Surviving the Breaking Point: Medicine, Identity & the Moments That Save Us Transcript

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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. I am pleased today to welcome Dr. Scott Elner. Dr Elnar, Scott has given me permission to call him by his first name.

He is a surgeon and an author and has had this really interesting journey. I think you're going to find this conversation fascinating as we talk about his journey and maybe some insights and wisdom for those of us that are in the medical community as physicians.

So Scott, would you mind introducing yourself to our audience? Tell us a little bit about yourself. Yeah, thank you, Peter, for having me on. It's a privilege and honor for a little bit.

The background of me is just, you know, I kind of grew up as this California surfer in the Malibu area. And, is it UCLA thinking, okay, now I'm gonna become a lawyer like my father.

I was going to be an advocate for environmental laws, gonna save the oceans, save planet. I thought August day, you know, the beaches were crowded in the summer in a place called Zuma Beach, and I had a great surf session.

I was out there. And I remember that day was interesting because there was a whale that kind of perched up in front of me. It was so close I could see the barnacles on its back.

Nice. As I heading back to my truck, which is parked along Pacific Coast Highway, because I actually was late, I have to get back for a study session I heard this awful screeching sound of metal.

And then the presence of a body rolling up onto the back of my legs. I was kind of pinned against the wheel well of the truck. I looked down and I could see there was a man who had been hit head on.

He was on a Harley Davidson motorcycle. You know, one of those days people cruising out and a car had crossed over the double yellow lines, struck him, and he happened to just land in this very awkward position next to me, clearly in bad shape.

In the sunlight, you could there's blood coming from his ears. And he had these tattoos, and I didn't know at the time, but he definitely had hemorrhagic shock, because his tattoo, the colors were fading in the sun.

And I don't even know what to do. I was 21, kind of figuring out my life, here's this man in a very vulnerable position, he just kind had his arm up awkwardly toward the sky, I just kneeled down next to him, held his hand and prayed.

The Highway Trauma That Changed His Path

Next thing I know, a car pulls over on the side of the highway and this woman jumps out of her car, clearly very composed, almost algorithmic. She grabs what was an intubation kit from the lifeguard there on scene and intobated the guy right there in the middle of a highway.

And she saved his life. And for me, had this epiphany. It changed my direction, it made me realize, and I now knew later on, this was a trauma surgeon.

it changed direction from going to law school. I'd already taken the LSAT, but I pivoted and decided I was gonna go to medical school and find a calling because of that life-changing moment for.

Me I took the MCAT three times. journey to get into medical school and then eventually go on to surgical residency. But I did it because it was something inside of me.

And I'll never forget that, that moment on Pacific Coast Highway. Man. So do you carry an intubation kit in your car? Like when I read your book, the manuscript, I've read that like, man, and I carry a little emergency kit, but I definitely don't have an endotracheal tube and an ambu bag and all that stuff.

It sounds like she grabbed it from the lifeguard station. Do you care that's stuff in vehicle? No, I have a first aid kit and a pocket knife in case I need to do a surgical airway.

Right. But no, not quite, but probably should. You never know. Well, I was thinking about that because I have a little stapler and I got some basic stuff because it seems like we're always taking the kids out camping and somebody's getting cut and we were trying to take care of it.

But from a selfless standpoint, that lady drove by. She saw it, she acted quickly, and she was able to provide a life-saving maneuver in a timely fashion.

I'm sure they called the ambulance and all the different things to try to come. the guy needed help right then and there. And obviously, you know, it's kind of a little blessing.

You received that moment right there, It's terrible. But on the other hand, You realized a bit of what kind a higher calling or whatever it was that would lead you to medicine and become something even more than you had envisioned you'd become.

Pretty impressive. Yeah, was really one of those moments. I think many of us have this, especially as physicians where we kind look back and just reflect and Unfortunately, I don't know if we do that enough as physicians and reflect on all the great things that we, which sometimes kind of leads to the cynicism and the burnout and loss of idealism.

But there are days where I think of not just that patient that changed my course, but also patients throughout my career that really made an impact on me.

Kind of who I am, my identity is not necessarily being a surgeon. My identity. Is really about being. A cool person that gets along well and contributes to society and loves my kids and my wife and.

But, you know, being, a physician is definitely a privilege. Yeah. Well, and I think I'm glad you said it that way. Sometimes it's such an extraordinary thing to do.

