From Medical School Rejection to Public Health Advocacy with Dr. Krishna Vedala Transcript

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Podcast Introduction and Guest Background

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. Today I'm very excited to welcome Dr. Krishna Vidala.

Dr Vidalla is a board-certified internal medicine and obesity medicine physician. He graduated from the University of Oklahoma School of Community Medicine and completed his residency at White River Health System in Batesville, Arkansas.

He is a primary care physician in Oklahoma City and he's the host of connected by health podcast So dr. Vidala Krishna gave me permission to call him Krishna I would love to hear more about your journey and why don't you introduce yourself in a little bit more detail to our audience?

Well, first off, thank you so much, sir, for having me on this on the show. And I'm delighted to be here. Yeah. Just about me. I grew up in Edmond, Oklahoma, which is a small suburb a little bit north of Oklahoma City.

Uh, I. Grew up actually a Dallas Mavix fan, but once the thunder showed up, uh, automatically converted to a thunder fan. But, ah, have three degrees from my alma mater, university of.

Oklahoma boomer sooner who just beat Texas. But about me, you know, for me I think my life has really been defined by my journey through to getting into medicine specifically.

But it was not an easy journey. I didn't get into medical school until my third attempt. Once I did get, once I DID get in medical, it WAS a struggle.

Medical school is hard. It's not an easy task. There's a lot of studying, but there's also a lotta what I like calling people management, really understanding how to coexist with people that are smarter than you.

And you have to accept that, and that takes a great deal of humility. Let's just say I was humbled pretty quickly in medical school. But from there was really trying to figure out what wanted to do.

Medical School Journey and Career Path

I really had a passion for oncology and decided to go into internal medicine. But as I continued through residency, what I came to see was one of my biggest strengths is communication, being able to communicate with people, whether that is colleagues, other providers within the healthcare team, or patients, and I really came enjoy having and developing relationships with patients.

And that's when I decided, okay, well, primary care looks like a very, very interesting part to me. And I decide to look into it. I really enjoyed my clinic week.

Everybody would tell me, hey, you seem to be really enjoying this. You're much more chill, more relaxed on your clinic weekend. Then my wife also was probably ready to divorce me because oncology would have meant three more years of fellowship.

At the time, we were training during the peak of the pandemic. I'm not going to lie, seeing some of the things that I

saw in rural Arkansas, being an internal medicine resident, really having to grow up and really be a sub attending in my second year residency really changed my perspective and I really felt that primary care was where I wanted to be, and here we are.

Now, like you said earlier, I also have a background in public health, then I've also obtained my MBA because I really have come to understand that medicine and healthcare is a lot about math.

I got into medicine because i didn't like math, but as soon as I go into residency, i realized, oh, no, this is all about the math all, about numbers, so I decided to get an MBA.

And really at a crossroads, I'm kind of pulled in a couple of different directions. I do have a passion for administration, whether if that is something I choose to pursue, who knows?

I am continuing to learn on a day-to-day basis. But I've really come to develop a passionate for advocacy. And that's really where Connected by Health podcast really comes in.

My passion to advocate for patients, advocate, for issues that we're dealing with as a society, and that were just not able to come together and come up with real solutions, whether that is chronic disease management, or if that has more investment in mental health.

Whether that is really helping people understand that healthcare is not just a line item on a bill, it's more than that. When you invest in healthcare, you invested in individuals, invests in their health, and when you have stronger and more healthier individuals you'll have a stronger society.

And that's really where Connected by Health comes from. And I've also been inspired by my experience in a program here in Oklahoma City called Leadership Oklahoma city.

And basically with Leadership OKC, we would have these monthly sessions where we go and visit a specific section of the community, whether that is government, news media, energy sector, education.

In each sector and each class that we had, what I came to realize is health Is connected to all of those at some point, whether it's having a healthy school age population, Whether if it is looking at misinformation and the manipulation of news media and basically the rise of polarized and opinionated media which eventually now has led to health misinformation, which you and I, as primary care physicians, have to deal with every day.

