



WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Welcome to the Weight Loss for Busy Physicians podcast. I'm your host, master Certified life and weight loss Coach Katrina Ubell, M.D. This is the podcast where busy doctors like you come to learn how to lose weight for the last time by harnessing the power of your mind. If you're looking to overcome your stress, eating and exhaustion and move into freedom around food, you're in the right place. Well, hello there, my friend. How are you today? So glad that you're here with me.

I've been thinking about what we're going to talk about here for a little while, and I'm just really excited to share something with you that I think you're going to really resonate with. I think it's going to help to make a lot of things make a lot more sense for you. I know that when I was struggling with my weight and was, you know, losing through restriction and white knuckling and counting things and doing things that I knew I never would do for the rest of my life. But just very much like means to an end behavior, you know what I mean? Like, I will do this for now to get the result that I want, but there's no way I'm doing this forever. I would have just found this information I'm going to share with you today to be so enlightening, honestly, Like really, really helpful because I have recently been thinking a lot about what we think is the way this is supposed to work and what we think we need and what we actually need.

And, you know, I can say this my business is going to be seven years old here in really just a couple of months. So I've been at this a while. I've been helping women physicians to lose weight permanently since the beginning. I'm not someone who's, like jumped all around helping different people doing different things. Like, this is what I started with. This is what I remain committed to. And I have a big vision for the future.

On how to continue bringing this information to the whole medical community to help people to really understand what's going on when people struggle with weight.

And I just think this information is really, really key to understand founding why coaching works and why we should be considering coaching more because we're just starting there a little bit. People are like, Yeah, okay, yeah, coaching can help. Like that's when people really, really struggle. Like most people can probably just do it on their own. But like if you really struggle, then you need coaching. And I just want to share a different way of approaching this. This idea has been something that's been simmering in my mind. I've shared with you before that I often have podcast ideas kind of on the back burner of my brain, sometimes for months, sometimes even for years.

And I know like when they're ready, they'll pop up, you know? You know, sometimes What is it? I think it's like when you cook fresh pasta, you know, when it floats at the top, you know, it's ready. It's like when it comes to the forefront, I know it's going to be cooked and ready to come out for you. But I recently got a message from someone who felt like they had tried everything with weight loss, and she wrote, I have a lot of knowledge, but that hasn't translated into adopting behaviors and thoughts that create lasting change. In many respects, I feel that having a coach is the only thing I haven't tried, and I think that that is such a great summation of where a lot of us are now. Maybe you're someone who hasn't struggled with their weight for very long.

I have also worked with people who are like, You know what? I never struggled with weight my whole life until just recently. And I heard about you and I want your help. And I'm like, Good for you. And I'm so glad that you can just skip over the kind of collective trauma we've all experienced through diet culture and the diet industry. That's so amazing. But I will say that it's more common that people have struggled for a while or have struggled on and off. I've tried lots of different things and are either still in a place where they're struggling or are back to a place where they're struggling and they're just kind of, you know, exasperated by the whole thing.

And they don't know what to do next. So let's just like back out instead of zooming in. Let's just like, don't even know what you do on the focus on a camera. But like turning it so that we're backing out so we can see a bigger picture view. Here's what I think most of us think. I think it's what I thought. And I just want you to consider if there's a part of

you that resonates with this or relates to this. I think that when we think about our weight, our eating, just, you know, food, drama, chatter, you know, just all the stuff, because it's not all about weight, right? Like, it's not even necessarily about weight for some people.

It could be just the relationship with food or like, you know, I could be happy with my body as it is right now, but I just would really like to not feel so controlled by food like all of that, that whole experience. I think that most of us believe that in order to get to where we want to be right, which I call peace and freedom around food, we need about 80% of that, like, you know, crossing that bridge from where we are now to where we want to be, that about 80% of that is going to be learning more things, acquiring knowledge, understanding more concepts, right? Frameworks like learning, reading, watching videos.