I still think it, you know, in many ways, kind of the greatest profession because you're individually working with people and sometimes in their most trying moments.

And I shared before we hit record, like I've shared on the podcast, I have been a patient much more than I ever envisioned being a patients in my forties, but here it is.

and i'm so thankful for the doctors that have just totally changed my life. So you're right. If we lose track of that higher level, the kind of purpose that drives us into medicine, I think it really does lead us more to that moral injury or that burnout or just the mismatch between your experience where you are just punching the clock and you doing EMR work and talking to insurance companies and doing cases that seem like they're really frustrating.

Patient Care, Mistakes, and Trust

And yet when you look at the big picture, you say like, Hey, I'm in a place where when somebody needs help, can

stop what I am doing and I can help them and save their life.

That's a remarkable, extraordinary skill and we take it as a routine, but it is unique. Think about how you felt about that surgeon when were 21 and you watched somebody with trauma training just jump in and saved the day.

It was awe inspiring. It made me feel like, okay, what else is out there that I can really do to impact society, especially somebody who happens to be in their most vulnerable condition.

try to remember that but I haven't always been good about it. I mean there are times when I think all of us as physicians we get frustrated and our in baskets are blowing up in the electronic health record and but ultimately it comes back to serving our patient and the gratitude we.

Especially when they do well and even sometimes when. They don't do. Well I tell you a story about one patient actually it's her husband that made such a huge impact on me.

You know, as physicians, I'd be lying if sometimes we don't make mistakes. There are medical errors, sometimes surgical errors. there was a case where I had a 40-year-old woman, and surgery's never routine, no matter what anyone says, but she had bowel obstruction, And I operated on her, got in there, there were tons and tons of adhesions.

It was very long and tedious operation. And I missed a bowel injury. So I nicked the small bowel, and I had closed her up. In that morning, when I came in around, she was not doing well.

She clearly was an extremist. Had peritoneal signs. And it turns out that she is now going into septic shock. I quickly had to bring her back, re-operate, fix the bowel But what was so telling about that situation is when I went to talk to her husband, who, I mean, this was in New England.

So I, mean this guy was no nonsense. He kind of worked at the, as a longshoreman, kind a scary dude. And I explained to him what happened and I said, And the guy just, he kinda put his hand on my shoulder and said, you know what doc, kind of in that New England accent, like they don't say the word are, they say chata.

And he put His hand my shoulders and says, doc I can see this is really bothering you and I just want you to know, I trust you. and know you're gonna do everything you can to get my wife through this.

It was so empowering for me And I'll tell you what, you know, a lot of times we are afraid to admit that we made a mistake or we're afraid say I'm sorry.

What led me to be comfortable doing that is part of the informed decision making process beforehand and building the record with not only the patient, but the husband.

And I talked about all the potential complications, including, you know, what to expect after surgery. Didn't expect this, but he felt like that genuine conversation and taking the time to listen.

It really helped me and I eventually got her through with, another surgery after that. But for me, that was a pivotal moment where, the humanistic qualities of just being able to go to your patient or their family member and say, I messed up.

I'm going to do everything I can without the fear of litigation. So it's kind of another life-changing point in my career that helps me navigate sometimes that cynicism we feel.

Yeah, well, it sounds like you've experienced the same thing I have and others haven't. I find that when people are mad, not necessarily on outcomes, if they're mad at you personally, and they say, hey, this doctor didn't care, they didn' call me back, didn''t seem to give a hoot about whether my loved one lived or died, then they start thinking about, you know, what lawyer am I going to call because I got to make this happen.

But if you connect with people, some people are going assume no matter what, that's just part of the deal. I found that the majority of time when you step aside and they see that you actually really care about the person you're doing your very best and you are contacting whatever resources you need to help them or their loved ones get through it.

Most people, I mean, on the very human level are almost like that guy you talk to. Like they want to help you through it too and be like, hey, let's get this together.

And that's pretty cool. You have that guys that experienced such a profound trust in you as a doctor. He never really probably met you before or didn't have this long-term relationship.

and yet he's willing to extend that level of trust for his wife as the person he loves the most. That is a real valuable thing when you get something like.

Yeah, absolutely. And, you know, I think we all, as physicians, we have those experiences and that connection we've had with patients or family members.

I mean, some of the hardest moments in my life when you had to go speak to a family member and their loved one is not going to survive, especially in a trauma.

Writing Wipe Out, Rise Up

It's hard, it's heard, and I don't think our society really understands what many physicians go through when we have to have those difficult conversations.