And so these were all a culmination of events that really helped me get motivated. I spent a good year trying to figure out how to do this on my own, and let's face it, try to find out to how do it cheaper, but that's where artificial intelligence, AI, has really come to help a lot of us out, being able to communicate to the current generation, but being to do so at a much more efficient, at much a more effective way.

And that's where we are today. We've had 130,000 downloads in the last six months with Connected by Health. Uh, we also opened up our new YouTube channel.

we've gone full video. So we're really trying to get the message out there that Health really is the foundation of a strong society and that's why we need to keep investing in health, not just cutting healthcare funding, and not cutting medical research funding and, whether it's Medicare or Medicaid, expecting to get better results.

You're not going to. And we're going to be seeing that here in the next year or two with some of the recent decisions. So one of this, one other things you said, it just kind of struck me.

Obviously you're a caring guy. You know, you are a physician. Do you want to help see people do better? You want see these really excellent health outcomes.

But I want to rewind to the Krishna Vidala that didn't get into medical school the first time or the second time. And the reason I wanted to talk about is not to highlight failure, but to You know, there's, a lot of reasons for it.

And sometimes we only celebrate the wins and we tend to kind of gloss over the challenging parts. But there is somebody listening to this who says, you know I just got rejected.

I really wanted to be a doctor. I feel like I can make this huge difference in the world and I have all this passion and drive and intelligence, but I've just gotten shut down.

Do you mind speaking to that for just a minute? Talk a little bit about that experience to say, I'm going to go ahead and do this again, even a third time.

Yeah, sure.

Public Health, Advocacy, and Connected by Health

You know, I'm not gonna lie, it hurt. It was painful. I was thankful that my parents were supportive of my decision. And I am thankful they've really brought me along this far with their support, whether that's financial, emotional, or just social support.

But it was not an easy thing to go through, and no one should ever really sugarcoat that. What I did is each time I wasn't successful, kind of took a step back and asked myself, Where am I going wrong?

What am i doing? You know, when I first didn't get in at the time, I was taking a gap year working as a medical assistant for a cardiologist. And then I said, okay, well, maybe we need to go back into school, show them that I'm, um, committed to continuing to learn.

So that's why I went into the master's of public health program. Then I applied a second time and I didn' get it. They said well it was because you didn t have the greatest test scores.

I spent the next, literally the six months studying and improving my test score for the MCAT. which to all the younglings listening, it's a different score than what it is today.

So I'm not that old, but I am old enough where we had a difference MCAT scoring criteria. But over the course of my struggles, I had an opportunity, is the way I look at it now.

an opportunity really to learn about different aspects of health care, whether if it's being a medical assistant, or whether it is working as a graduate research assistant at the Cancer Center here in Oklahoma City.

I was also a Medical Biller, I also shadowed quite a bit, and I volunteered a little bit with hospice. And I developed a passion for charity clinics. But I learned a lot about myself, about what motivates me, like you said, the idea of persistence.

If this is something that you really want to do and somebody is telling you you're not good at it, what I've learned is is not to let that affect me. And at the end of the day, if you are dead set on doing something, you'll get it done.

The only person that is going to block you not being able to do that as you yourself, right? At the end of the day, when you tell yourself I'm done, I quit, that's when that journey ends.

But when tell you I am not quitting, there is no quitting me. I will continue whether that is a first time rejection, a second time, or even a third time.

As long as you're willing to keep going, as long you are willing put the time and the energy and effort, it'll get done. And looking back now, that may seem easier for me to say.

It was not easy to accept that at the times. But I always knew in the back of my mind that I was going to be a good position. I've never doubted that.

The question was, was how am I going to get there? Is that going be through more failures? That going through be to some other ways, whether that is at the University of Oklahoma, or that that somewhere at another place other than the university of oklahoma?