That's what we think is going to be about 80% of it, and that about 20% of it is going to be the application part, right? We're going to learn a bunch more stuff and then we're going to apply it to ourselves and then we're going to get there, right? Because it's just like 20% of it is the application part. And then we're going to be there at peace and freedom around food. And I think that belief really messes us up because in my experience in almost seven years of coaching women physicians on weight loss, I have seen that it's actually the opposite.

We need about 20% more knowledge, right? Because there are some gaps in our understanding that we need to fill just some key things that we need to understand. And then 80% of. What we need to do is application actually integrating all this work and knowledge and learning into ourselves and our lives. Now if you had told me this. Eight years ago when I was doing this work myself, I kind of to be honest, I think I would have been a little disheartened. So if you're feeling that way or kind of like let down or disappointed or bummed out, it's okay. Okay. It's okay. The reason why we want it to be so knowledge specific is because, first of all, we're really good at learning.

We like to learn. We're good students. We understand things quickly. We pick up on concepts. So this is like a muscle that's well developed. We feel like in our zone when we're learning more, we're like, Yes, I know how to be a good student. If I need to learn something to succeed, I'm on it. No question about it. I've got this. So there's some

familiarity in that. So we want to believe that most of the work that we need to do is something that is very familiar, that we succeed at that we know how to excel at. But I also want to just point out to you that when you're thinking about taking care of a patient, like think about just a patient interaction. And just for the sake of this example, I'm going to do it in a more clinic setting. So, you know, maybe we'll skip this patient needing to have a procedure done just for the sake of simplicity. But of course we could factor that in as well. But if you think about it, a patient comes in, say they're new to you and they have a problem. We're just going to keep it general because, of course, we have people of all different specialties and backgrounds who are listening here. The patient comes in and what do you do? You immediately get their history, right.

You ask a lot of questions. You try to understand better what's going on. And what you're doing there is you are learning. You're learning about the patient. You're learning about their history, about their backstory, about how long things have been going on. You're learning about specifics of their symptoms. You're learning about what they've tried before, what hasn't worked, if any things have worked. You're just, you know, learning and discovering and understanding. This is something that you're very good at. You do this all day, every day. It's a skill that is very well developed for you. Then what you do is you apply that knowledge.

And when I say a little bit, I don't mean like you're not putting your full thought into it, but particularly if this is something that you've seen before, which, you know, for most of us in practice, you know, right when you hear hoofbeats think horses, not zebras. Like, we're probably not seeing zebras all day long. We're seeing horses. So that means that we need to just kind of rely on our experience and what things typically are. And so, you know, there's some application of that information, but sort of into, you know, a bit of an algorithm that we already understand and we have some familiarity about what the next steps will be. And then we have some familiarity with how we explain that to the patient and what our next steps moving forward are going to be, whether that is some sort of medication or some sort of lifestyle change or whatever it is that you're asking them to do.

All of that is still very, very familiar. Then you send the patient on their way. And if they do the things that you ask them to do, then they come back and, you know, in most cases, they're going to have had success. Right. It's going to have worked. Not always,

but the majority of the time it's going to have worked. And you get to feel good about yourself. Look at me. Help this person. Right? Like so awesome. I love that I was able to make a difference in this person's life. And you get to feel good. You get a dopamine hit around that. That's amazing. But here's the part that you didn't have to play in that patient. Having that great outcome. The actual application and integration of the doing of the thing right? Like you didn't have to go and take the medication and figure out how to fit that part into your day to day life. Like you didn't have to go and figure out how to make those lifestyle changes, right? Often we're asking people to make changes to their habits and their, you know, day to day lives. And that really that's where the rubber meets the road.

Like that's the hard work. And we let the patients do that part. Maybe we give them some tips or some help. But like for the most part, they're doing that hard. Part of actually integrating your advice and your help into their lives. And we get to skip over that part and then we get to celebrate at the end because things have gone so well. And, you know, they did this hard work of figuring it out. And then they, of course, also get to enjoy the success of that. But as doctors, we get to feel like, Oh, look, I learned a bunch of things.

