



WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Katrina Ubell: Welcome to the podcast my friend. How are you? If you're listening to this the day it comes out, it's Christmas, so Merry Christmas if you celebrate, and Happy New Year and happy all the other holidays, if you don't.

I am so excited to have Sara Dill on today as my guest on the podcast. She is an amazing coach, and dermatologist, and she actually helps me coach in my business. So I really wanted you guys to get to know her because she's so great. She became a coach well before I did actually, and she has a lot of training. She's just amazing. So the way she helps me in my business is that she does some live coaching calls and helps with more one-on-one contact for those people who want it. So I do live calls, and then she basically like double down and does an evening call, additionally, every week for everyone in my group, which is so great. Just provides you more opportunities to be able to be coached and get the help that you need in addition to all the other ways that you can get that.

So I want you guys to get to know her. Her specific niche, besides weight loss, is in physician burnout and stress. I mean, what doctor hasn't experienced some stress and probably some burnout symptoms as well? So one thing that I wanted to accomplish in having her come on is in clarifying what burnout really is, so that you can tell whether you really are burned out or whether you're just kind of really tired and need a little bit of extra sleep or a couple days off or something like that. Burnout's more than that, that kind of little extra bit of sleep or rest or time off generally doesn't recuperate you enough to be able to get out of burnout.

So I think it's important for us as physicians to be able to self diagnose that. Kind of know am I really having this problem or am I not? The most important part about burnout that we stress in the interview as you'll hear, but that I really want you to think about and listen to, is the idea that we're in so much more control over whether we're burned out or not than most of us think we are. We have so much more control over how we feel and interpret our jobs, and our experiences of our lives, than most people think.

This is the best news ever, because your institution, your EMR, whatever the scenario is, may not be changing anytime soon or the way they change it may not be something that actually helps you. And what's important is that you understand and take back your power to be able to create the experience that you want out of your job and your life.

So this is super, super important stuff and I want to really encourage you to listen all the way through, because I think it's gonna seriously change some lives. So please enjoy my interview with Sara Dill.

Sara Dill, thanks for coming on the podcast.

Sara Dill: Thanks for having me.

Katrina Ubell: I'm so excited to have you on. We've talked for a while about doing this and I think it's high time that we talk about some burnout.

Sara Dill: I know. It seems to be in all the literature and conferences, and if anything

Katrina Ubell: Hot topic.

Sara Dill: We're burned out on burnout.

Katrina Ubell: Yes. Exactly. Exactly. All right. So I always ask my guests to just tell us a little bit about yourself before we get started. So why don't you give us just the quick rundown about you?

Sara Dill: Sure. I am a dermatologist, actually just went back into practice and I'm actually a residency program director again. I'm also a certified life coach. So I was in practice about eight years doing dermatology, and then pediatric dermatology, and I kept looking for this perfect job and I had a lot of different positions actually. I finally realized that I needed to take a break. But I didn't realize I was burned out. I thought I just didn't like being a doctor anymore. So I took a sabbatical, that's what I called it, and I getting into life coaching which really helped me understand what was going on with me. And of course, as you know, life coaching is all about coaching yourself before you coach anyone else and getting clear on your own thinking. And then I started coaching physicians, so I coach physicians on burnout, work-life sort of balance or imbalance, and then recently sort of coached myself back into practice, so it's been great. And then, of course, I work with you in your program, which I love. So I'm also a certified weight loss coach, as well. My other passion. Why not?

Katrina Ubell: Super fun. Love it. You're amazing. So great. Okay, your niche, what you really focus on, specialize in, is burnout. So let's just start because I feel like people use the word burnout a lot, like it's kind of like bingeing. We're like I just like binged this show on Netflix, but then there's like actual bingeing. So it's like, there's like, I had a hard day, I'm feeling burnt out, and then there's like actual burnout. So like what is actual burnout?

Sara Dill: So actual burnout, I agree with you, I think a lot of people at the end of a long busy work week, a lot physicians will say, "Oh gosh, I'm so burnt out, I can't wait for the weekend." And that really is not the technical definition of burnout. So that's maybe being tired or exhausted or anything, but burnout is not something you can recover from after a good night's sleep, or a weekend off or anything, and so burnout is really a relatively new term. I think that there's a researcher out of Stanford, I believe, Christina Maslach, who really has done amazing work on burnout and so there's a triad of features.

