Introduction to Dr. Randy Cook

Everybody excited to introduce that to Randy cook. He is the host of the RCS for success podcast, which highlights the position leaders are reflecting on elements that really, really like about the journey to success.

Doctor cook has spent more than four decades as a general and vascular surgeon, and is board certified by the American Board of Surgery, as well as by the American Board of Preventative Medicine.

And he is a coach and he is a executive physician coach, which is someone who coaches other doctors to really balance their life, their business, and their and the fact that balancing the life requires a much deeper structure than we were taught in medical school and residency.

I think this is something that's really, really needed. I'm so excited to have that to cook on. Today's summit. Welcome to the summit, Renee. So happy to have you here.

Thank you so much. It's a great pleasure to be here. No, no, you you're introduction included a lot of different things. But I mean that the concept of executive physician coach is lost on me because I didn't know this thing actually existed.

So how did how did you sort of land this role? And is there like, a story that that landed you into this role that we can share with us? So we should really try to understand what's happening?

I will, if you're in the mood for a story, I've got one. Yes. It's not so much that I landed in the role as the role landed on me. I was, I guess around 6 or 8 months away from my retirement.

How Executive Physician Coaching Began

Although I made that decision to retire from clinical practice, all of a sudden, I frankly, had gotten into some disagreements, with the suits, if you will.

I don't want to work with them anymore. And, and I had made the decision that I was going to retire, very nice lady named Rhonda Crow that I had worked with in the past.

The the last slightly more than a decade of my practice, I had worked in chronic wound care and hyperbaric medicine, and, I had worked with Rhonda, within the same, wound care management organization.

So we knew each other, but I had not seen her for a while. My hospital had separated from that company and connected with another country that had had, been a long time since I talked to her.

Anyway, she she called me out of the blue, gave me a cold call, and, the the basics of the call were, I'm not with the old company anymore, and I've decided to start my own company, and it's going to be, executive coaching for physicians.

And I want to promote it with, a podcast. She knew, because of our previous association, that I had a bit of a connection with radio, although my radio connection goes back to the days of the vacuum tube.

But in any case, she she thought that I might be a good fit for that. So we talked about it, and, the idea was that it was to be prescription for success.

We would interview, successful physicians and talk about how they arrived at where they are in the process of getting there. So that's how the, the conversation started.

And then toward the end of it, she said, oh, and by the way, I'd like you to be a coach. So I guess I guess she had hooked me. She had real me in. And, I knew that I was going to have some time on my hands, so, I agreed to take on that role.

I, signed up for an instructional course and got, my boards, if you will, in coaching. And, we were underway. So, that's my long winded story of how I became an executive coach.

And here you are. That's awesome. Thank you. So why do you think the doctors need coaches? What? What's so important about it? You know, there could be, a lot of answers to that.

But for me personally, and based 100% on, my final years of experience, in clinical practice, I could see that, as a physician, we, either are in the process of or we have already, seated control of the space that we work in.

We are, no longer in control of, clinical decisions, at least to the extent that we should be, and there's just been, a really, incipient, invasion of what should be the territory of physician decision making.

It has been, completely overtaken by, people who have no idea of what it's like to practice medicine, what our lives are about. So I think that it's very important not not only for the mental health of physicians, but for the people that we serve to make sure that we regain control, of that territory.

And in order to do that, you have to be able to communicate with you have to, speak the language, of the corporate types that are now in control of the medical space.

And, you know, you don't learn that in medical school.

Why Physicians Need Coaching

So for that reason, I am very convinced that, physicians need, not all physicians, but a lot of physicians really need some help to learn how to negotiate that landscape, because it's pretty treacherous.

Yeah. I mean, not only are we not trained in medical school, so, like, we're trained to do the opposite because, you know, as physicians, you know, you trained to follow a certain standard of guidelines and they'll go outside the guidelines.

And if you do, you might get into trouble. And if you and you get into trouble, all sorts of hell will break loose. And that's exactly the fear mindset I believe that we have when it comes to business.

In practice, it's different because we have to innovate a little bit and we have to like, you know, poke some holes at, people. And that's sort of part of the leadership qualities that are there.

