



WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Katrina Ubell: Hey there, my friends. How are you? I am so excited for today's podcast, I can't even stand myself. I brought my husband on as an interviewee. How fun is that? I have listened to maybe one of two other podcasts where people have brought on their husbands. I know for me, I'm like, "I have to listen immediately. I must know everything." For real, I've thought about having Matt on the podcast for a while because he really does have such, what I think, is a pretty unique way of experiencing his work as a physician, but I thought, "You know, should I do it, should I not?" Then I thought, "I'm just doing it. It's going to be awesome. He's going to be amazing."

We are talking all about how he creates an enjoyable experience of his job as an ear, nose, and throat physician. Believe it or not, it's not because of the things he does or what his schedule is like or what his medical assistants are like or any of that stuff. It all comes down to this thoughts and feelings and we talk about those. Feel free to borrow any of the thoughts that he shares. He also shares a little bit about his eating struggle, if you want to call it that. Just more of the realizations that he had about himself and his relationship with food when he started learning all the things that I was learning through me. Then we also talked just a little bit about how he thinks that I have changed over the course of time now knowing all these coaching tools. I cannot wait for you to listen in. It's going to be so super duper fun. I had a great time. I think he did too. I hope that you enjoy me interviewing my husband, Matt Ubell, MD. Enjoy.

Matt Ubell, welcome to the podcast.

Matt Ubell: Why thank you.

Katrina Ubell: We just can't over how fun this is to be in the same house, but talking to each other over the computer. It's kind of funny.

Matt Ubell: Yeah. It's bizarre.

Katrina Ubell: It's a little bizarre. All right. I have been talking about having you on the podcast or at least thinking about it for a while because I think you have really a lot to offer.

Katrina Ubell: I think that ... I just can't wait to pick your brain even more because I just love looking at the way that you approach your job in medicine.

It's just so different than the way that I approached my job in medicine. I learned a lot from watching you, but even now when I'm working with my clients and seeing what they're struggling with and then I see how you just on your own kind of handle certain situations that are very similar, it's just so different. I think we can just all learn a lot from you. Not putting you up there as you are on the pedestal of the most amazing person ever, which of course, you are anyway. But you know, it's not so much that. It's more that somehow naturally your thoughts have created the experience of really enjoying your job.

Matt Ubell: That's what I was just going to say, kind of along the same lines. You'll ask me, "How do you deal with this?" And I'll just say, "Well, I just do it. I don't know."

Katrina Ubell: Right.

Matt Ubell: It's like, that's just how I am.

Katrina Ubell: It's just how you are. Exactly. Which is so interesting. I love that. I'm so happy for you.

Matt Ubell: I don't have to work for it.

Katrina Ubell: It's not so hard. It's not so much work. The first thing though that I ask all my guests is to just have you tell us a little bit about yourself and what you do.

Matt Ubell: All right. Well, I am about, I think this is my eleventh year in private private doing ear, nose, and throat. I have an incredible wife who helps me.

Katrina Ubell: Of course you do. Right answer. Right answer.

Matt Ubell: Yes. My practice is a private practice. It's me and two other physicians right now. We used to have more, but some of them retired. We work within a hospital system, but we have our own practice, which is really attractive to me. I see patients in the office and operate one or two half days a week. I have one day off, which is great. I take call and stuff like that. Then our family is great. We've got three kids.

Katrina Ubell: You're like, "What do I say? I don't know what to say."

Matt Ubell: Well, I feel like your listeners probably already know about our family life.

Katrina Ubell: Right, right. Probably they're like, "Yeah, yeah, yeah."

Matt Ubell: Right.

Katrina Ubell: All right. Cool. Okay. That's good to know. Okay. Here's one thing that a lot of physicians struggle with. I know you know this, but I sometimes wonder if you don't really realize how pervasive it is. You are on electronic medical records, you're on Epic, and it is really unusual for you to come home and ever have to do any charting.

Matt Ubell: Yup.

Katrina Ubell: When you see patients in clinic I mean sometimes ... How many patients do you sometimes see in half day at clinic? Sometimes you tell me it's a lot.

Matt Ubell: Well, in a whole day I'm up like ... Usually it's around 27 to 30.

Katrina Ubell: Sometimes you see that many though in a half day though, don't you?

Matt Ubell: No, no. A really busy half day would be like 20 patients.

Katrina Ubell: Okay.

