Episode Introduction and Guest Welcome

Welcome to a special Heartline Echoes episode where we revisit some of the most impactful conversations from Heartline changemaking in healthcare. This rerun isn't just a replay.

It's an opportunity to reflect, reconnect, and reignite the ideas that continue to shape the future of healthcare. Whether you're hearing this for the first time or returning for some fresh insights, let's dive back into this powerful discussion.

Enjoy. Welcome to Heartline, Changemaking in Healthcare. I'm your host, Dr. Andrea Austin, a board-certified emergency physician, physician development coach, and educator.

After years on the front lines, I've learned that real change in healthcare starts within. Each episode invites you to explore the inner work that unlocks clarity and bold leadership, because healing systems through changemaking begins with following our heartlines.

I am really excited to be speaking with Dr. Kimberly Chan Ko. She is a board certified ophthalmologist and diplomat of the American College of Lifestyle Medicine.

She is co-founder of Ketamine Startup, an online course that teaches physicians how to open their own ketamine infusion clinic. Dr.

Why Ophthalmology Wasn't the Right Fit

Chan Koh created Ketamine Startup with her emergency medicine physician husband after several years as the creative director of their own ketamine infusion clinic, Reset Ketamine in Palm Springs, California.

Well, welcome to the podcast. Thank you for having me. I'm just super excited to talk and share. And I've really enjoyed the other people you've had on your podcast.

So I'm just excited to be amongst them now. I think I'm going to jump in with a bit of a juicy question. You are an ophthalmologist, and I know a few ophthalmologists, especially compared to emergency medicine.

It feels like the grass may be greener in ophthalmology and that it's a great lifestyle specialty, but it sounds like your day-to-day is no longer ophthalmology.

That is right. I mean, you hit a really good point with the whole grass is greener. Cause as you had mentioned before, my husband's ER and I would be jealous how he could, like when he was done, he could turn it off.

As physicians, we really can't turn off helping and wanting to take care of people. But I'm like, oh, when you're done, you're done. Like me, I might see Mr.

Smith again in like three months and it would just keep coming with me while it's true for many, many ophthalmologists. It is a great lifestyle. I mean, we're one of the few surgical subspecial or surgical specialties where you get to sit during surgery.

I mean, come on, it's like, it's a good life. But it wasn't for me. It could be a combination of where I was practicing, I practiced at the institution that I trained at.

So I was like a junior attending. No matter how long I was there, I was still a junior attending. Even if new people came on, it was still, oh, Kim, you know, which was fine.

There's pros and cons to that. I don't like to just throw out like being female, but it also is there's having a family, having these responsibilities.

I think that combined with where I was working was a level one trauma center with a huge catchment area. We'd be getting people from Arizona, New Mexico, all the way up to like Irvine, up to LA, just because of the nature of that location.

I just would do so many ruptured globes. And so for me and the way just the practice was, you know, I would get a lot of these difficult patients and really difficult eye situations.

And then it would just be seeing them week after week or people knew that they could trust me with watching their patients if they went on vacation or Kim will take care of them.

And it was like, I felt this duty bound responsibility to take care of people. And for me personally, I couldn't turn it off. For me, it isn't. And I think that's the key, knowing oneself.

And I finally got to a place where I was like, you know what? Yes, it is easy for other people or more lifestyle supportive, but it wasn't for me.

Finding Fulfillment Through Teaching and Creativity

So tell us about your journey to really discovering what you wanted to be doing because that space of this isn't working to finding something that is working can be so long and so arduous and a big part of what we're trying to do is to make that process more clear knowing that everybody needs to go on their own journey.

But there are some pretty common steps that if you kind of start looking into that we can shorten that learning curve for women. I wish I could say there was something super straightforward and easy.

I mean, for me it was this circuitous path that I wasn't clear on what I wanted to do, but I was very clear on what I didn't want to do. And I think that's a good starting place.

At least it worked for me. I mean, I just knew that I needed more of a creative outlet because I was good at repairing broken eyes. There was something very satisfying, especially with imposter syndrome of like, I'm not as smart as the next person, but I can work really hard and I can fix things that are broken.

Like that worked for me, but then it wasn't as fulfilling. So I knew I'm like, okay, I need something beyond that. So first off, recognizing what I didn't like doing, but then also recognizing within medicine and clinical practice what I did like.

So I mean, what were the things that I really enjoyed? What I enjoyed was I actually enjoyed the patient education. I did so many diabetic eye screens and figuring out new ways to really drive the point home of what's happening when your sugars aren't controlled.

How can I come up with an analogy? What's a more succinct way? Or, you know, how can I approach getting this message of taking care of yourself for the sake of your vision?

Not now, but maybe in 20 years, that's going to make a big impact. So I was like, okay, I love that. I loved interacting with residents and I blast. Like for me, I think I stayed in medicine and clinical practice longer than I wanted to, because there was something just so, I don't know, what's the word?