And, you know, I'm lucky because, you know, I got to experience a lot of that. I was chief resident in New York Presbyterian Queens, 2012, and I got to experience a lot of that, that leadership side.

And then as a chief resident, I was really in between the firing of different squads that are that same in different directions, from the patients to the payers to, the administrators to the nurses.

And so I got, I got really got a taste of it. And I feel like that in America that there's a standardized almost I shouldn't say standardized. There's a common culture amongst the physician community, almost like a sense of learned helplessness.

That comes because we're sort of taught these things. You agree with that? That's a good way to put it. And, and, to, to to further amplify that, I don't mean to imply that physicians don't have any business sense.

Up until very recently, the vast majority of, physicians in the U. S. were, either self-employed or part of a group, with which they participated in the management.

It's been a longstanding, reality for a very long time. And it's just within the last couple of years or so that that has shifted. And there are more, either, health care system employed physicians or hospital employed physicians than there are, private practitioners.

So it's not that, physicians don't have business sense, but the, the nuts and the bolts of, making your case, and, having some influence. Over the people that work for multi-million dollar corporations, multi-billion dollar corporations, like insurance companies is something that we really don't have, any real time experience with.

And, it, it requires, some instruction for most of us. I think, interestingly, a lot of people, seem to fall into it very naturally, and they're very, successful at it.

But, I think for the majority of physicians, they think, look, I speak for the patient here. Surely I'm going to be, listened to, and people are going to do what I say.

And I can assure you, the last years of my practice, indicated to me that that is far from the truth. You know, that's exactly what I saw during the pandemic.

I think a lot of physicians are speaking out. It's like I want to be the person, be the voice for my patient. And then all of a sudden there is sort of this mess, you know, like we call it the cancel culture, where everything just becomes in question.

Right? And I think that over the last year and a half of the pandemic, we're really seeing how the landscape of attitudes, not just physicians, but medical students and residents are being used, in military terms, you know, called frontline physicians, for example.

Right. And I actually think that that that's a big issue because it puts the physician into a heroes role, which and and that's problematic is because as physicians, we work better as guides and let our patients be the actual heroes.

So I think yeah. So I think the expectations have changed over time. And we're really seeing it at its apex right now. I don't know if it's the apex. It might go even beyond that. Right.

So do you think that that coaching from someone who's seen the changes in medicine, the changes in culture and social media understanding really provide some value?

Because right now, like I think there's almost a bit of a victim mentality amongst physicians too, like, oh, you know, you didn't have it that like like, oh, I have it right.

For some reason, the previous generation always had it wrong for the younger physicians and vice versa. Right. But I think we really have to to stop that language.

Right. Yeah. I think you're absolutely right about that. And, the other thing that I've noticed about, newer physicians, and I want to be able to say this without, insulting anyone, but they, have come into, the world of, medical practice, with a mindset and an attitude and a level of understanding that is absolutely.

Generational Shifts in Medicine and Resilience

Way different, from, the one that I practiced in, I practiced for, for 44 years. The people who trained me were children of the depression. And, they had, had, a substantial amount of experience, dealing with real world problems and solving real world problems, before they ever, came into their own as a professional.

And those values were sort of, passed on to those of my generation, the baby boom generation. But the current generation of physicians, the, the millennials, if you will, and the others, the Gen X, haven't experienced that.

They haven't, they have neither experienced the, difficulties of, the economic depression of the 20s and 30s, nor have they received that, instruction, directly from someone who has they have come into a world that, operates

profoundly differently, than, what I encountered.

But yet, and I don't mean to say that, that, renders them incompetent, but, I do think that it puts them in a position of being, Gosh, I hate to use the term, less informed, but but there is some truth in that, you know, and once you move into the world of big money and let's face it, there is a lot of that in medicine today.

You begin to, understand very quickly, that the, regarding the admiration and the appreciation for your, goals and aspirations and your, empathetic spirit, are not as powerful as you thought.

So. Right? Yeah. And I'll tell you what, you know, I'm a millennial, so I'm I'm a younger physician. I'm definitely not offended, but I completely understand where you're coming from because, you know, so.