Matt Ubell: Then just some of your listeners are probably like, "What?" Sometimes a lot of those are postop visits. A postop after tubes or a tube check, I mean it's literally like a five minute visit. You can pop in, say hi, ask how things are going and take a look at tubes, and then they're out the door. Sometimes I'm not having a diabetic patient with

Katrina Ubell: Yes.

Matt Ubell: They've got like seven issues. Although there was one patient I had yesterday who had seriously, I went through his diagnosis and there were nine different things that I talked to him about.

Katrina Ubell: Wow.

Matt Ubell: I was like, "Oh my God."

Katrina Ubell: Like, what?

Matt Ubell: Most of them are ... In my busier clinics, a lot of times 18 to 20 patients in a half day and then the afternoon I'll see another 10 or something like that. Usually I'll be at a satellite, they're not quite as busy.

Katrina Ubell: Okay. Okay. So you see all these patients and you get your charts done.

Matt Ubell: Right.

Katrina Ubell: There's really no drama around charting.

Matt Ubell: No.

Katrina Ubell: Right. I love it. You're like, "No." This is exactly why I want you on this podcast, right? Because you just ... I mean every now and then if something's really going on and you need to get home to get some kid somewhere or something, you might be like, "Okay, I'll just finish." But I think that the only time ... It's more likely if you, which is still so rare, if you need to bring anything home, it's dictating an op report.

Matt Ubell: But I haven't even done that for a long time.

Katrina Ubell: Okay. Yeah. Basically the point is you almost never have to bring anything home.

Matt Ubell: Right.

Katrina Ubell: Tell us how this happens. Not just what you do. Well, first tell us what you do, then I'll actually get into the meat of it.

Matt Ubell: First of all, I try to do the note after every patient. When I see patients, I don't do the note while I'm in the room.

Katrina Ubell: Right, which is ... Thank you for bringing that up because so many people are like, "Well, I'm a special case because I think it's rude to be typing in front of them." And you don't type in front of them.

Matt Ubell: Right, because I do think it's rude. Or also I tried that right when I started in practice and I found that I wasn't paying attention the patients. I'm sure that they could tell that because I'd like, "I just asked them this question. I can't remember the answer because I was typing."

Katrina Ubell: Yeah.

Matt Ubell: So how does that come across? You're like, "I can't remember what I asked you like 30 seconds ago."

Katrina Ubell: This very young doctor doesn't know anything. Everybody's always saying, "Done that." They're always like, "How old are you?"

Matt Ubell: Yeah, right. I'm in my 40s. I bring the computer in the room if I have to look something up or I show them a scan or something like that, but then I always do the note right afterwards if I can. When I can't, usually if I get more than about 10 or more than 15 minutes behind, I don't feel like I should sit and do the note before seeing the next patient. So then I'll just see the patient. But if I don't, I will almost always, if I am not going to be able to remember them. There's some long term patients where I'm going to remember them. If I don't think I can, I'll make a couple notes. I'll just say a couple words for each problem that I talked to them about and then close it and then move on, but I try to get that done at the end of every patient before I go see the next one.

Because first of all, it feels great because then at the end of your clinic, you're like, "Oh, well, there's only that one patient that I had that I didn't finish. Great. I'll just pound that note out and I'm done." Then if I do have to at the end of the day, like there are some days when I'm behind. Like surgery, I'll show up a half an hour late. I mean I'm starting out half an hour late, every single patient I'm late for, so I don't do any notes. Then I've got eight or 10 notes to do and then I really make it a game. Like, okay, eight or 10 notes. I wonder if I could do that in half an hour. I'll just bang it out and I really try to avoid any distractions.

I try not to have it where ... Well, actually what I'll do first is I'll look at my inbox like if I have phone calls to make, I'll make those first so I don't have those weighing on me or I'm not thinking about those while I'm doing the notes. Then I just bang out the notes as fast as I can, trying not to have any interruptions. Then I just do it. Usually it's

Katrina Ubell: You mean you're not going on Facebook during that time?

Matt Ubell: Facebook? What's that? I don't do that, nope.

Katrina Ubell: You're not texting your friend or your brother or somebody?

Matt Ubell: My wife.

Katrina Ubell: Your wife. Right.

Matt Ubell: That's why I'm texting my wife because I'm like, "I didn't finish any notes. I'll do them as fast as I can, then I'll be home."