I just felt so good when I was with residents, not because they were doing extra work for me, but the kind of being able to connect, having a mentorship role, sharing the struggles I went through because there's a lot of things we don't talk about.

There's a lot of stuff we've gone through, but we don't let the generations before us that or like not passing tests or

having to reapply and all this stuff.

So being able to share the story and saying, oh, okay, I'm okay. you're okay. And so I was like, oh, it's that human connection, that teaching, that sharing of information, which at that time I didn't realize was translate to marketing and teaching other physicians later on.

But I dabbled with that. And then just leaning into whatever kind of comes up, saying yes, in the sense of being open to something that you may not expect.

So I mean, earlier on, you had mentioned that you do some of the editing for the podcast. So I started editing video. Well, first I went back in high school, back when it was really not cool to be sci-fi nerd and video editor, yearbook editor type, working on the computer, making content and stuff.

I mean, little did I know later on, it's like really important and a lot of people wanted to do that. But I was starting to kind of dabble in videos and if you search the depths of YouTube, you're going to find some clips of me in some video where I'm trying to come up with like, lifestyle and advice for residents and med students.

And I was like, if I could do it for one-on-one, I can scale it and teach others. I just tried it. My husband was like, learn how to do YouTube.

Exploring Coaching and Personal Development

Maybe you'll have some fun with this. And it wasn't the direction I was going in. Ultimately, it wasn't what I ended up doing. I realized I don't want to be a medical influencer, insta-doctor.

We all have our paths and all that good stuff, but it wasn't for me. You know, fast forward two, three, four years later, I'm using those skills to make the videos for, you know, the course we made for our ketamine clinic.

And so it's the seeds of that journey. I think it's just getting on that journey of figuring out what do I want. that ultimately you'll see that if it doesn't go anywhere at the beginning later on, those were like the building blocks to help create what you want to do in the present or in the future.

I really like that message that you just need to get on the journey and maybe not every single step will seem linear or lead to something immediately, but it's part of you and your experiences and you don't know how that's going to weave in to something that you do down the road.

Exactly, exactly. I think that's the misconception, especially we're all going through that medical education was very clear from high school to college to med school.

It's a very linear path. And so we're used to that or we anticipate that. But for many of us in a linear path, this kind of meandering is what the reality of what's going to help you figure out what you want.

I had to embrace that because I really had struggled and felt like, oh, I should be clear. Like, oh, you know what? I learned how to do Botox injections during residency.

I should go do that like very logical. I should just figure out something that I already have some skill level in from all the years of training. Come on.

It's like, let's leverage that. But That wasn't for me, you know? Sometimes it's not clear. Sometimes this is meandering, kind of going, I like this thing, I don't know why, it's fun, let me figure out how to utilize it.

Yeah, in the materials that you sent me when I was prepping for this interview is that you did say you did some personal development courses. And I find among the physician community, there's a lot of still hesitancy around various types of personal development and coaching programs that there's this idea that maybe they're snake oil sales people.

But what was your approach? How did you find coaches or resources that were actually helpful to you? I mean, it's so true. When I was starting to take some courses and workshops, whenever I had like attendings or fellow residents or…

colleagues ask, what are you doing? I'm like, I'm going to a leadership workshop because I wasn't in that place to feel confident and strong enough to be like, I'm learning how to live my best life and ask deep probing questions to dive in.

So yeah, it's very true, even back then and I feel currently. So finding those resources, Luckily, my husband was having a similar journey. He was a few years ahead of me.

And so he had discovered the Coactive Training Institute, formerly known as CTI, and he had taken some weekend courses. So it was so busy working as a physician, as we all are.

And so he would go off on the weekends and I'm like, okay, great. I'll have the house to myself where I can catch up on charting. And we won't feel bad that we're both busy because you're off doing this thing, this coaching thing with people.

crying and sharing thoughts and all that kind of stuff, whatever. I was dismissive at first too. I was just like, is there a science to back this up? Where's the evidence-based research for all this?

He would come back and he was like, you know what, you might enjoy this. Some of it is, it's not all that different at some level from when we are teaching medical students or teaching residents.

When we're teaching them and talking with them with the soft, less technical things. And so it was kind of an easier transition for me because I was already enjoying the the teaching interaction.

Identity Shift Beyond Ophthalmology

And so just kind of diving into that, the leaning into, hey, you know what, maybe this is another skill set of being able to provide better care for my patients and teach better, but also, you know, As I went through the training, I was like, oh, more physicians need this.

Once I was done with my training for live coaching, I was like, okay, I want to coach other physicians. But I realized that wasn't for me or the way I was marketing wasn't getting people that were ready.

I think that's part of it too. It's like being open to it. is key. It's like, you know, how many psychiatrists or do you need to change the light bulb?

You know, the light bulb needs to change that kind of whole thing. And so it was like, okay, I didn't know how to market for life coaching and all that.