The first one is really exhaustion. So both physical but also emotional exhaustion, being sort of tapped out and drained. The second stage is really more of a cynicism stage. So I think we all know doctors who complain about patients, and I'm sure we've all done this so there's degrees of this, but complaining and blaming patients and other people, feeling sort of victimized by maybe the practice of medicine itself or what's happened. Maybe the EMR as well, I know you've done a podcast on that as well. But really the sort of cynicism, sarcasm, really loss of meaning. And that leads into the third aspect of burnout which is really the sort of what's the point, where you don't see any value to what you're doing, your contribution, maybe you just wonder why you even went into medicine. You've lost the spark really, and so burnout is one, two, or three of those things. So the exhaustion with the emotional and physical, the cynicism, and then loss of value or purpose in your career.

Katrina Ubell: Yeah, so I feel like ... Thank you for explaining that. I feel like we kind of look at it like this happens to us. Like from external factors, but why do we really experience this?

Sara Dill: Well, you know, of course we know as life coaches is that it's ...

Katrina Ubell: That's not a leading question at all.

Sara Dill: Is that, yeah, any time we're feeling like it's happening to us, of course, we're giving away all of our power. And I think we've all done that and through no fault of our own. I mean, I just didn't understand how to change my view of my own sense of responsibility and really own all my decisions, and so I think in this case, looking at where did we choose to go into medicine? Where did we choose to use an EMR? Where are we choosing not to honor our boundaries? Where are we choosing to overwork a lot of time, out of feelings of guilt, or not wanting to let our colleagues down or our patients down? You I think there's this sense of the culture of medicine that's slowly changing, but this idea that patients always come first. That was always drilled into us, and of course patients come first sometimes. When you're in a room with them or they're on an operating table or anything like that, but they can't come first always.

You also have to have your own personal life, and I find it interesting that the Hippocratic Oath, or the Code of Geneva I think it's called, actually went through some recent updates and there's a new part in there that you pledge to maintain your own well-being for the well-being of your patients as well. That it's actually a duty of a physician to make sure you are at your best, because otherwise you can't take good care of patients.

Katrina Ubell: Right, yeah, and it's like we all kind of know that, and we tell other people that. It's like what is it, you can't like you know, I don't know drink from an empty well or I don't know whatever the little ...

Sara Dill: From an empty cup.

Katrina Ubell: Yeah, it's just like whatever it is, right? But having that formalized I think is, I think it's the community realizing this is a problem and just even saying this gives some doctors some permission, like this is okay to do this.

Sara Dill: Right and we have to give ourselves permission, which is really hard. I think we all, I have certainly worked when I probably shouldn't have worked. If I were my own patient, I would have said stay home, but we have this idea it's just, we're going to just get through it. We don't want to inconvenience patients or have them reschedule. For a lot of us, getting back in to see us is challenging. It takes weeks or months to get an appointment, and so there's this internal pressure and then the external pressure. And so I think, again, you and I know start internally. Start with your own internal sense of pressure. And then the external pressure doesn't really matter, and you can be part of the changing of medicine. So that my goal really is to have doctors be an example of health and wellness, not the exception. That do as your physician does, not just as they say.

Katrina Ubell: As they say. Right, exactly, and I think there is so much shame that comes from that when you're a physician, giving advice on what to do and knowing full well that you're not doing that. You should be doing that too, and you're not.

Sara Dill: I remember an attending, she would be counseling people on healthy eating and then her lunch of choice was a snickers bar and some Cheetos.

Katrina Ubell: Hilarious. Okay. So you talk about the three energetic bank accounts. Can you explain that a little bit more? And kind of talk about that versus kind of the analogy of us as a battery.

Sara Dill: Yeah, and this was something I really also got from another physician who speaks and writes a lot on burnout. He had this sort of analogy that I really appreciated. So there's this sense right, we all talk about our batteries are worn out, and we have nothing left to sort of go on, but of course with a battery, when it's depleted you actually stop. Whatever is running on that battery stops working. And for physicians of course we don't stop working. Your energy is depleted, and really it's more like a bank account or something where you're operating in the red. You're operating from a negative space, but you don't stop when you're at zero. You keep going.