Katrina Ubell: Then I'll be home. Exactly. Just FYI, letting you know.

Matt Ubell: Correct.

Katrina Ubell: So you said though that you try to avoid distractions. If people are coming up to you, what do you do?

Matt Ubell: Well, I mean if they come up to me, I still talk to them. If they have something that they need to know, then I still talk to them. What I try to do is like where I normally sit is kind of out where everybody is and I'll try to go to my office so that if someone wants to bug me, they have to walk all the way back there and actually find it.

Katrina Ubell: Yeah. Make it harder for them, then it's probably a worthy interruption, right?

Matt Ubell: Right. Exactly.

Katrina Ubell: They took the effort to walk all the way back there. Yeah.

Matt Ubell: Right.

Katrina Ubell: That seems to work for you, right? Now what we just talked about were your actions. I know you know the thought model. There's always a thought and then an emotion that drives those actions. Let's back it up. Can you think of one or two or three emotions, feelings that you create for yourself when you're like, "Okay, let me just ..." because you told me already what some of your thoughts are. "I'm just going to pound these out. I wonder how fast I can get these done. I'm just going to bang these out as quickly as I can." Those are your thoughts and how do you feel then?

Matt Ubell: Motivated is the word that comes to mind.

Katrina Ubell: So not totally self pity and sorry for yourself.

Matt Ubell: Well, that helps me to be like enthusiastic about it because there's like, "Oh, God. I got like 10 notes to do." Or, "This one note."

That's the other thing, some of those postop visits or the quick ones, those are totally quick notes to do and those I'm like ... I don't look at those with any dread at all. But then there's the one with nine problems. I'm like, "Oh my God. It's going to take me forever to do this note." Then you don't look at that one.

Katrina Ubell: It's like a discharge summary where you're like, "I'm going to die." You've been in the hospital a month and a half, you're like, "What?" Yeah.

Matt Ubell: Right, right. But that

Katrina Ubell: For that one, how do you approach that?

Matt Ubell: Yeah. I just bang it out. I think my thought is, "I'm just going to do it. It's going to get done either way, so there's no point in dreading it. Just do it." It's amazing how fast it just gets done.

Katrina Ubell: Yeah. What you're doing, in case you didn't know, is you're just taking all the drama right out of it.

Matt Ubell: I think so.

Katrina Ubell: It's all just math. You're just like, "Well, these charts need to get done. I can get them done now or I can dread it for a while and then get them done, so how about I just get them done now?"

Matt Ubell: Yeah.

Katrina Ubell: Yeah and that totally works for you. Now the other thing that you did early, early on, because you came on to that practice right as they were implementing actually a different electronic medical record system but then you kind of carried it over when you guys switched to Epic too, is you really put in the time to create templates for yourself.

Matt Ubell: Absolutely. Yeah. But that's...

Katrina Ubell: Talk a little bit about the utility of having those templates because I just want to back up. I was on electronic medical records at the bazillion hospitals I saw babies at but not in my practice. This is something I didn't have experience.

Matt Ubell: Yeah. That's huge using those templates, especially for all those postop visits. It's the same visit. The postop after ear tubes, it's the same visit for everybody. So there's only a couple things that I fill in and that makes it so quick. That's why that note is no problem for me. I never think, "Oh, this is terrible." Because that note takes me like three seconds to do.

I have to click a couple things, type a couple things like the date of their surgery, and finish it. That's it. But even the new patients that I don't have a template for. I also have a template for probably at least the 10 most common things that I see. For me, kid with recurrent ear infections or a tonsil issue or reflux or eustachian tube dysfunction. Those things are really common for me. So it's all the questions that I typically ask and I just have to choose the right things.

That makes it a lot faster. Even one that I don't, I have a normal office visit template and I fill out their HPI. I type it. Some people use Dragon or they dictate or something like that, but I'm pretty fast at typing. That way I can think that way too. It works for me. The exam is already filled out. I just have to make changes to things that aren't normal. Then I do the plan based on a certain plan and then I'm done.

Katrina Ubell: Yeah.

Matt Ubell: So that, it was totally worth it to put the time in. It doesn't take that much time. I mean honestly you can do a normal visit that you normally do and then look at that visit and put it into a template.

Katrina Ubell: Yeah. It's like it really is not ... I think a lot of people really have the story that it takes so long and how will I know and they're always so different. But then you just adjust it. Right?