Yeah, that's my least favorite thing. I guess it is an honor to be there in those moments when you're trying to help people, but I had one just a few weeks ago where a younger guy came in and he died.

That is such a hard thing to go to a family. And in this case, cause I live in the area where I grew up and I knew the family, I know the people from way back and to.

Go and say, Hey, your loved one's not going to make it. He's going die. That's one of those moments. It's almost a reverent moment, but it's so hard. All you can do is just try to connect to people on a very human level.

But I think that threads all the way through medicine, not just in the moments of sorrow and tragedy, but just to say, look, hey, I'm a human being and I will connect with you.

And my favorite patients are the ones that actually I would consider them friends. I'd be happy to see them outside of the clinic. Don't want them to always ask me medical questions, But i'm happy when I see that and like, Hey, how's it going?

Because I am genuinely interested in them and they're genuinely interest in me. and i do love those connections for sure. Oh yeah. I've had those experiences and you know, I just kind of let it happen.

It never fails, especially Thanksgiving when you got to the family in town and your mother-in-law's best friend shows up and she wants to know about this rash.

Oh yeah, everybody has that. I wanted to ask you about one of the themes that you talked, at least I kind of thought it was impactful in your book and maybe we ought to just tell, tell us about your books, what it's called first.

And then I want to kind get into a couple of themes you put in there because I felt they were great. So what's the book called and what made you write it?

Yeah, so it is called Wipe Out, Rise Up, and it really is a metaphor on surfing. As I mentioned early on, I grew up surfing and Over my career, I've identified that in a lot of ways, surfing, the art of surfing and the preparation that

goes into it and actual finding balance and connecting with the ocean.

A lot it has to do with parallels that we face in different challenging situations. Whether it's getting ready for a job interview, whether it is preparing for your boards or even going into surgery.

And I wrote the book based on a lot of experiences and then tied it into, let's say paddling out. You know, before you paddle out, you gotta know your surroundings.

So you got to make sure you've got the right equipment. Should probably stretch and know what the floor of the ocean's like because that'll tell you how the waves are gonna come in, the weather conditions.

And so, yeah, I, wrote a book to talk about lessons in leadership, pushing past limits, you know, experiences where I've gone through failure, and then also about sustaining health.

I think a lot of physicians, we learn a lots about medicine, but do we really learn about health and nutrition, exercise, sleep? So talk about some of those things.

Yeah. Well, you know, my primary care doctor, right? You're speaking my language. That's what we're trying to do is keep people out of those kinds of troubles.

But our bodies break. I mean, it's one of the reasons medicine is always going to be a career because these mortal bodies, they love to break and no matter how healthy you are, You are going have something happen sometime where you need a doctor.

One of things in your book that I, if you're willing to share it on this podcast, I thought it was so personal and kind of you to share a time when you experienced a pretty low point.

You know, if you're willing to talk about that, you know when your operating on someone and a relationship kind came to a crashing end and I mean, it sounds like a dark moment and somebody out there in residency or in practice is going to relate to something along that.

If you are willing share that Scott, I would really appreciate that Yeah, I mean, suicidal ideation is something that I think is more common than we realize, especially among physicians.

In actual suicide, it's like 1 in 400 physicians annually. And even just this past year, we've had a couple of our physicians in our network here died by suicide.

A Personal Low Point and Seeking Help

I hit a low point. You know, I think you get to a situation where you're not taking care of yourself, you are not eating right, your not sleeping. And I had been on call, and I was in a relationship that I thought you know I loved this person, she loved me.

and i wasn't around. i was busy. preparing for my career and couldn't go out and party on Cinco de Mayo. I was on call dealing with sometimes unpleasant things that happen to come into the emergency department, but that's part of who we are.

We deal with it. It doesn't matter what your background is, who you are, if you're sick or injured, we take care of you. And that evening I got a call from the Emergency Department and they said, yeah, unfortunately has a retained foreign body and got to take him to the Owar.

And just before I'm about to go to Oware, I get a call from my girlfriend. She said, you're no fun. I want to break up. Click. Hmm. Pretty much just out of nowhere.

This is back when we had cell phones were the flip phones. Calling her back, can't get her. Okay, stop. I gotta

focus, I got to patient, get through the case and then kind of just up the rest of the night and I'm post-call early the next morning, still just kind going without processing or thinking.