Who knows, right? But at the end of the day, I knew that I was good enough to do this job on a day-to-day basis. I just had to go through it. And that process itself wasn't something that i could predict or control.

All that can control is my passion and my desire and willpower to make it happen. And I also really have come to believe the power of manifestation. I know that we're both physicians, but at the end of the day, there's this theory called hope theory, hope, and it's very simple.

It's an idea of manifesting what your goals are. And it really is simple and based on the aspect that when you write down your goal, people that tend to do that, it doesn't have to be a whole page, even if it is just three things that you can write on a daily basis just to kind of remind yourself.

Those things tend to happen. And I really think it's really pushed me this far, being able to visually manifest where I wanted to be, but being also persistent.

When you combine those two, nothing's gonna stop anyone. So if someone's listening to this podcast right now and they feel that they've just been rejected, whether from medical school or anything that you're trying to achieve, at the end of the day, it all depends on you.

The game ends when you quit. but as long as you're willing to play the game, it still goes on. I think that level of drive and passion that you felt even in those younger years when you can't even really know quite what you are going to face, I believe that drives some of what I'm hearing about your career now because you got an MBA, you're interested in leadership.

You're seeing the intersection of how social barriers and financial barriers, and things so simple as where you live affect so many things about your health.

And in your podcasts, your highlight some of those social factors. What I would say on that is, before I ask a question, is our patients get information from so may sources.

It's really hard to compete. If the only time I get with my patient is one 20-minute wellness visit per year or maybe twice a year we're following up on diabetes or blood pressure or something, I just have a little impact.

A lot of our patients are spending four, five, six hours per day on social media, looking at YouTube, getting information. Getting information from doctors I think actually really matters.

Now you've you came together a few years, you know, after completing residency and said, I think I've got a bigger voice. What made you finally decide, okay, i'm seeing these problems day by day.

And I'm as passionate person.

Rejection, Persistence, and Finding Purpose

I don't want to make this political by any means, but at the beginning of 2025, when we saw the cuts that was happening to healthcare, whether that is cuts to Medicaid, cuts of biomedical research, that's really what kind of motivated me because I already know how difficult, I mean, we both know, how this job already is doing what we do on a day-to-day basis, primary care providers.

But now, being asked to do more with less money going into it is just a lot more difficult. At the beginning of this podcast, I talked about how I believe that health is the foundation of a strong society.

When you invest in healthcare, the return of investment on that is immeasurable. You're not just supposed to look

at the money part, you're supposed look a healthy workforce, which leads to healthier economic output, And so, to me, seeing all that happen was really what motivated me to finally open up and say, okay, what I need to be able to do is talk about a variety of different things, but more importantly, talk why this is a bad idea.

And we may not be seeing the effects of this today. We may be not seeing effects with cuts right now. five to ten years from now, I bet you we will see it somewhere.

It's kind of like vaccination, right? Let's think about vaccination. Vaccines are literally, from a public health perspective, the single leading contributor to doubling of the human life expectancy in the last 150 years.

I know the problem today that we have is we don't see people dying a relatively young age from polio we don't see people dying relatively engaged from smallpox from measles and all this we've seen a measle outbreak but what a lot of people don understand is is with measels it's not just the initial outbreak that's a concern.

it's the long-term debilitating adverse effects that you tend to see from measles, specifically with panencephalitis that tend see down the road. Same thing with polio.

I mean, look at Mitch McConnell, right? Senator Mitch Mcconnell, he has served the state of Kentucky admirably. Whether if you agree with him or disagree with them, put that aside, but he is dedicated his life to public public service, but this is a man that also suffered from polio when he was younger and he is still seeing those issues even today, right?

Polio affecting him. So when you're looking at healthcare, expecting it to give you an immediate return investment is not the right thing and cutting funding for it is not the right thing to do because you're only going to be seeing the adverse effects of that down the road.

So once I saw that, I kind of felt like, okay, my experience is from public health. I've never worked specifically in a setting, but I try to keep myself updated with the latest epidemiology as much as I can.