Matt Ubell: Right.

Katrina Ubell: You just edit it slightly to make it unique to that person. The other thing that I know because I used to be on the receiving end of these is that you have it all set up so that the letters that you send to your referring providers get automatically taken care of too. You don't write a separate letter, right?

Matt Ubell: Yes.

Katrina Ubell: Isn't a letter generated from your note?

Matt Ubell: Yes, but a lot of times now I don't send a letter because most of my referring docs are on Epic too and so they see it through Epic.

Katrina Ubell: Right. So like us

Matt Ubell: Like your old practice.

Katrina Ubell: My old practice that's still not on Epic.

Matt Ubell: They're still on paper charts.

Katrina Ubell: Right.

Matt Ubell: I have to tell it to fax a note to you. There's just another tool in Epic to create a letter, but then what I do is I have what's called a dot phrase and so it's basically I say dot, I don't what it is, PROG or whatever it is for progress note. In that letter, all I do is say, "Dot PROG," and then the progress note is in the letter and then I hit send.

Katrina Ubell: Yeah.

Matt Ubell: It's fast.

Katrina Ubell: That really is just efficiency. It's just really looking at how can I work the system, like how can I game this system? Not like let me just resist and be like, "It takes so much more time and it would be so much easier if this and that."

Matt Ubell: It's impossible.

Katrina Ubell: Like in a lot of ways for you, it really wouldn't be faster for you if you dictate or actually type out a whole note and dictate something, a letter, and you know.

Matt Ubell: Right, for me-

Katrina Ubell: Because you worked within the system to make it as efficient as possible for yourself.

Matt Ubell: Right, you're like, "How can I use this to my advantage? What are the pluses of this system?" At the hospital when I dictate ... When I have an operation, sometimes like for a trach, I have a template for that so I don't even dictate that. I have a template when I'm filling out my op note. I put it in there. I make three changes for whatever was unique to that trach procedure. Then what I love is that it's done then. If I have a template and I do that, then as soon as I sign that, it's done. If I dictate, which I do still sometimes for something that's complicated or unusual, then I have to then ... Later that day, I get the dictation. I have to go through it again and edit it and then sign it and make sure it gets in there. For me, that's more of a hassle than just doing it right away.

Katrina Ubell: Yeah. Totally, totally.

Matt Ubell: I don't want anything in my inbox.

Katrina Ubell: Right. Yeah. You were saying you basically really try to get your inbox to zero every day before you leave.

Matt Ubell: Yeah. Or even every half day, right?

Katrina Ubell: Yeah. So even at lunchtime.

Matt Ubell: Yeah, because that's when I have time to make phone calls ...

Katrina Ubell: Yeah. I want to make sure though that people understand that it's not like you have this super cush job where you're like, "I have this super long lunchtime all the time." I mean sometimes you do, like all of us. But there's also many, many days where you're running to the hospital and doing consults during your lunch break or doing a quick case in between clinics. And you're not in the same location for a whole day ever, right? For clinic, you're always traveling. So there's some travel to different clinic.

Matt Ubell: Right.

Katrina Ubell: Right. Yeah.

Matt Ubell: I usually finish up

Katrina Ubell: You guys, I've basically given up on figuring out where Matt is. For a while, every week was the same and then he started doing some clinics twice a month and I'm like, "I'm done. I'm not allocating any more space in my brain to figure out where you are."

Matt Ubell: Patients love that too and they're like, "God, you go to a lot of places." I'm like, "Yeah. My wife can't even keep it straight." They think that's hilarious.

Katrina Ubell: I don't even try anymore.

Matt Ubell: Sometimes I don't even know where I'm going.

Katrina Ubell: Lunchtime can be very busy for you too

Matt Ubell: Right.

Katrina Ubell: Yet you still are able to catch up and be home, even when you have to stay and you're like, "Oh, yeah. I have to stay. I'll be a little later." That means that maybe you get home at like quarter to 6:00 instead of 5:00.

Matt Ubell: Right. Usually that's because ... I mean I book patients until about 4:30. Typically within a half hour being late or whatever, I'm done seeing patients and a lot of times I'm done with my notes at that point. But even if I have to stay until 5:30 and my notes done. 5:30 leaving, I think is great.

Katrina Ubell: Yes.