And something just inside me said, "I'm gonna kill myself." And I knew exactly where I was gonna go, how I gonna do it. I was driving up from San Diego to my parents' home in LA.

I got a call from a friend who I hadn't spoken to in a while. He says, what are you up to? I'm like, oh, I am just driving home from work. And he's like I've got to tell you about this.

So I just got back from surfing in Alaska. That is pretty cool. No. It stopped me. And, you know, I know people have this feeling, but it's going to get better.

And we go through these ups and downs and I did get help. I opened up, explained what was going on. Which was the right thing to do, get therapy and counseling.

Again, another pivotal moment that I was vulnerable. that person calling me and telling me he served Alaska saved my life. Kind of an inspired phone call from someone that was your friend.

And I, you know, when you think about that, I mean, that's obviously very personal and I appreciate you sharing that. I know it was a pivotal kind of defining moment.

You stayed in medicine, and you got the help. Again, somebody out there listening to this is saying, hey, down and maybe the only thing that my brain can come up with again and again is end program, because I don't know how to continue on.

And I think it's important that we acknowledge that, especially in a training environment. Sometimes we put our mentors on this pedestal and we think, boy, these people never have a moment of weakness and they eat nails for breakfast and stay up all night.

People start comparing themselves and then you feel like there's no win. You can never get past it. It's a real challenge for us. I wanted to ask, as you went through that and as reflected on the course of your career since then, you talked about getting help.

What advice would you give to someone who says, hey, I'm facing this, or maybe I've got a loved one or a classmate or peer that's experiencing that? You know, the easiest thing to do, even though it seems trivial, is ask the person who you think may be experiencing these feelings, are you okay?

Give them the space and the opportunity to open up. Obviously do it in a way where they feel empowered to open up. What I will say is I felt safe with this person to say, hey, I'm not doing well.

That's the first step. And then make sure you have resources that you know you can access quickly. And what we've done recently, particularly with physicians, is we got resources for being able to talk to someone.

Not necessarily has to be a psychiatrist and it doesn't have to me someone who you fear that maybe you're gonna have your license on the line. It's somebody that can just talk you through the situation and then direct you to the right place.

Having that conversation saved my life. And I think if you have someone in your life that you think is angry, upset, miserable, struggling, just ask them, are you okay?

Because a lot of times we as physicians, the way we deal with that pain is we act out more negative. We start to do and say things that are not constructive.

And I do see that in some of our physicians today run a large medical group right now. And if somebody is acting out or behaving badly, I presume good intent.

and I want to know, are you doing okay?

Empathy, Leadership, and Referent Power

I don't think that they're a bad person. I think what is something going on personally that you're struggling with. Yeah, well, like you talked about at the beginning, almost everybody has a story why they chose medicine and it's usually something in that high frame of saying it wants to do good.

I want to help people. Most people don't choose medicine to become a grouchy mean person that, you know, it kind of. People walk on eggshells around most people really wants to good and so that's a good point when you find someone that has kind of negative Social behavior.

That's probably the best way to do it is to approach it and say these are probably a person with good intent who is Struggling maybe more than they realize and I just have found in my own life Having a peer to talk to helps like I've talked to my family members I talked my wife and you have a lot of people in My life that are wonderful and i love but there's nobody that quite gets it like somebody else's walk the walk And so one of my practice partners for 10 years, a few weeks ago, I had a question.

I'm like, hey, you just get to be a life coach here for me for a minute. And it's not because I couldn't ask somebody else. It's because someone that had walked the walk, he knew, understand he'd been there at 2 o'clock and 3 o clock in the morning and on nights and weekends and holidays.

He and I walked through so many chaotic, crazy situations together. When he says, "I know what you mean," I know that he actually knows that's he's been and he understands.

So I think what your saying, Scott, It actually means a ton. If a peer, someone that's kind of in your same circle says, Hey, you okay? And give you a safe space to talk and to reflect and maybe to just, come up with a plan of how you're going to manage it together.

Like that can be really empowering. I think what I've learned also as I have become a little bit more mature and gained some wisdom is the power of empathy.

And just without jumping to the point of having to fix it right away, just the powerful listening and just kind of letting them talk through what's going on.

Because a lot of times, you know, People will say, oh yeah, I know what you're saying, but I really try to withhold from saying anything or having any judgment until they're ready to hear my response.

I want to give them the space to really share what's going on internally and allow that empathy to build up. Yeah, that's powerful. One of the other things you talked about in the book was this transition to leadership.