Katrina Ubell: No, you're in overdraft.

Sara Dill: You're in overdraft, yeah. Exactly. You don't go out of the red, and that's where a lot of sort of techniques for burnout really sort of look at how can you refill those bank accounts of your emotional energy. Maybe your sort of spiritual or purpose energy. Finding meaning again, looking for things that are significant for you, and also again, looking at why we went into medicine in the first place, why we thought about getting into that again.

Katrina Ubell: Yeah, definitely. So, the first element was the exhaustion. And there's a difference between that and just bring tired. Because I think of like so many women especially are just running themselves ragged at home, at work, they've got little kids. Maybe they're up at night still with a baby, and they're working, and then taking calls and whatever, and so they're tired all of the time. Where is that line between tired and the exhaustion that's described in burnout?

Sara Dill: Again, the exhaustion that's described in burnout is, does have a physical component but really the main component is this sort of emotional exhaustion. So you can be physically tired and not have it bother you sometimes. I think we've all been really tired, and then something happens, either at work or at home, that really engages us and you sort of forget about your tiredness. And that's sort of that mental component of it as well. The body's physically tired, and yes, the answer if you're really physically tired is to try to rest or sleep as much as you can. And the more I learn about sleep of course, the more I realize how much we really do need to work it into our lives as much as possible, but really that exhaustion is sort of an emotional exhaustion too, of giving, and giving, and giving, and really over giving.

Maybe being overly responsible for your patients, taking on the burden of whether they improve or not. And your job as a physician of course is to provide care, but you can't make someone get better or make someone, I remember when I used to want to make my patients take my medicine that I was prescribing. They wouldn't sometimes. It was like do I need to come home with you to actually make sure that you take it?

Katrina Ubell: Some of our patients would like that. Like yes, could you move in? Give me advice every day.

Sara Dill: Moms often are so wrapped up in their children's everything. How they respond, what they're thinking, what their emotions are, and I think, of course, I think some of that is natural and normal, but there's a point where it's not serving you or your child. So I think, again, it's that emotional exhaustion where you're giving until you don't really have anything left to give.

Katrina Ubell: Yeah, I definitely fell into that trap. I was the definition of over delivering, but to really like to an extreme. To a really true overworking, to a I want them, it's really like a people pleasing thing. I want them to be really happy, but then I'm going to be resentful about how much effort I have to put into you being happy.

Sara Dill: Exactly. I want everything.

Katrina Ubell: Oh, I'm so exhausted. You know.

Sara Dill: Yeah, and so I think learning to work with that, and again signs that you're past just tired into this exhaustion are waking up after a good night's sleep and not feeling refreshed, dreading going to work. Feeling tired at the very beginning of the day. Really dragging, and some of them can, some of these signs and symptoms can overlap even with depression. And so I think it's always important to speak to a professional about that, but really keeping tabs on that and noticing if every day you go to work, for me every day I went to work was a bad day. I was just sort of tired, and then a weekend would come and I would actually feel so much more energized. That was also part of that burnout. It was so much of my mental energy dreading going, and that it sort of exhausted me emotionally in advance almost.

Katrina Ubell: Yeah, we call that the Sunday Scaries. It's like Sunday night you check in to see what's my rounding schedule and already your brain's going nuts. This predicting the horror that awaits for you Monday morning, and it's like wait, it's not even happening yet.

Sara Dill: I know. Yeah, you're already running the list of patients or you know someone particularly challenging is coming in and yeah, it's like you lose half of Sunday to Monday morning.

Katrina Ubell: Right, exactly. Exactly. Living in that future which means that you can't even enjoy the time off that you have that's not restful and rejuvenating to you, because you're already expending energy in advance for tomorrow.

Sara Dill: Exactly. Exactly.

Katrina Ubell: And probably not sleeping well and things like that. Sara Dill: No, I know.

Katrina Ubell: So we're such, humans are amazing, right? Love us.

Sara Dill: I know. I love us.