So I was born in China, and my parents went through the Chinese Cultural Revolution, which is basically its own trauma. Right. And, you know, my both my patient are both my parents are doctors.

My mom's are Chinese, but it's doctor, my dad's the MD, PhD. So I think the language is different. But the other thing is I think resiliency has to be taught.

And this is where I think coaching really comes in. And, I think I think that the not only does resiliency have to be taught, it has to be demonstrated by someone who have seen much greater and better things, and we can't be the ones that say that, hey, we we, we know everything.

We have to be the ones to say, hey, I'm always in a perpetual state of constant, never any improvement. Who can I learn from? Precisely. Right. Yeah. And it sounds like I mean, the despite your, millennial status, it sounds like the, the your mentors, because they, were not raised in the U. S, they were raised in China.

You sort of got the same message that I did, from the children of the depression. And that is, it's not always going to be easy. Right. And, you know, I used to call it immigrant mentality. So.

And so we actually covered this, this whole topic on, another part of this summit about cultural differences and, and immigrants in general. Why do you think that what you're saying is, is true and these are just natural occurrences?

But, what we have, what we are in right now is when we're in this state of conundrum at this point. And the conundrum is that you have technology, and technology has excelled far pass laws and litigations and practice medicine.

I mean, telemedicine, cross state lines. You can do very easily. We actually did a telemedicine with someone from Abu Dhabi the other day. Right? So so we're in this age right now where the world is getting a lot smaller.

And when the world gets smaller, a lot of differences. That we perceive as younger physicians, we're like, oh, you know, our father or grandpa never really experienced this.

And the digital side, they don't really understand social media. They don't really understand what it takes, you know, to to sustain a presence. And I think those attitudes were developed form or our own traumas, because I think that with technology comes newer traumas and we had to adapt.

Couldn't agree with you more, right? Yeah. So said how do we deal with this I mean you so your your executive physician coach. So I'm coming to you as a younger physician, I'm like, hey, you know what?

I social media is really bothering me. And you, you know, there's there's so many things that's put out there, you know, from Covid and Ivermectin and Regeneron and all this stuff like that.

It will kind of hit as apex. And all of a sudden I feel like that, you know, me as a physician, I don't know how to tell that to my patients. My patients are seeing Doctor Google 20,000 times.

They're seeing me, you know, how do I deal with that? I what would what would you say to that? I want to make sure I understand the question. So. So, you're asking me, how do I help a potential client connect with patients better?

That's that's absolutely correct. Yes. Yeah. In the modern day. Yeah, yeah. Well, I, I hope this doesn't, begin to sound Pollyanna ish, but, to approach that, particular issue, I think the coach would be well advised to, invite the client to think about why they're doing what they're doing and something that's very important for, everyone to understand, particularly this audience.

But everyone is that coaching, is not teaching. It's not instruction. It's not, providing solutions. The purpose of coaching is to, get the client in touch, with their own motivations so that they can do what is fulfilling for them.

Just coincidentally, I happened to listen to a podcast today. From, one of my favorite podcasters, a gentleman named Shankar Vedantam of has a podcast called, Hidden Brain.

Purpose, Burnout, and Core Values

And, the end of every summer, he does, series of podcasts called you 2.0, where he talks about, things that are very personal or that should be very personal to everyone.

And the subject of this, discussion today was, understanding your purpose. And here again, this is one of the things that, I think, might be overlooked, by the modern day, physician.

And that is just exactly what is the purpose, you know, and. For me and, for all the satisfied, for all the physicians that I have known that were, satisfied with their practice, it has to do with the connection that you make with the, patient.

That is very personal. And the, empathetic, sharing of their problems and your ability to, help them through through those problems. Because many times, it's got nothing to do with doing an operation or, writing a prescription.

It's, much more complex than that. So, the answer to your question is, you know, if you're the client, I'm going to say to you, we need to talk about what you believe your purpose is.

Let's see if we can identify your purpose. And if your purpose, aligns with, significant empathetic connections of that sort, then we can begin to talk about how you get in touch with that and how you amplify that.