You were able to gain surgical skills, work in clinical medicine for a long time, and then couple that with some leadership opportunities. And you talk a little bit about empathy and ways to actually have not just power based on a position, but power-based on relationship and how you actually impact change.

I'd like to talk us a little bit through that. How did you decide to go from full-time surgery, you know, to doing some of the leadership stuff? And again, there's a lot of people, a lotta talent in people that are physicians and probably what a, lot a people would make really good leaders on a leadership team, but maybe they don't feel like they have the proper training or they understand how to do it.

So, if you don' mind sharing with us some, some pearls of wisdom on that? Yeah, so the, really the The driver for me to go into leadership was because I became very passionate about patient safety and quality.

And the reason that leadership is so important is when you're looking at improving processes, improving outcomes, you need to be able to influence people to modify their behavior.

Early on in my career, I thought, well, the data shows this. Why isn't this person doing this clinical pathway or following this guideline? They should just know they should be doing it.

And what I recognized is that's not leadership by telling someone what to do. Leadership is going to them and understanding their perspective and just like people who practice in a rural environment versus an urban environment or metro environment, very different.

And you can expect the same type of practice patterns in those two situations. So I went back Did a little bit more training. I did a fellowship with the American Hospital Association on patient safety and leadership.

Really enjoyed it. And then eventually I was being asked to do more to run our surgical service line as the vice chair. Then eventually take over the leadership of the physician group.

And it wasn't because I was maybe the most knowledgeable. It wasn' because maybe I as the best surgeon, it was because of the ability to use referent power.

And so the key here is power bases. When I in residency, the power that was used, coercive power, fear, intimidation. You know, you're gonna do this. We're going to, scare you into studying and preparing Well, that only works about 8% of the time is intimidation and fear that type of power.

The best power aside, there's informational power, or there is expert power and there are people with titles, positional power you know, you can be the CEO and say well you got to do this and people will kind of do it but they're not always going to be bought in.

Referent power That's the power you want. And referent power is what will people say about you? So if they ask, hey, Dr. Crane, he has this amazing podcast.

You should be on this podcast, you got to check him out. That is referrent power that you have, that You've built because of your relationships, because your connections, the way you interact with people.

And a lot of it may seem like soft skills, but it's not. It's really important to get to know people and really understand who they are, what motivates them, and build that referent power.

And that's what I've learned to leverage to be successful as a leader. Yeah, we'll think back to leaders. I mean, I think, back leaders in my own life.

And I, think we probably all can people that I want to follow or think about coaches that you loved, if you know, in sports, it wasn't the course of, you, know I've got the position you do it my way or the highway.

They don't leave a lasting impact, but the ones like you said, Scott, where you say like, Follow that person to the end of the earth because I know that they've got my back and they would do it the way I would.

And they're kind and empathetic. That kind of leadership is rare, maybe soft skill, but it has very real world practical applications. patient outcomes, too.

If we're focused on patient safety because somebody that's a non-clinician or someone that is not empathetic comes and says, you will do this or else, people will kind of do it.

But if you say, boy, in Dr. Elner's OR, this is how they do, and look at the kind outcomes they have, I want to be like that guy. You know, that matters a lot, not just in medicine, but just, Sounds like you've been able to take that empathy and apply it, not just in medicine, but in all sorts of leadership.

And probably good for all of us to reflect and say, how's my leadership, rather than just, I'm the doctor, do what I say to be like, okay, well, this is the correct way to get this done.

But this why, and I'll walk that I willing to do whatever I asking you to, we'll do it the same. Yeah, it's funny. We've all had patients who, even though you're the physician, they don't always listen.

They don' always adhere. And that's why the physicians-patient relationship is so important and to really understand your… I mean, doctors do this well.

we are great at listening to the patient. We have to, right? It's part of our history and physical. And when you develop that relationship, They're going to, for the most part, they're gonna follow the regimen that you provide is that treatment algorithm or, you know, how you manage their overall health.

When it comes to leadership, I found that I was so naive. I mean, when you're a chief resident, and you walk around, all your juniors and you got interns and medical students and sometimes PA students walking around and, you think you're just amazing and everybody should listen to you.

And then all of a sudden one day you are an attending and then you become an actual leader. Nobody's gonna listen if you don't know how to connect.

Transitioning from Surgery to Leadership

If you do not know to give them that followership. and make them feel like they're part of the team and a major contributor. No, that's excellent. Thank you for sharing that.