And I tried to read as But I do consider myself to be a public health advocate, on top of it with my medical background, and on the top with somewhat understanding of business and the math from my MBA, I felt like I had a unique voice, someone who can look at this from three different perspectives and try to formulate and communicate a way to the general audience.

And that's really what we're trying to do. So once we've seen what's happened and once, we have seen that this is what we're able to do, that really was the push I needed to go further.

And of course, like I said earlier, I had to figure out a way to it efficiently and effectively and do it basically at a lower cost. If I have more money, trust me, there'd be so much more that I would love to with my podcast.

but I'm also running a full-time job. I am a father of two wonderful kids and I have a lovely wife who supports me and i have to take care of them. So at the end of the day we're just trying to balance life as it is but being able to do so with the advent of artificial intelligence and being motivated by the cuts that we've seen earlier in 2025 and really where we're at right now in a public health infrastructure perspective is just absolutely really sad, but also it should be inspirational for us to really speak up and to talk about what the effects of the detrimental effects that's going to be right, now but, also in the near future.

It's interesting. I read an article, oh, it's been a few months ago, and it pointed out that during, you know, after the Great Depression, in the 1920s, there was a workforce program started.

And some of the criteria for the people that were hired, the hired men, I believe they had to weigh 120 pounds, they have to have at least five teeth.

They had be like free of active infection. It was really hard to find you know, men to be able to do it. Many of them didn't qualify. And it was because they had lost the underpinnings of clean water, just a good source of food, a

regular source sleep and hygiene and cleanliness and some of those things that really kind of fall into the public health realm.

But my observation is my patients who lack those things, they don't have good housing, They don' have a good hygiene. They do not have the good food source.

they cannot manage diseases very well. When they get something like diabetes because they are eating the food that is available but it is really not very healthy food or they have open sores or wounds or things like that they can't heal them if they're missing some of those basic things.

So one of the things kind of speaking to your public health soul here a little bit, Can you share any examples of stories that you've come across where people lacked some of those basic resources and were not able to achieve health or maybe a time when you were able help them achieve something through something you did as a doctor?

Sure. We had a couple of cases that have come by, but one of the ones that I have found very moving was an elderly patient who didn't have any extra support, lived basically at a house.

And the issue was the landlord of that house was deciding to sell it. And so this patient was going to go homeless and practically did for about a week.

And the good thing was, fortunately, one of her visits coincided with her last few days staying at that house. And so we immediately got her in with our case manager, and we figured out a way where we could get her temporarily with some group housing, but then also eventually get into an assisted living center that worked within the means of her financial resources.

Healthcare Cuts, Public Health, and Long-Term Impact

And I think at the end of the day, one of issues we had with her during that transition was the diabetes, an uncontrolled A1C, lack of ability to be able to utilize insulin, mostly because it has to kept at a certain temperature.

We just weren't, she wasn't able too. So then we had to improvise, we have to hope for the best, and we tell her to watch her diet, do the most that we can.

And we struggled, I'm not going to sugar coat it, but we did struggle. But once her housing situation stabilized, once we got her back on insulin, it was a lot more manageable.

One of the stories that I'll always never forget is a patient of mine who was in a same-sex relationship with another patient also of mine. And when my initial patient passed away, I started also seeing her partner.

And she and I had a very emotional conversation that day about my initial patient's life and what it was like. And we really talked about a lot of different things.

One of the things that we talked really quickly, and wish I was able to really talk more about it with her, but I just wasn't able because of time constraints that deal with the primary care.

But she told me something which I'll never forget, which was, you know, she and I, we both spent our lives in fear of our relationship, and we've hid it from so many people.

And now, for a while, there was a little bit of time when we could be much more open about it, but now we're having to live again in the darkness and fear, of retribution.