And if it's not, and it might not be, you know, people sometimes come into medicine because their dad did it or because they thought they could make a lot of money or for a lot of other reasons.

But if it's not that, then we need to talk about where you might be able to identify your purpose, and take it from there. Does that make any sense? Absolutely.

You know, I, I went through this, mental challenge, if you will. A few years ago, before I started Texas Center for Lifestyle Medicine, where I really want to showcase to myself.

And I have this sort of, I went through a guided imagery experiment with, with, with actually a mind body medicine coach, and, and she said, just just flip the script a little bit, like you're teaching yourself right now and you're teaching yourself the idea of what your core values are like, how to list your core values of what you perceive to be important in your life, and categorize everything that you do in your life into any of those core values.

So I came up five and, are there anything that's outside of those of those core values? So when I, when I did that, exercise, I realized, you know, about 60% of what I did was really outside of my core value because I by definition, I'm a people pleaser.

So I want to make sure that people are happy. Patients are happy. My partners were happy and and are my

administrators were happy. You know, I was a hospice director.

The hospice was happy, the hospital's happy. And I came into this, this zone where I kind of broke down and I realized that I'm always living in a zone of demand, and someone's making the plans for me.

And that's what truly caused my, my, my burnout. And I just felt like the stuck on on this hamster wheel. So I think your, your question of what is your true purpose is something that people don't ask themselves enough and in fact, people, most people, I think, lose it.

But when you think about it, it becomes a reinvigorated relationship with yourself. So you can do the things that's really essential to the core value so that as you actually, you know, as you're saying that.

Yeah, as you're saying that I was I was kind of going back into my old self and I think this is 2016 and coming up with, with those things. But then you know what?

We're, you know, younger, younger physicians like myself, millennial, we are inundated with technology. I have Apple Watch it. I get text messages on there.

Even the old man's got one. You know, we get notifications, and then and then some people don't know this, but I used to do a lot of digital editing and digital media and photography and, the the way that we as consumers consume content is very different.

It's very fast. It's very attention deficit like. Yeah. And so I think it was it was the 1990s. The mid-nineties is the MTV generation where, there's newer shows that utilize footages.

We call them B-roll footage is aerial footage. Is that or about, you know, two seconds apart. So two seconds, two seconds, two seconds, two seconds. And at that time, that was a rare thing.

And the older generation, like my mom was just watching with me. And she's like, I'm really dizzy. Like, why are they switching camera points? So now the average B-roll footage instead of two seconds is point eight seconds.

So if you don't have a B-roll footage, that's that's less than 0.8 seconds. The the the person that's consuming the information will either go next channel or scroll down or something like that.

I think the digital age has really taken us into, a time period where we are actually dominated by, by digital media. And I think that's what makes it hard for my generation.

Does that make sense? I couldn't agree with you more. And, and, and for that reason, I am a real fan of, getting people interested in the concept of, meditation and yoga and, you know, separation from noise.

Digital Overload and the Need to Slow Down

Because you can't organize that much data, you know, it's coming in so fast, that you can't organize it, and it can be a serious stressor. So, yeah, I think sounds like you've had a powerful insight.

Well, I think it's it's just multiple, multiple trauma points for me. And I really have to show myself off, I think. I mean, today on Instagram, I actually wrote that we should really just shut off all notifications for a while.

Right? And even in this summit, you know, I was interviewing Rahul for, who is, the CEO of superhuman, which is a digital platform for emails. And he said the best productivity tool is Transcendental Meditation.

And I was like, whoa. I mean, I was not expecting this coming out of a guy from, you know, from Silicon Valley. And I he's the best tool is to slow down.

And and I absolutely love that, you know? Yeah. I'm just fascinated, and now that I'm no longer in, clinical practice,

I don't go to a lot of medical meetings, but when I do, when I go to these educational, meetings, you know, I'm typically very excited that I'm going to be hearing from somebody that's got a really special knowledge.

And, I'm going to learn something that I've never heard before. And I'm looking forward to this. And I look around and half the audience has got their eyes on their phone, you know.

Oh, man. Guilty. Yeah. That can't be a good thing for us chatting. I mean, come on. No, no, it actually is not. And that's why, you know, I, I went to one conference and I was in San Antonio where I walked in and there was no cell reception.