Katrina Ubell: So the next thing is cynicism, and so for sure we can all think of times when we were that way, and we can also think of maybe other physicians, maybe when we were in residency or as medical student, or just even colleagues that we have now that are wow, very cynical or just really kind of assume the worst in people or things like that. So really it's complaining, it's lot of complaining and blaming, and why doesn't complaining make us feel better? Because we keep trying it, we keep thinking like if I just complain about them then I'll feel better. Why doesn't that work?

Sara Dill: Actually, well complaining automatically means you're in a victim mode. So complaining, or venting, or blaming, you're feeling like you're the victim of another person or again, maybe your colleagues, or the hospital system or something. I actually think complaining, the one good thing about complaining is that it will show you what you care about, and also where you feel like you have no power. Because we don't complain about things that we can very easily fix. I wouldn't complain about having warm water if I could just go get an ice cube. So start looking at what you complain about, but complaining doesn't help you because it sort of dissipates that energy that you have just enough so you stay stuck. It doesn't help you take action.

No one's ever complained their way to a solution. It just keeps you stuck in that cycle of seeing the problem and never just looking for okay, well how am I going to solve it for myself? What is the real problem here? Why is this a problem for me? Why do I not see any solutions? And so, you know, from a life coaching standpoint is that identify the problem, get clear on it in your mind, and then focus on the solution. Challenge your brain to come up with ten ways that you could possibly solve the problem for yourself.

Katrina Ubell: Yeah, it's basically like this ongoing disempowerment when you continue to complain about it and you're just not making any movement toward any solution. I think a great way of looking at this, sometimes I challenge myself with this is that I'm not allowed to talk to anybody about the thing unless it's someone that can actually fix it. If it's like someone that's like hey you came and fixed my plumbing and it's leaking again, then I should talk to the plumber, not five of my friends complaining about the plumber. Talk to the plumber.

Sara Dill: Sometimes it can be a way to bond. People do this all of the time at cocktail parties or at work. I think if you went in and you were, as a physician, you said, "Oh my god, I love Epic, I love my EMR, it's so amazing."

Katrina Ubell: "Isn't EMR amazing?" I love that. Everyone would be like grr.

Sara Dill: "It's of life changing thing." You might be ostracized from your social group. But just notice, you could just listen to how many people complain about things and who's actually taking action. And I learned this once, I consulted, I actually still do consult too, for a pharmaceutical company, and sort of a corporate idea that I learned at the training was that you never just come to your boss with a problem. You always want to come with a solution or preferably several solutions. It makes you much more welcome, especially as we step into leadership roles. What are the solutions you can bring to the table? Either for you personally or for your practice group, for your hospital, let's step into taking ownership, not only of ourselves and our own career but sort of our surroundings as well.

Katrina Ubell: Yeah, instead of just complaining about it and again, like it is just happening to us going like, I could actually be someone who's instrumental in helping to make some change here. And obviously there's an institutional component to burnout that we're not really addressing today, but what I love is really focusing on how much you can change just personally yourself. Because if you're just like well, it's the institutions job to be changing everything and society's job, you're probably going to be waiting a long time. So in the meantime, you can actually make yourself feel so much better just by taking ownership of so many elements of this.

Sara Dill: Absolutely, and I think you know, once you have really done your own work on it, and sort of done everything for yourself, one, you're going to be in such a better space to then take any positive action that you might want to get involved in your institution. And two, I think you're right, the institutional solution may not be a solution that you like, so again taking responsibility for your own choices and why you find yourself in this position. Are you saying yes when you don't want to say yes? Why are you doing that?

Katrina Ubell: Yeah. Doesn't matter what the institution does. If you're doing that, that's a problem.

Sara Dill: Are you just sort of focusing on the negative, which of course we all do. Our brain is wired that way, there's nothing wrong. But noticing if you're in a room you're always going to notice the negative thing, or someone who's injured, or something like that. Our doctor's brain is already looking for problems. Our human brain is always looking for problems, so being very conscious of that. I was talking to a colleague and she's like, "Well, I think every time I solve something I'm going to be happy, but then something else comes along." I'm like "Yes, that's called life."

Katrina Ubell: Welcome to being a human being.