I did a little bit of integration and application and look, something great happened. Forgetting that there was a lot of hard work done on the patient's end to help create that as well. And so my point in this is that we have a lot of other situations in our lives where, you know, 80% of what we do is learning and 20% is application, and then we get a good result. So it makes sense that we think that working on our food issues and weight and, you know, all this stuff that drives us to use food to feel better like that, it's also going to be that kind of 80 over 20. But when we think that that's how it's going to be and then we find out it's not. We feel really bad about ourselves.

Right. So what we tend to do since we think it's knowledge that we're missing, we're like, oh, okay, you know what? I still struggle here, so I obviously just don't know enough. So I need to go acquire more knowledge. And I have had many clients who have become obesity medicine fellowship trained, right? Like if I become a obesity medicine fellowship trained expert in this, then I'll finally know enough to be able to fix this. And they still struggle and they still come for coaching help because even that

acquiring all that knowledge didn't do the trick. And the worst part of the whole thing is that when this happens, our tendency is to shame ourselves, right?

Because we've believed that more knowledge is going to be the bulk, the majority of what we need to do. And so when we obtain more knowledge and it still doesn't work, we start shaming ourselves and thinking something's wrong with us. Like the knowledge should have worked. I know so much. So something must be wrong with me because I'm not actually doing the thing. And the only reason we get stuck in this shame spiral or shame cycle is because we're confused and we think that it's 80% knowledge when it's 20% knowledge and 80% application and integration. So what I want to offer to you is that what it takes to lose weight permanently? May not be something that you even understand.

That concept may be very foreign to you. And I also just want to say that when you've had patients who maybe have had success in losing weight, you know, you probably talk to them about some of the stuff they did. But, you know, the actual hard work of digging in, you weren't privy to that part, like you weren't a part of that work that they did. And so then it's easy to believe that that part was less than it really was, especially when this is what we believe, that it's 80% knowledge, 20% application.

If you really think about it, though, this makes so much sense that it's 20% knowledge and 80% application. Think about we're going to give the surgeons and the people who do procedures some time now. And for those of you who don't do procedures, you can still understand this. So if you think about being a surgeon. Becoming a surgeon. You can read all the books on surgical techniques. You can watch tons and tons and tons and tons of videos. On surgical techniques you can observe and assist in maybe retracting or, you know, holding the bovie or something like like doing some very basic assisting and watching other surgeons do these cases. But that really only gets you so far, right There is the knowledge that you need to know. Of course it's very important. You need to fill those gaps.

You need to very much understand what it is that you're doing, the anatomy of that area. You know what? To avoid common pitfalls. You know how to fix things if they go wrong. Of course, there's some knowledge that needs to be developed there. But then why is a surgical residency five years or longer? Because you need reps. You need to get in

there and actually do the procedure. You need to be the one doing it because that's when you really learn, right? Like how does it become possible for you to be able to do, you know, a tonsillectomy, you know, or an appendectomy practically in your sleep? When it's not complicated because you've done it so many times, because you have applied that knowledge and completely integrated it into, you know, your body, essentially. Right? Like it's like it becomes almost like muscle memory. It's just how you roll.

You just know how to do this. You don't even have to put forth so much effort and energy and thought necessarily into it because you just know how to do it. But the only way to get there, like you cannot get there by reading more books or watching more videos or watching other surgeons do it. You have to actually get in there and do it. And that's really honestly, the majority of your training is getting in there and doing parts of it and then more of it and then doing the real thing with other people, you know, watching closely.

And then now, you know, you're attending can sit in the far corner of the room not even scrubbed in because they know you've got it. But just in case, right. Like there's a whole process in supporting you as you become more and more skilled in being able to do these procedures. And that's for a reason. The reason it's like that is because that's how long it takes to learn how to do it well, right. And all the different things that you're supposed to be able to know how to do. And so that time of active participation, that residency is like what coaching is where you are still learning things, you're still filling in some knowledge gaps, you're understanding things maybe on a deeper level, understanding nuances more.