And I felt that was a very powerful moment for me. Regardless of where you stand on the LGBTQ rights, that's your own personal opinion. But at the end of the day, one of things that we tend to forget when it comes to healthcare and the social determinants of health is also having a good social support system.

and having a standing of equality amongst others in society. And when you don't have that, it really does impact you. Studies have shown when your constantly living in this fear of whether it's an attack or trauma, and you're constantly having your mental health affected, that does lead to physical health issues.

And so these are just some stories that, you know, we could talk about more and we'd go on for hours and hours. But there are so many things that we get to see as primary care physicians, specifically looking at social determinants of health, lack of access to social lack of access to education, to economic freedom, like I talked about social support, even in some cases, lack access, too, civic health.

And that's something that we're looking at more and more in our podcast, being able to have the ability to exercise your right to vote. How is that going to impact you?

We just released an episode a couple of weeks ago about the impact of racial gerrymandering that may have on an individual health depending on what ethnic group they belong to.

And the reason we look at it is when you look states with restrictive voting rights and you at states, with poor African-American health, there's a correlation.

This isn't just a made up correlation, this is data, facts. All of this matters and that's also one of the things that we try to talk about in Connected by Health.

But I also believe at the end of the day, we as adults, as all of us as adult, our nation is facing some pretty serious issues down the road. Whether that is a ballooning healthcare budget, whether that's a balooning national GDP deficit, or whether it's that a physician shortage that will be somewhere around 86,000 I think by 2036. These are all real issues that we're looking at.

And we need to be able to sit down, have these conversations, sort out our differences, and come up with real solutions. You're only going to do that if we are able sit and have serious conversations and looking things from a unique perspective.

Because at the end of the day, if you want to build a healthcare system that works, it's going have to have a system for everyone. When you have populations that are modernized or ignored, that only adds to more of the cost to it.

And that's a message that I hope people will understand because politics is politics. I agree. Yes, everyone's allowed to have their strong opinions. When you're trying to figure out how to solve them, we have to put aside all of that, and we need to find solutions to these problems.

Sometimes I may not get what I want, but you may. But that's really what we need to do and storytelling is great. You and I, we can talk about examples that we have of our patient panel.

But at the end of the day, solutions is really, what our society really needs right now. And the only way to is to have serious conversations and talk about patient examples, but also look at how we can institute policy that can be inclusive and really help general overall, a whole consortium of people rather than just a relative few.

Social Determinants of Health in Practice

You talked about advocacy. And sometimes I ask myself, I remember I asked myself a few years ago when I was just kind of feeling isolated professionally, just in a small area and thinking like, what impact could I possibly have?

But you know what I found? And maybe you found the same thing. I found that those stories carry more weight than just about anything. I can go to a legislator and say, hey, you should pass this policy or this.

Policy makes sense. And it, and it's, it has a little impact. But if I go. To a legislature in my state and, say let me tell you about Mrs. Smith, who lives in your legislative district, one of, of your constituents, this is what happened as a result of this thing that was missing.

And if she had had access to healthcare or if had to access education, if you had excess to clean water or just some of these basic things, we would have saved the system tens of thousands of dollars because you would've been able to intervene earlier.

And then the second thing is, how would you want your family member to be treated? And so I think those stories actually really do carry weight when you as a physician who are working with people go and say, hey, I'm not only telling you my opinion, I'm speaking on behalf of patients and we're doing the thing that we feel is the right thing for other people.

You speak with great authority because you're in the trenches, you are doing your work, and you've got the credentials. As much as people may downgrade what physicians say or try to live in a time where we don't really give authority to people who have these experiences, It really does carry weight with individual legislators.

They may say, I don't trust doctors, but I trust you because you're my doctor, or I just you, because your doctor in my legislative district. So my question I wanted to ask is, if you were talking to physicians who may felt have may feel like I felt I didn't really have a voice, What would you tell someone who says, I'm just working in one of the states in the United States of America.

I don't feel like I have much of a voice. How do you think they could get involved in a way that actually produces some of these social determinants of health that you've described?

