you going now? I 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.

I mean, when you go to work, it's pretty common where somebody comes to see you and they get build A9921 3 or 9 9214 that they're getting charged, you know, somewhere between 100 and $200.

And sometimes that's only for 20 minutes of your time. And so if you are paying for coaching, that is life changing. And, it's a personalized focus by someone who is maybe one step or ten steps ahead of you, right within your profession.

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

Absolutely. You know, we hired a, a firm that did only physician coaching at the time, and we had these, small groups, and there was a didactic portion.

And then there was also one on one. So through that process, I watched those 300 people. I mean, I did talk to each one of the 300 folks, but they had pre and post surveys and they had surveys along the way.

And their well-being index, which is a validated brief measure of burnout, shifted tremendously from like severe burnout was our average to like 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, which were, you know, like how rate your physical health rate your relationships rate your, 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 to this program, which was equally powerful and useful, you know.

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 and and just largely unsuccessfully, you know, but 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 you're 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 it is almost a slap on the face when this blame the victim.

Oh, you're just not resilient enough. I you know, 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, as a, you know, 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.

Right? Or all the things that came before. I mean, go all the way back to organic chemistry. Like, 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 the coal mine. But in order for the system to change, we

actually need as many individuals as possible to be their most fulfilled, most engaged, 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 that depletes them, but in a way that feels like fulfillment.

It feels like meaning alignment and delight, which is my definition of joy.

Closing Remarks and Podcast Outro

That is so cool, so crazy. I've really enjoyed this, and I, I appreciate that you've spoken authentically and that you 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, I've related to it. I think I've learned a lot from this. And I think our listeners will too. I what resources would you turn them toward 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. What what would you tell them? 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. Well, 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 Crissy at Indeed.com or at Joy Point solutions.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.

And, it is one of my great passions and delight. So I'm so happy to to get to introduce the idea and how it's gone for so many people before. Yeah. Thank you so much, Peter.

Yeah. Keep in touch. Thank you so much. We'll talk to you later. 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 helped so many people. We produced this content to help you have the tools you need to stay in medicine, and to highlight the amazing work being done by physicians around the world.

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See you next time.