And then that was one of the best conferences I ever been to, because I thought you were going to say you started having withdrawal symptoms. No, no, I felt good, you know.

I bet you did. Yeah, I felt I felt good and I was able to be immersed myself. And it was a leadership summit. Right. So I was able to, to immerse myself in forcibly by not having technology.

And I purposely didn't connect to the Wi-Fi because I really didn't want to be distracted. And that became such an impactful thing. But now now it's regular practice.

I mean, there's days where I say, hey, family, no technology. They're everyone put their phones in this box. When you go out and play some soccer. Right.

And I think that has created more value for me than, than really anything else. Because even at, you know, at with, with younger people like myself and even dinner tables and even when we go out to lunch, everyone's still on their phones as well, right.

Yeah. And, and this is a we're in a world, of a state of demand. And I feel like, you know, physician suicide and physician depression is risen significantly ever since the pandemic.

And there's a stigma to it. Right. And and I feel like physicians are really alone, where feel like they're they're not really alone. I feel like they're they're feel like they're alone.

I shouldn't say they we I'm a physician. We feel like we're we're alone. And it's because of the pressure that we really put on ourselves to avoid ourselves.

We really put a significant amount of pressure to purposely avoid our self-worth. And that comes from this, this sort of generational gap and generational divide and what creates unity in some sort of a major stressor like the Great Depression.

Right, that that creates unity. But what was supposed to create unity, which is like the global pandemic, right? Right. It's not it's creating more division.

And something went wrong where we're supposed to come together as human as as, as as a giant tribe, multiple little tribes coming together as a giant tribe.

But somehow it's we're being ripped apart and apart, by the current generation, by what's really going on globally. I don't I don't know why, but I do think it's because there's there's initiatives within the public media, to create conflict and, and algorithms do a really well so we can get to continue to click.

You know, you're absolutely right about that. And, quite frankly, I think that I understand, how that happened. I actually was a youngster when, mass communication through television became the thing, of course, people were as attached to their radios, prior to my arrival.

But the television began to to take the place of that. But it was a very interesting thing, a very interesting phenomenon in existence during my childhood.

And it persisted for a while. And that was, the Federal Communications Commission. I have no idea how it was done in, in other countries. But the Federal Communications Commission, when they started trying to determine, what they were going to do with this, incredible technology that allowed us to transmit sound and later pictures, over the airwaves.

You know, how are we going to manage this? And, so they licensed, bits of the airwaves for, communication between law enforcement and communication between, air traffic controllers and things of that nature.

And then there was one that was put out there for entertainment. But in exchange for, broadcasting entertainment, the, the licensees were required to put something out there that was strictly in the public public interest, and that's it.

And that's where we got network news. And in those days, the, the, network news divisions were strictly separated from the entertainment, entertainment, divisions of those networks.

And the people that reported, and those news organizations, had a level of objectivity that was to be admired, as did newspapers, for example.

Executive Coaching vs Life Coaching

And it meant that the, the, the space for, disseminating news and disseminating information was, sequestered in an area that was, totally, separated from the profit motive for all that changed, when we got the cable and, all of a sudden news organizations became profit centers.

And when they did, they chose an audience and, you know, you when you are, in the business of commercial broadcasting, the number of eyes on you, equates proportionately with the amount of money that you're going to make.

So, what happened at that point was, these different organizations chose which audience they were going to play to, and suddenly objectivity didn't matter anymore.

It's it's just been a fascinating phenomenon to me. But that's exactly how it happened. It's not so different. It's really not so different from from what's going on today.

But I think the, the thing here is we make it through this, then we have established some level of resilience or some level of understanding of what resilience is to incorporate into our own operating system, to propel for the future.

Right. And, and I have to look forward to that. You know, so let's hope so. So let's fix. Yeah. Yeah. So let's let's go back to the coaching for, for a little bit because I think we just had a really, really nice sort of sort of generational divide discussion.

We need to go back to the coaching for a second. Yeah, sure. Because I, I really want you to understand what you just told me. This this small story, it's very impactful.