Matt Ubell: Because I have some lunch time typically, a lot of times if I have a consult to see, I'll see it over lunch so I don't have to do that at the end of the day. We do build in time. I don't start my afternoon until 1:30, so that a little built in time to do that to go see a consult or do a case.

Katrina Ubell: But also to travel.

Matt Ubell: And travel. Right, travel. Every day, it's a different place.

Katrina Ubell: Right. Okay. All right. I just want to switch gears just a little bit. It's so funny. People will often say that things are going well for me and then they're like, "Oh, and you can just retire your husband." I always just say, "But he really likes being a doctor. He doesn't want to retire."

Matt Ubell: It sounds like you're going to put me out to pasture.

Katrina Ubell: Right. I think it's so interesting because for so many people, really their dream would be to win the lottery and not have to work anymore. For you, you just really like being a doctor. So I just want to have you talk a little bit about that, again, what your thoughts about your experience of being a doctor. Because you see just as many non-compliant people, drug seekers, you've got the whole range of people as well. But for some reason, that doesn't make you hate medicine.

Matt Ubell: Right. Well what's interesting is that your experience has made me just think about, "Okay, well, do I really want to keep doing this? Is this what I want to do?" What I keep coming back to, the answer is yes, I really like what I'm doing. I like the type of medicine I'm practicing. I like the practice I'm in and I like seeing patients. That's the thing. Again, this is why I went to med school and decided to be a doctor is because I wanted to do this kind of doctoring. I really like it. That's what keeps me feeling excited about going to work and that kind of thing.

Katrina Ubell: Yeah. I think what you're doing is you're really staying connected to your purpose, like why you even chose this in the first place. You're not letting your brain just show you all the parts that you don't like. I mean you're like in really gross smelly people's mouths and looking up their noses, like you're not like, "Oh my God. If I have to see one more person's rotten disgusting teeth or smelly whatever," you don't focus on that, right?

Matt Ubell: Right.

Katrina Ubell: You instead are like, "I'm really helping people. I really like doing this." That is the story you tell yourself about your job, about your life as a doctor.

Matt Ubell: Right. Even the things that could be mundane, like even the ear tubes. It's like I've seen a gazillion kids and their parents who come in with recurrent ear infections and they need ear tubes. I can't tell you how many times I've given the spiel about how do you get ear tubes and what do they do for you and that kind of thing.

Katrina Ubell: Yeah.

Matt Ubell: It would be easy to just be like, "Oh, I got all this ..." You look at the new patient chart and it's like, "Oh, recurrent ear infections. All right. Another one of these." Instead I think, "Oh, okay. Great." Because this patient and his family in their life, this is going to make a huge difference. It's nice because I do get that feedback because parents will come back, they'll come back for their four month and they'll be like, "Oh my God. This is the best thing we've ever done." Because every month their kid was getting an ear infection before and then they don't and it's a huge difference. Even a simple procedure like that or tonsils or something like that I keep in mind what a huge difference I'm making in their lives. But also other things. Ear wax is another one for us where it's just like, "Oh."

Katrina Ubell: Like cerumen removal.

Matt Ubell: Yeah. Got to clean out earwax again. I get that sometimes. I'm just like, "All right, great." What I try to do with those patients I really try to connect with the patient like talk to them. That's part of what's great about being a doctor too is that connection with your patients. Even if I've never seen this patient before. Or some patients, I'm cleaning their ears out every three months. Then I know about their life and their kids and all their vacations they took and stuff like that. Even if I've never seen them, then I just try to make some sort of connection with that patient. That's fulfilling as a person just interacting with someone else and also as a doctor. Honestly that makes you a better doctor.

I was thinking about this the other day. There's a friend of ours who used to sell cars and sell motorcycles. I remember him telling one time about how with that, you have to connect with your clients. For him, that was different, but because they can buy their car from anybody, right? But the reason they want to buy it from you and the reason they want to come back to you the next time they need a car and the reason they want to come for their service to your place is because they made a connection with you because you asked them about their family and you care about them. That's why they will come back to you. Even if your prices are more than someone else. That's why it makes you a better doctor and it makes them tell their friends about you and how they love you, whatever.

Katrina Ubell: Right, right.

Matt Ubell: But it's good.

Katrina Ubell: I think what you're doing is you're staying really connected to the value that you provide.

Matt Ubell: Right.

Katrina Ubell: You're telling yourself the story of what I do changes people's lives. You could also ... Other doctors think what I'm doing doesn't make any difference.