But yeah, I don't know if that really answered your question. No, I think it totally did. And what coaching program did you end up doing? A co-active training institute.

I think that's what the new name is. And so the class that hooked me in was called their fundamentals, the fundies. And so it was really learning about how to ask these powerful questions or how to sit with asking a question and then allowing the client to answer and be open.

Like I think the really cool and interesting thing I learned from that was this was the first time that I could have a role of helping and being, I don't want to say an authority, but being that, I could be in that doctor role, but I didn't have to have the answer, which I thought was really cool.

But it was able to create a space in which a person can answer for themselves. And I think that was something there really like a light bulb turned on.

But at that point I was like, I don't exactly know how to translate this into other things that I do. Yeah. I think that's a really great message. And you mentioned, is there evidence behind this?

I'll put a couple of articles in the show notes. There is emerging research that the coaching style is effective for physicians. You phrased it beautifully that it's a lot about asking questions in a way that gets the learner to think through things and maybe think about something from a different perspective.

So I think that's really cool. I want to spend quite a bit of time on your ketamine practice, but maybe one clarifying question. Do you practice any ophthalmology right now?

As of right now, no. After I had my daughter, I didn't really have a desire to go back after my maternity leave. And that was right in the middle of the pandemic too.

And so yeah, no, I haven't returned yet. I don't know if it's a sabbatical or I'm a new chapter in my career, but of course I worked darn hard for my board certification.

So I'm keeping up all my maintenance and certification just in case. Yeah, and maybe we can just spend a moment on that because I interact with a lot of women physicians that are struggling with identity and a lot of their personal identity is linked to their specialty identity.

So how have you navigated that space. Well, I think what helped was I always felt like a bit of a odd duck being an ophthalmologist. Like, I always felt a little bit like I didn't fit in.

And so, I mean, if anybody ever felt like, ah, you know, I'm not like everyone else, I felt like all my other colleagues were really, really, really into eyeballs.

Like, they really loved the research and everyone seemed super excited at Grand Rounds and really engaged. And I was struggling, you know, to I'm like, okay, I need to be like really focused here and really excited about it too.

So I think what helped with that was I already felt a little bit like an outsider, which at that time when I'm in the middle of it, it was a struggle.

I mean, that's why I was like, oh, I need to figure something out because I'm not happy. But that allowed me to be a lot more fluid with my identity of not saying necessarily I am an ophthalmologist.

Like we were really trained at our institution, which I'm very grateful for. is that you're a physician first, then an ophthalmologist. And so I really took that to heart.

So the fact that I'm not looking through a slit lamp, repairing ruptured globes, you know, doing cataract surgery anymore. I was like, I am a physician.

Looking Ahead to Ketamine Clinic Entrepreneurship

I think it's being of service and to help and for the health of the individual that has helped me shift my identity to something that is much more aligned with me.

It's like I'm still working on vision and clarity, but in a different way. And so thankfully for me, what was a struggle and painful when I was deep, my only identity was an ophthalmologist.

I was uncomfortable in it. So it was a blessing in disguise at that time. Yeah, I think there's so much in there for listeners to really contemplate. And one little pearl I would add in there is changing the way you introduce yourself instead of I am a doctor, I am an emergency doctor, I practice emergency medicine, or I practice medicine.

And that helps us think about the other things that we do and that we are a multifaceted individual and that we still have worth and value that's not tied to what we do.

Totally. I think that's the power of the I am or I am doing that you just hit it on the head because it's making that shift that had really made it clear to me.

I am a multifaceted individual. I remember shouting that out during one of my coaching trainings, and that helped me realize, oh, it is just one aspect of me.

I'm just practicing medicine. I'm just practicing ophthalmology. That's beautiful. Wonderful pearl. I love it. Oh, yeah. So anyone in their car right now, you can pause us and maybe shout that a few times.

Shouting is good in the right place, in the right setting. So we're going to leave it there for part one of my interview with Dr. Kim Chan-co. Part two, we're going to get into the details about how she and her husband started their ketamine clinic and tips for people that may want to start their own ketamine clinic.

or your own clinic in general, which I think is an amazing option. And I'm seeing a lot more physicians, including emergency physicians, pivoting from working from somebody else to working for themselves.

They might be starting their own telemedicine business, their own functional medicine. There's so many different options. And I'm really dedicated to exposing our listeners to the great world out there And you can help patients on your own terms.

There's a lot of things from mental health to weight loss to you name it that our patients need physicians that will meet with them virtually or in person.

And you can set your own hours. You can set your own boundaries. So I think this is going to be a really exciting conversation. So we'll see you back next week for part two with Dr.

Kim Chan Koh. Thanks for listening to Heartline, Changemaking, and Healthcare. If you're ready to deepen your own inner work or want to bring these conversations into your organization, visit andreaaustinmd.com.

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