Sara Dill: I mean life is a series of problems, and we're great at solving problems. So it's not a problem.

Katrina Ubell: Yeah, exactly. Exactly. So then the final element is kind of doubt, and that's that what's it all mean? What's the point in any of this? Let's talk a little bit more about that. What are some of the thoughts that people have on a regular basis when they're in that position?

Sara Dill: Again, sort of what's the point? Why am I doing this? Did I make a mistake? Just really losing the sense of their own value that they're creating. Maybe they feel like they aren't really helping anyone. And especially in some fields of medicine maybe you aren't trying to cure a patient. You're helping them in the journey through a chronic illness or something, so I think really redefining what is personal success and professional success is important. Looking for where you are making a difference in patients lives, and in your personal life, or with colleagues too. Again, looking for those areas, because left to its own devices, our brain is going to point out where we missed something or someone who didn't like us. Twenty patients that we just saw who all thanked us for our good work, and for the positive results they're experiencing, aren't going to stand out in our brain as much as the one patient who is like, "I don't even know why I came to see you. I'm not any better."

Katrina Ubell: "You don't spend any time with me." And meanwhile you're like I spent 45 minutes with them. What?

Sara Dill: I know, so again just noticing that. And it's interesting that women, female physicians tend to get to that third stage much more than men. Men tend to sort of get stuck in the sarcasm and cynicism aspect of burnout. I think we probably all have experience with that, with fellow physicians, and women very often go from sort of emotional and physical exhaustion pretty quickly through sarcasm into this like, I don't know what the point is aspect. It's interesting.

Katrina Ubell: I definitely have thoughts like that too at times. Especially I think once you have a small young family at home, or like maybe their family doesn't totally depend on your income, you're just like why am I doing this? What is the point here?

Sara Dill: Right, and that's so important. Those are great questions to ask yourself. And really find the answer, and your answer's going to change as you go through your career, and that's totally normal. I think that we have this sense once we're launched into the world from residency, this is what we've trained to do and we're just going to keep doing it. But at around five years or ten years there's often this sort of midlife crisis as a physician, is this all I'm going to do? You've mastered a lot of the bread and butter of whatever your practice, and I think that's the opportunity to either expand and evolve in different way. Maybe you move into leadership.

Maybe you move into some specialty or you find another way to continue to recreate that passion you felt for your career, or you just really focus on reconnecting with your patients. Because every patient is different. So for me as a dermatologist treating acne, I used to just get bored with acne, and I actually love treating acne. It's very satisfying, and if you focus on how each patient is different, I think you can find a lot of joy even in sort of a common condition. Yeah, at the time I'm sure for you as a pediatrician too, the same is true. You can just get lulled into that sense of like oh, all I do is see the same ...

Katrina Ubell: Another checkup, another 15-month-old. One time I had a day, I think I had six 15-month-old checkups and I was like okay, could people, like get a teenager who can just talk to me and not scream when I walk in the room please. But then at the same time, you have a conversation with somebody or you give some advice and you really can connect to like I literally just changed the trajectory of this kid's life. I remember this one time convincing a dad that spanking was not a great idea, and he totally got it, and was like you're right, I'm never going to do that ever again. And I was like hell yeah sister. Pat on the back today.

Sara Dill: If you're checked out or not really paying attention, or again like really stuck in burnout, we wouldn't have had the ability to connect and to really make that intervention and that's where I think it's so important. And there's a saying from mindfulness, or mediation, that boredom is really just a failure of attention. It's when we aren't paying attention. So if you're bored, really focus on what's happening. Remember when we were medical students and how amazing it was, and scary to even talk to a patient.

Katrina Ubell: Oh yes. Oh my god, it was like can I just shadow for the rest of my life please?

Sara Dill: Exactly. Or early on in practice just the sense of responsibility that it is.

Katrina Ubell: Like the buck stops with me. Yikes. Yeah.

Sara Dill: And it is a privilege to be a physician and have people tell you. They don't tell anyone else, so again, reconnecting with that intentionally. Maybe every day focusing on something that went right or an intervention you made in a patient's life, like with that father, that really made a difference. And that's going to help you, again, sort of recharge. It gives you that emotional juice back again, and reignites that passion for being a doctor.