Matt Ubell: Or the cerumen removal example. It's a miracle. People come in and they can't hear. They walk out and they can hear. I mean some people it's not that big of a deal but some people they're just like, "Oh my God. This is so great. I can hear." It was like two years that they couldn't hear or something like that. Or some people it's like six days and they can't stand it. They love it. It's amazing for them.

Katrina Ubell: Yeah. Yeah.

Matt Ubell: You just worked a miracle.

Katrina Ubell: Right, right. Even the patients that you aren't able to ... That you know they've got some terrible cancer or you hand them over to palliative care or something like that, I think you're still connected to I help them the best way I could, make a decision about their treatment plan, even though they chose to let this ... in their life or something like that.

Matt Ubell: Even with a new diagnosis, even if all I'm doing is I'm letting them know in the best way I can that they have cancer.

Katrina Ubell: Yeah.

Matt Ubell: That's a big deal.

Katrina Ubell: Yeah. Definitely. Definitely. I know that you take that really seriously. It's always something that I've admired about you because you're not just like, "Oh, another cancer." This is a really big deal to that person every single time. Yeah. Love that. Okay. Now we're going to talk about food.

Matt Ubell: All right.

Katrina Ubell: Just to let in my listeners here on what was going on for you, you really have not struggled with food or weight in your life, but then when, I, a couple years learned all these coaching tools and applied all this stuff to myself and started changing the way I was eating. Obviously the way I was cooking was a little bit different. But I stopped snacking and then you decided to just try stopping snacking and how much weight did you lose? Like 25 pounds?

Matt Ubell: Yeah. 25 pounds.

Katrina Ubell: Without even really trying. It just fell off of you.

Matt Ubell: Pretty much. Yeah.

Katrina Ubell: We were like, "Where did it come from?"

Matt Ubell: Right. That's the funny thing because I don't even look that different.

Katrina Ubell: You don't. It's just like you shrunk a little bit everywhere I guess.

Matt Ubell: It's like more than 10% of my body weight and it's like, where did it go?

Katrina Ubell: Like where did it come from? We don't even know. As you and I would talk about the snacking issue and things like that, you shared how ... Of course, your office is this really nice office where there's snacks for everybody and really good ones too like nuts and those peanut butter filled pretzels and I don't know, what else do you like to eat there?

Matt Ubell: Chocolate.

Katrina Ubell: Chocolate. Okay.

Matt Ubell: Yeah. That's the thing. We were talking about charting at the end of the day. "Oh, God. I got eight notes to do." It used to be, "Before I do that, I want to make a trip back to the kitchen."

Katrina Ubell: First I need a snack, then I'll be able to do it. Now you're able to get it done.

Matt Ubell: The only way I'm able to do these notes is if I have a snack.

Katrina Ubell: Right. You used to think there was no way you could do the notes without the chocolate. Now you're like, "I do them without the chocolate."

Matt Ubell: It's amazing. I get them done.

Katrina Ubell: You still are able to do them.

Matt Ubell: Right.

Katrina Ubell: The thing that was so interesting to me is, you said this to me a while back and you said, "Listen, everybody emotionally eats." I was like, "Really? Do you think so?"

Matt Ubell: Yeah. Because I didn't think I did.

Katrina Ubell: Yeah.

Matt Ubell: Then I realized what was going on really.

Katrina Ubell: Yeah. Basically the way I define it is if you're eating for any reason besides true physical hunger, like you're needing fuel in your body, then that's eating for emotional reasons. I think that is so interesting. As you've kind of now been in maintenance, we were talking a little bit about if your weight creeps up, you're like, "It's 100% because the snacking has come back in."

Matt Ubell: Yeah, yeah.

Katrina Ubell: Right? Yeah.

Matt Ubell: Well, because here's the thing. Sometimes I actually am hungry at the end of the ... You know? 5:00 rolls around. I actually am hungry.

Katrina Ubell: Yeah.

Matt Ubell: But like I still don't need to go ... I could also wait an hour to get home for dinner.

Katrina Ubell: Yeah. Right.

Matt Ubell: I can make it.

Katrina Ubell: You can make it. Exactly. Right. I think for you recognizing, that was a way of buffering the negative emotions or just even the fatigue that you had. After we just talked about how you're like, "I just bang things out. Everything's great." You're like, "Yeah, after I get a dopamine hit from chocolate."