We as physicians have a very strong voice to lend to advocacy. Like you said earlier, we're in trenches. We know we see this on a day-to-day basis. But we also have the ability to be able to really, I think, look at it from a first-degree perspective, but also to able convey that message to legislators.

And I don't think there's a whole lot of other people that can do that when it comes to healthcare. This isn't a slide on any other member of the healthcare team.

I worked as a medical assistant, I work as the medical biller, and I kind of always tell people that I've worked my way up the ladder. But we understand the ins and outs, the intricacies of practicing medicine, of human physiology and anatomy.

Because most of us are very deeply motivated and we're dedicated to our cause, I feel that we also have the ability to understand the way that the healthcare system works, but also to be able to make that argument.

We're able put all this together and make argument to legislators. And so if someone's listening right now that is a physician and feels powerless, if you live in a state that you feel may not agree with a policy that that would like to see pushed through, please don't feel discouraged.

At the end of the day, I think the best thing to always do is to try and fail, then rather fail to trying. Now, how could you actually do so? There's always the power of numbers, and it's a numbers game.

And what I mean by that is it is always helpful to legislators when they hear that this is actually becoming a more concerning issue from different people and different perspectives.

And so how do you as physicians, individual physicians can do that? Well, join an advocacy group of some kind. I'm involved in the March of Dimes here in Oklahoma.

And also the treasurer of the Oklahoma American College of Physicians chapter. And so when you involve yourself in these kinds of advocacy groups, strength in numbers helps.

And when your able to put these organizations behind your name and also join in what the organizations want to do, the sky's the limit. I mean, you're really going to see some success.

One of the other organizations I'm involved in, a lot of people get surprised, is the Oklahoma City Metro Literacy

Council. That is an organization that is dedicated to enhancing reading development, specifically in the kindergarten to fifth grade age.

And the reason I joined that, is because of my passion for education, but also trying to understand and help legislators understand how difficult or how important it is to help fund education.

There is a reason for it, because when you have hopefully an educated population, you will have less inclination towards health misinformation. That is the ultimate motivation.

We'll see if that works. But the reason I'm giving all these examples is not just to talk highly of myself, but also to give our listeners an example of some of the organizations you can be involved in.

Physician Advocacy and Scaling Impact

Organizations are important. They have funding. And as an individual, you may not have as many resources, but as individual of an organization that's dedicated to a certain cause, your cause is also magnified and your ability to impact also is magnify.

So my advice for any physicians that feel lonely or feel that they're not able to push through, don't give up, number one. But number two, join organizations, joined their cause, explain to them what you would like to do and work with them.

And when you work within an organization, you will notice that your cause and your passion will only be an aid to then, but also their support and their resources will also be in aid you.

One of the themes that we've talked about quite a bit on the Doctors Making a Difference podcast is the ability to scale your impact. And you just talked that.

Like me, as one person working in one small town with one panel of patients, I can only do so much. But if I'm a part of a group of doctors and I am a member of an organization that has more power, You can have a lot of impact, you can really scale that impact.

And you know, the podcast is actually really a cool way of doing it to spread that same voice. You know maybe in a given week, I might see 100 patients if I have, a pretty busy week we see lots of people.

But on a podcast episode you might impact 100,000 people, You have just the ability to scale And then, you know, we're not trying to, it's not necessarily to try to replace others' voices, but I think physician voices are very important.

Like you said, You speak on behalf of patients. And I do actually think that's a, if you want to check yourself to say, what am I doing the right thing?

When you say am, I speaking on the behalf those who don't have power or speaking, on be half of those, who can't speak for themselves. It is a tremendous privilege and opportunity to be able to do that.

It sounds like you've dedicated a lot of your time and resources across various organizations to do that, which is impressive with a young family trying to take care of so many different things.

So what would you tell somebody who says, I want to all that but I just don't have time? You just have to prioritize at the end of the day, and you have balance your schedule.

Time management really becomes important. There's things that I have sacrificed. Going to the movies is something I've sacrificed quite well the last two years since we've had our first newborn.