But then you start realizing, Oh, look like an area where I struggle or maybe I don't have quite the dexterity of other people is in this one area, so I need to practice more there. You know, I have understood this one concept and I need to practice that more because when I'm actually in there, I start to lose landmarks and I start to get a little bit lost. I mean, I'm not a surgeon. This is I'm saying what other people have said to me, what my my recollection of back in the day. Right. But that is what coaching does.

Coaching is 20% of filling in those gaps, a little bit more knowledge, a little bit more understanding, and then learning more about yourself, how these things apply to you,

then applying and integrating those things into your life with support, right? You're not just sitting there as a general surgery intern doing an appendectomy completely by yourself. There's so much support. There's so many people right there ready to jump in the minute you need help. And then over time, you need less and less and less help. That's exactly what happens with coaching. Sometimes I'll coach somebody and I'll be like, you know, this person essentially just sort of coached themselves while talking to me.

Like I created the safe space and the environment within which they can actually sit and think and express what's going on for them. But they've been coached so much that they already can guide themselves. So far, I'm just there kind of providing some guidance and maybe, you know, kind of, you know, keeping them in their lane a little bit, but like not even doing that much of the heavy lifting because they've been coached so much very similar to the, you know, resident who's got the attending not even scrubbed in, you know, or maybe going in between rooms because they know you've got it. That's what happens when you use coaching to help you to create peace and freedom around food.

You apply, you integrate, you make mistakes. You figure out, hey, that didn't work. Okay. So then we got to evaluate what worked, what didn't work. We need to adapt. We need to try something different. I mean, with every different surgeon, there's, you know, their way that they like to do it. You get to try out different methods, different people's thought processes behind it, figure out how you like to do it right. Maybe learn a little bit more about that and you're back to understanding how that applies to you. And that is exactly what we do with weight loss coaching.

When you start to understand that you need to actually spend 80% of your effort, energy and time in the application part with coaching support to help you to do that, you start to make real progress. But you can read and watch. You ever hear this when people are like, you know, I watch this procedure like the surgery on YouTube and I really think I could do that. You know, it's kind of funny, right? Like, it's like I hear you that you think you can do that. Then you get in there. But what I remember is I don't know that people do it so much, but for a while there, when I was in practice, all of a sudden, like on Amazon, they were selling these super cheap otoscopes. And so you could buy for like 30 bucks.

You could buy this like piece of junk otoscope and and some ear tips and they would send like a little card. It was kind of like you can diagnose your if your kid has an ear infection or not like that was the thing that they said. So parents who were worried about that a lot or whose kids had a lot of ear infections, some of them would be like, you know what? I got this thing so I can, you know, check and, you know, whatever. So I remember asking one time to one of the patients I had a good relationship with, I said, you know, I'd love to see what that looks like.

Would you just bring that in? I'd love to see it. And this first of all, such a piece of junk, you couldn't see a squat with this thing. But even the card that was included on like, what does an acute otitis media look like? Like terrible example. And then like, they're like, well, I think I saw this and that, and I'm like, No, that's not what you were looking at. You were actually looking at the wall, the ear canal, like you weren't even actually looking at the tympanic membrane. And they're like, Oh, like they were so disappointed because they were like, I can do this. Like, they're just looking in there. I could just look in there too, not realizing that it literally took years and years and thousands of years for me to know exactly what I was looking at and how to diagnose that.

Like, what is it that I'm seeing and what does that mean? Right? Like, that's the reps, that's the coaching, that's the application, the integration. God, I remember when you're doing like your continuity clinic as a pediatric resident for three years, you know, if you're trying to, you know, look in a kid's ears and you know, even if there's a bunch of cerumen in there, you know, maybe try to get it out. And if you still can't see, you've got your attending, who's going to come in and take care of it.