Because it really makes me appreciate what you saw earlier on in media. And now that I'm thinking about it, what you just described is a much bigger shift than what's going on with us right now.

And and it makes me really appreciate, that there are things that we can do and we can learn from people who've really experienced that. Well, let's talk about coaching for a second, because because I really don't understand the difference between like a, like a life coach and, and a career coach.

Or is is there a difference in between, there is a difference. And it is relatively subtle in different coaches. Take on, whichever space they want to operate in.

But, from the standpoint of, executive coaching, I would say that the significant difference is, we want to, engage

with people who, have an aim toward becoming leaders in whatever their organization might be.

Got it. In, in the more in, the more generic. Life coaching. I think you focus more, on a much broader picture. You know, how are you dealing with your family?

How are you dealing with your personal life? How are you making decisions about your career and, where you want your career to go and that sort of thing.

But, executive coaching is, is focused much more on, being involved in the, decision making processes of organizations. That's where the executives live.

Gotcha. So, so then then from what executive, physician coaching really refers to is somebody who really wants to be, a leader in whichever sector that they that they are.

We may not necessarily, have all the tools or the tenacity to get to a point, whereas, you know, life coaching is more about, you know, personal development.

Right. What exactly the about for personal development. But yeah, you know. Yeah. And it doesn't I don't mean to imply that executive, coaching is for somebody that wants to be, the, CEO of Blue Cross Blue Shield.

It's not that at all. It can be, a tool to make, a physician much more effective at, serving on their, various medical staff committees or, or even more importantly, perhaps, the board of directors of your hospital or something of that nature.

Because when when you find yourself in that environment of people who are peppering you with business speak, you at a great disadvantage. Unless you, have some familiarity with the way they communicate and the language that they use and the tools that you can use to exert influence.

And it's quite a bit different, from, patient care, for example, where, you walk into the room, you were immediately considered to be an authority on the authoritative figure and that you have some answers.

In the boardroom, you are a person who is entitled to an opinion and to to make your case for where you think the right direction might be for the organization to, move ahead effectively.

But you have to have some facts to back it up, and you have to be able to present it in a way that makes sense to, people who think in terms of spreadsheets and calculators.

Yeah, it's entirely different from you need to get your Covid vaccine because it's not only good for you, it's good for everybody around you. Yeah, different discussion.

It is. And and and as physicians, you know we live in that in that right second area. We we, we, we expect to be and we, and we usually are, respected and believed because we have special knowledge of the pathophysiology and natural history of disease.

Whereas in the boardroom, the reaction that you're going to get is where do you come off telling me that this is what we ought to be doing. How do you know this is the right thing to do.

Right. Or, and how to be persuasive in that atmosphere. Yeah. Such a different dynamic to and I've seen this firsthand I think recently a friend of mine, his er, physician, she was kind of thrown into this sort of leadership role, because the previous person quit, and she doesn't necessarily.

She's this is a great physician, wonderful physician. But then all of a sudden, the hospital dynamics and politics really kicked in. And then there was just a lot of overwhelm.

Speaking Up in Leadership and Boardrooms

And, and I think that I see a lot of physicians going through the same thing is that you're you're put into this sort of, position that you weren't really trained for.

And then in, in making decisions that's based on things that are really outside the comfort zone. Right. And as you said, like business, for example. Right.

Or team and organizational skills, or leading a team culture experience and stuff like that. And and we are only as good as the things that we were taught.

And if I, I learned in an environment, in a residency or fellowship training that's taught me about, specific values, I want to bring that on the table.

But in real life, that's not how it is. Because you're in a room with MBAs and, you know, with JDS, that's that's even worse in need. And then and so a lot of, like, the language that's, that's, that's spoken is, is assumed language.

And so I think, I think that everything gets lost in translation. I actually think that's why there's very few physicians in leadership positions, in hospitals committees and in government in general.

And we really got to change that, you know, and, you know, the fascinating thing to me, Chang, is that, in my early experience, being a board member, not only in my, practice group in Florida, but also, in the hospital, that I was associated with is, you know, you spend a long time where you just kind of don't speak up because you're, you're really worried about, exposing yourself as not knowing anything.