Matt Ubell: Right.

Katrina Ubell: How are you managing your mind when you're ... So for sure your brain's just like, "This would really be so much better if you just had some chocolate first." How do you do that?

Matt Ubell: The first thing I did, I had to substitute. I had to have a sparkling water instead of doing that. That was still rewarding. Sometimes I still do because I also, like if I am hungry, then that takes that away.

Katrina Ubell: Yeah. Well, you also don't drink enough at all so you probably actually are thirsty and not hungry, so that's probably really a great thing to do honestly.

Matt Ubell: That's probably true. Especially initially, that's what I try to do is substitute something that was not caloric. But now I just recognize it and say, "Okay." Who was that that was ... I think it was the podcast where you were coaching somebody and they were talking about the brownies calling their name or the cookies calling their name. The kitchen calls my name. Right?

Katrina Ubell: Yeah.

Matt Ubell: Then you're just like, "Okay, no." Then I go to my office, which is farther away from the kitchen.

Katrina Ubell: Yeah. Right. You can hide from everybody including the snacks.

Matt Ubell: What's really kind of interesting about that though, I have noticed because if I am ... like if I'm thirsty, to get tea, we go back to that kitchen area. To get a sparkling water, I go to a different area where there's a fridge that has it. If I go get a sparkling water, I'm okay. If I go past, like go by there to get the tea, that stuff is all just yelling at me, like it's right there. It really is. It really does make a difference. I think it's just a suggestion of it because your eyes see it and then all of a sudden your body's like, "Hey, I could eat that."

Katrina Ubell: Yeah. When you're already a little bit hungry and then you see food, for real, like your body secretes ghrelin, it does make you hungrier.

Matt Ubell: Right.

Katrina Ubell: I mean that's how our bodies function. It's like if you're going to go get a tea, you just have to know, okay, I will be hungrier. Like you have to anticipate. Okay. Not like bracing yourself like, "Oh my God. I'm going in. I need armor." But instead just like

Matt Ubell: Or run at full speed to get your tea.

Katrina Ubell: Instead just be like, "Yeah, I'll probably be a little hungrier. I'm going to look at that and I'm going to think it looks good and that's okay. It doesn't mean I need to actually consider eating it."

Matt Ubell: Yeah.

Katrina Ubell: Okay. All right. In our final moments, final minutes here, we knew each other about 15 years I figured out. I think about 15 years before I learned all this coaching stuff. I fully remember the day I came running down the stairs. I'm like, "Matt, listen to this. Your thoughts create your feelings. Your feelings create your actions and your actions create your results. What?" What have you noticed in me since I've learned all these coaching tools and applied them to my life?

Matt Ubell: Yeah. I mean there's a big difference.

Katrina Ubell: I did tell you, you could be honest.

Matt Ubell: Right. I'm not hesitating because I'm trying to be diplomatic. No.

Katrina Ubell: Okay.

Matt Ubell: It's just hard to know what to say because there are the great parts of you that I love of course, but I think a big thing, you had a lot more patience both with yourself and with our family and even on family trips and stuff like that. I think one thing I noticed is that sometimes when you would ... It'd almost be like you would decide was bad, like a situation was bad, and then it was just all bad. Like there was nothing good about it. You couldn't see anything else about it and we got stuck that way sometimes. For me, that made a difference because I could tell that of course. Then I felt bad. It's like my inner conflict of not wanting conflict or wanting to smooth things over, then I'd just get anxious about it or whatever. I've noticed that that's ... I don't see that anymore. I think that's just because you're able to manage your thinking or recognize, "Okay, well, that was bad but that doesn't mean the entire experience has to be bad." Or something like that. I don't know.

Katrina Ubell: Yeah.

Matt Ubell: Does that make sense?

Katrina Ubell: It totally does make sense. I'm just thinking about the position you're being put in right now to be like, talk about why I sucked before and why I'm better now.

Matt Ubell: I'm just thinking, "That's probably how that question is really phrased," right?

Katrina Ubell: Right. I think you did very well.

Matt Ubell: What was awful about Katrina before?

Katrina Ubell: Right. All right, Matt, well thank you so much for coming on the podcast and sharing your amazingness with everybody.

Matt Ubell: You're welcome.

Katrina Ubell: All right. Bye.

Matt Ubell: Bye.