Another theme on there that, and again, I read this manuscript. I encourage everybody to read the book. just real and gritty and fun. And I mean, it was a good read.

I, you know, as a fun one, but I one of the things you talked about in there that I kind of relates to this is how do you when it is time to change and how to you lean into some of these things that are kind intimidating because you think like, well, this me, part of my identity.

This is what I trained to do. And sometimes people find themselves saying, this isn't filling my cup anymore. I'm not, I don't feel I myself satisfied.

And it's hard to know when, when do you chop off some portion of what your training was or how do. Make that transition from one thing to another, because you don' want to give up on what you learned or become less skilled in something.

Yeah. If you're trying to answer a need that your, your body and your life is telling you, you need to switch. That's a hard thing, to no when to make that switch and it might be intimidating.

So what are your thoughts on that? So, you know, this may sound just pretty simplistic, but preparation really makes a difference. I was getting close to 50. It was at a point where I'd done about, 10,000 operations.

Loved what I did. I was kind of in my stride, kind at the peak of my surgical career. But I also was in this new bound area of leadership that was exciting.

It really became clear that especially in there was one case where it had gone on too long and I had to present to our board. There was no way I would leave the OR.

and leave the patient on the table to go and present to our board. So I actually missed that presentation to the board and it really dawned on me that it's going to be too difficult to do both.

Just too difficulty, especially if I wanted to advance at higher levels of leadership. And so it required a lot of reflection. I like to write down my goals.

I do journal every day, and so as I was pondering and getting more and more comfortable with the decision to stop

my surgical career, I actually had a plan.

And if you plan out, not just stop to say, on this day I'm gonna stop, but really have a planning of how you're gonna move on to that next phase of your career.

Just like six years from now, the next phase of my career, I want to do coaching. I write this down. And if you write it down, it will happen. In the book, you talked about kind of leaning into these things that are a little bit intimidating.

But the idea behind writing it down isn't just to be like, oh, that's an idea, but you make it more concrete and you write it, and then you lean into it and say, okay, it's intimidating, I can learn more about it.

I could practice, find mentors, take classes, whatever it is so that you develop a skill. As human beings, we have a lot of plasticity. It's hard to know when to change.

On this podcast, we talk a lot about keeping people in medicine and working, but I think that also involves being a little bit agile, a bit mobile to switch your focus and do whatever it is to still continue to make a positive impact and a difference no matter what career stage you're in.

So how's the experience been? You made that switch and did you miss the surgery part of it or are you still doing any surgeries at this point? No, I don't have my own practice.

I'm still licensed. Occasionally I was scrubbing to get my fill, but overall my focus and my passion is on leadership. And I am very much involved in being a change agent.

particularly around how do we find opportunities to improve physician workflows? How are we going to leverage artificial intelligence and enable that technology to make it easier for us?

So, you know, that's really what's motivating me right now. And also to be a great mentor or coach. to a younger generation of physicians who are coming out who went through residency that was very different than maybe you or I, where we didn't have work hour restrictions.

Now they do. So how do they navigate working this hard? Right. No, those are challenges. And one of the themes we've talked about on the podcast is try to find a way to leave medicine better than we found it.

That's what you're doing. You're saying, okay, there's a legacy here, but there is leadership and we want to make it so those who come after maybe even have a better experience and can do a job of not only taking care of patients but caring for themselves so they don't have to hit.

rock bottom, you know, so that's great.

Closing Remarks and Podcast Outro

I've loved this conversation, Scott, I want to kind of point people to where do you have a website or a place where people could follow your work or find your book?

Where would you recommend for people? Yeah, it's real easy. It's wipeoutriseup.com and I have newsletter there and the book is going to be released on November 18th.

It's on Amazon, and you'll be able to get it there. And I'd love for you all to read it and share your thoughts. You know, I never thought I would write a book, but it's something that, at the time, just kind of came to mind.

It has been fun. Been a great experience. I'm so glad you did. We're recording this on November 4th. So when the podcast listeners listen to this here in a few weeks, when it comes live, the book will be out and encourage you to go check it out.

Again, Scott, I've really enjoyed this conversation. I think it's fun and I appreciate you sharing some of both your vulnerable moments and the moments that have taught you and shaped you into becoming what you are.

And so again, thank you for taking time to be a guest on the Podcast. Well, Thank you. For having me. It was wonderful to. Yeah. Keep in touch. Thank.

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