But it's really an aspect of priorities in your life. And I'm thankful that my family is supportive, not just my wife and

my two kids, but also my brother, who's also a partner in crime at work, and also, my parents.

At the end of the day, it really depends on how much you want to put into it. I am not telling everyone to forget family. Please don't take it the wrong way.

just dedicate their entire lives to advocacy or to a single goal. Everybody should enjoy their life, everybody should try to balance. And I'll admit, I may have occasionally a little bit of difficulty doing that, but I think I've found a way to But I also think, you know, at the end of the day, we, as physicians, go through four to seven, 12, who knows, years of rigorous training.

And no one's really going to be able to better speak about medicine and healthcare better than us. So it really is, I believe, a responsibility for us to speak up.

I understand sometimes there can be concern about retribution, and I have that concern. Trust me, But when you're speaking up for what you believe is right, when your speaking out for patients, and you advocating for them, at the end of the day, it is worth it.

And it really is where to see what your advocated really positively impact patients. To do that, yes, you have to have balance in life, but you also have prioritize and really have learn how to manage your time well.

I'm not going to lie about that part. Oh, yeah. Well, and as you said, you don't want to deprioritize your primary role as a father and a husband and all those things that are just really key to your identity.

Those roles are so important.

Podcast Promotion and Closing Remarks

But I would say that some of these things, that you're involved in and that I try to be involved I do that because of my family, you know, and I try not to take away from the important aspect of that, but I want them to have a bright future and i want this the health policies and the systems that are in place to not just be beneficial in 2026, But I Want that to be better beneficial and 2036 and 246, You know just so that that effect goes on and on benefits my Family and my future.

So I think sometimes doing it on behalf of those we love is a good idea. Well, I wanted to have you give it a chance here to kind of highlight your podcast, where people can find it.

If they want to get involved and contact you, how can they contact? I mean, you're an inspiring guy. It's fun to listen to you. I can tell your podcasts is going to be fascinating.

So go ahead and tell us just a little bit about that. Sure, Connected by Health podcast is found on all your favorite podcast platforms, whether that is Spotify, Apple Podcasts.

We also have launched our YouTube channel about three months ago. we are now fully video, but we also release audio versions on Spotify and on Apple podcasts.

We also have our one website, connectedbyhelppodcast.com, and also our Facebook page and Instagram and LinkedIn, you name it. We have tried our best to be as omnipresent as possible.

There are plans to do TikTok down the road. It's a little bit, we're trying to get a creative on how we could work within the confinements of TikTok. But for those that are interested, our website is connected by healthpodcast.com.

We're on all the podcast platforms. Please do subscribe on YouTube. That is one of our priorities is to grow our subscriber list. But I don't think anyone will ever really be disappointed by listening to our podcast.

I think there's something that everyone's going to learn, but they're also going learn about how healthcare is connect to so many different aspects of society and also vice versa.

And so you're all going to find it to be very intuitive and also in some cases very unique in the way that we look at things. It's really an honor to meet somebody who's doing the kind of work you're doing.

And we call the podcast Doctors Making a Difference. So I want to thank you for being one of those doctors who truly makes a difference. I can tell you it's important to you.

You're not waiting till you are 65 to start this. you just said, look, I'm just baking it in. It is going to be the fabric of what I do. and I love it.

so it is really impressive. Thank you, for what you doing and for all of you who are listening. Thank you for what you're doing. Like there are doctors making a difference every day that are not necessarily highlighted, but you know what should do for your patients, whether it's seen or unseen is just tremendous.

And I just I'm so thankful for the doctors that have helped me in my own life. Same thanks to cross the spectrum to anybody who is working in this space.

So again, Dr. Vidala, thank you so much for taking the time and I hope you have a great day. Thank you very much. Thanks for tuning into the Doctors Making a Difference podcast.

And thank 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.

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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, visit the website or email admin at doctors making a difference dot com.

See you next time.