And I remember being out in practice, you know, first couple of days on my own and being like, okay, girl, it's on. You mean, could I have asked one of my partners to come in? But I was like, I think my pride was like, No, you're doing this yourself. Like it's all on you now, so figure it out. And of course I did. Right? When it's all on you, you will figure it out. But that doesn't come overnight, right? It wasn't like I graduated medical school, and then there was that day. There was a lot of practice and application and guidance and help and feedback and, you know, adapting and learning and doing better next time. That was in between that graduation and actually doing it on my own.

So that's what I want to offer to you. I think you might be confused. I know I was I just thought if I just could learn more, I just need to understand it more. I really don't think that's the case. I can teach you the little bit more that you need to learn because there probably is a little bit more that would be helpful. I find that there's a little bit more, but that's not the main thing that you need help with. What you need is some coaching help to get you to like do the steps that are required to get those reps in to live life without using food. As I say, like your emotional support animal and then like, what does that look like then?

How do you do this? You don't have to figure that out on your own. I think we're very surprised when that little 20% that we thought was just our application time becomes a lot more challenging than we thought it would be. We're really surprised and confused and want to offer to you that when you go into it going, You know what, there's a little more I need to learn. And then now it's application time and I'm going to be all in on getting the help that I need to be able to work through this so that I actually know how to do it.

Like we're not like, okay, I'm going to spend five years becoming a surgeon and at the end go, You know what I mean? Most people don't go, You know what? Forget it. I'm just not going to do that. Right? Like, because we get better at it and we start to realize, like, we're making progress. And this actually could be enjoyable. And look at the results of me doing this. Like, that's what we start to create when we're applying coaching into our lives. When I hear this all the time from my clients where they're like, Yeah, yeah, yeah, I lost weight.

But that's not the best part because the best part is them working through everything else that drove them to overeat in the first place, right? They enjoy their work again, their relationships are better. You know, their relationships with their kids are better if they're in a marriage relationship that is better. Their relationships with their family and friends is so much better. The way they view the world is so much better, so much less negative and painful when that's your experience of your life. Yeah, of course you're not needing excess food to make you feel better. And when things aren't going well, you also know how to deal with that. So you don't need food to make you feel better. Now this takes practice. So we're about to enroll our May weight loss for doctors only group.

And if this information resonates, if you're like, okay, yep, that actually makes a lot of sense, then I want to invite you to consider looking into the program a little bit more because I just see people struggling and they're very confused about what needs to actually happen. And so, yeah, I want to encourage you to check that out. You can go to Katrina. Com forward slash info info if you want to check it out right now. But as this episode is coming out next week, we're going to have some trainings to help you to understand things a little bit more about why weight loss is different for doctors and what we can do about it.

And we'll be enrolling our next group for May 2023. And if this is something if you're going like, you know what, that's it, I want to invite you to come and join us. We know that what we do works. We have actual study data to prove it. So this isn't just like a thing where I'm just making it up. I mean, I've coached now over 1400 women physicians, so, you know, we know what we're doing here. We've iterated and just very excited to help you with this application part, this integration part, this 80% that we mostly try to skip over or it just we haven't given it enough attention. So anyway, that's what I got for you.

It is 80 over 20, but it's 80% application and integration, 20% knowledge. All right, my friend, I hope you have a great rest of your week. If you're feeling some feelings right now, you might just be thinking you might be even, like, so disappointed. Like, Oh my God. All this time I thought it was the other way around. You know, it's okay to feel. Just have a moment of Wow. Okay. But I want to invite you to just consider that this is an excellent opportunity, right? Like, once you actually understand what it's really like, there is an opportunity to make this better, to fix this, to move forward, to actually put this issue to bed for good, to find permanent peace and freedom around food. That's what we do. We're not doing anything that's, you know, fly by night or things that you would just do short term to get a result, only to go back to the old way.

All right, friends, That's it. Chatty with you today. Enjoy the rest of your week and hope to see you next time. And maybe also on our free trainings next week, how weight loss is different for doctors and what to do about it. Have a great one. I'll talk to you next time. Ready to start making progress on your weight loss goals. For lots of free help, go to katrinaubellmd.com and click on Free resources.