Oh, yeah, I've been there. But the interesting thing is, is, one of the greatest discoveries, for me in the course of all of this was, you know, I'd go to these board meetings and I would hear presentations that go on seemingly endlessly.

And, at some point, I would say, wait a minute. I have no idea what you're talking about. I need some details. There. And the really gratifying thing is, is that as soon as I did that, somebody else would speak up.

And it wasn't always a physician. Sometimes it was the banker or the lawyer or whatever. Yeah. What are you talking about? So, you know, you have to develop, or somewhere along the way, you, have to come to appreciate what we've always heard.

And that is, there is no such thing as a stupid question if if you if you're not understanding what's being said. Right. You are absolutely entitled to an explanation.

And that can be a very intimidating step to take. It is especially if you're reacting to the culture of the environment. And I tell people, if you don't respect the culture, if you don't like the culture, you create the culture, you know, that's that's like that.

Yeah, yeah. Write a book one day. One day, I'm one book down my next one. I haven't decided to write yet, but let's talk about, your podcasts. The. Well, I call it for success.

We call a prescription for success. Well, you know, when we talk about it, and the group of coaches, we call it our picks for success because it's easier.

Yeah, I got it. Can be. Either way, we're we're happy is. You can't call me anything. Just call me. You know? Right. So, so where can we find your your podcast?

The podcast can be found at, it's very simple. Our X for success podcast.com. We are, on all the platforms and, you know, we would love for, people to, become a subscriber.

And not only are we interested in listeners, if, there are physicians out there who, listen and think that they might like to be a guest, we are always, looking for additional guests.

Now, a wonderful. And so, we'll tell about how do we, how do we access the the executive physician coach program? Well, I'm glad you brought that question up.

It turns out that there is a deal on, you can get a deal on this, for for those, who are watching, this recording, if you, have, any, inkling that you might be interested in coaching, we have a special offer on.

But you got to act right now. I'm messing with you a little bit. Seriously, if you go to our website, which is my MD coaches.com, it's soon.

Podcast, Coaching Offer, and Closing Remarks

I will practically as soon as you get into the website, you'll see an offer pop up for the first, five subscribers who sign up to the podcast. You get a free 30 minute session.

So all you got to do is, log on to my MD coaches, dot com. Look for that little, banner that pops up there and, click on the thing that says, yeah, I'd like my free session.

Great. Well, and we'll have that, link in the description of this video. So you can really easily just click on that. Well, you know, I, I can't tell you how grateful I am to to have your voice on the summit is because sometimes there's a lot of noise and, with a lot of noise, we really, truly appreciate wisdom.

And wisdom is not easy to come by these days. And trust is not easy to come by these days. But I really appreciate you really appreciate the fact that the executive physician coaching actually exists.

And I can't wait to, listen to the podcast. Well, actually, I've already started listening to it, already, but I can't wait to listen to, to some more.

But from a leadership standpoint, from a physician leadership standpoint, we need a whole lot more. And I think people who currently are listening and you're thrown into a leadership position, a medical directorship of a program, or a, if you if you're thrown into, you know, discussion, leadership position with pharma or some other, companies.

And if you just feel lost, really just click on the link and it's no risk and fill out the form and then schedule your, your 30 minute session. And I think that if you listen to this and you really appreciate what's really going on in the world, we want to have at least 30 minutes for yourself that you dedicate yourself and just listen and listening attentively, listen actively and make some applications.

And that is how I got started with this actual summit. If I didn't do that, I wouldn't have made this summit. It took my 30 minutes of me just listening to a coach.

So well thank you. Good news. And that's great news. I really enjoyed being here. I'm so flattered, even that, that you would ask me to be here. I've really, enjoyed the, conversation.

And, I hope that we'll be, hearing from some of the people that, that attend the summit. And by the way, I'm not the only coach in the group. There are five of us, that are available right now.

All of our, handles for all of the various social media platforms are also on the website at Miami coaches.com. And we would really love to hear from anybody that wants to check in with us.

Wonderful, Ronnie. Thanks for coming on, everyone. Have a great day. Thanks a lot. For.