Katrina Ubell: Definitely, definitely. I love that. So you used earlier, you mentioned the term doctor brain. So I'll have you explain that a little bit more, but then also humans just baseline have a negativity bias so when those two things come together what do we see?

Sara Dill: I was like this explains it all to me. Yeah, so the negativity bias which I think everyone should learn this. I don't know we don't know this about our brains is this tendency, and it's pretty well understood now I think in neuroscience that our brain is always looking for what's wrong, what might kill us, what's going wrong, and I think it has the evolutionary benefit to it, if you think about survival. The person who was just happy all of the time and didn't see the tiger isn't going to survive long enough to pass on their genes. But of course it doesn't really serve us to be happy, and satisfied, and content in our lives these days. Then what I call doctor brain is the conditioning we go through as medical students and residents, where we're consciously looking for problems. We're learning how to generate a differential diagnosis for every patient we see.

Pediatricians, I thought I wanted to be a pediatrician going into med school and I learned that I'm not very good at suspecting that this apparently healthy child is really desperately sick. So bizarre, they're like I don't know, there's just some tiny thing here that's jumping out at me, and I'm going to run a panel of tests. We're always looking for what's wrong in a person in front of us, what could kill them. What could cause harm. Plus we have this fear of making mistakes.

Katrina Ubell: A fear of not having a complete differential, so we're like racking our brains for like what else could it be that could be bad and horrible?

Sara Dill: What else, all of those crazy board review questions as well. Then of course we're supposed to be perfect. We're not supposed to make mistakes. We have this knowledge that a mistakes could impact not just us but another person, which I think is a very real concern. But of course we're humans, and so mistakes do happen sometimes, inadvertently through systems and sometimes through not knowing what we don't know. And so I think all of that as well, and I don't know about you in medical school, but it wasn't a very friendly situation where you could often ask for help or just say you don't know. You were never supposed to say I don't know, you were always supposed to know the answer.

Katrina Ubell: I remember going in to assist on some surgical case and being in the changing room like whatever that book was that we all had that like I can't even remember the name of it now for each case, what are all of the questions that the attending might ask you, because like you need to know. And so much stress in that way, yeah.

Sara Dill: Absolutely and so you know, and then our solution that we learned right was always if things got tough we just were supposed to work harder. So study more, get there earlier, stay longer, always say yes. Always ...

Katrina Ubell: Be what they consider a team player.

Sara Dill: Absolutely.

Katrina Ubell: Even to your own detriment. You don't want to, oh I need to take some time off, because I'm so exhausted or because of whatever, because then some other poor resident is having to pick up the slack for you. And maybe even in attending life. It's like yeah, but if I take half a day off then my partner's suffer whatever. And it ends up being this really difficult kind of situation in terms of what you think about you, what you think they think about you, what they say they think about you.

Sara Dill: Right, and it's interesting. So I trained before any of the 80 hour work restrictions kicked in, which I'm sure you did as well. And I, as a dermatologist, once I was in dermatology training we aren't in practice that much, but we have a lot of expectations of studying outside. But my intern year, we did call and stayed in house, and you didn't get to go home very early post call or anything like that. And you would never, I just can't imagine saying I'm tired I need to go home. But now it's changed a little bit, but I think the culture of medicine hasn't entirely.

Katrina Ubell: But what I wonder now is like since you are supposedly getting more sleep and things like that, if it's even more so like you need to, we expect you to know your stuff, we expect that you've read. You don't have the excuse of you've been up all night working. You need to be on your game every single day. I wonder if it's kind of shifted to a certain extent in that way.

Sara Dill: Yeah, and it's not clear that people are getting more sleep. I think a lot of people are spending more time with their families, or their friends, or doing more social things too. Sometimes even though sleep might be a good idea, sometimes you just want to see people or do some more human stuff.

Katrina Ubell: Yeah.

Sara Dill: Or like laundry. The work hour restrictions have resulted in people being better rested either, so it's interesting.

Katrina Ubell: Well, and that just ties even into just people are terrible about going to bed, especially with all of the devices that we have. And I even remember that. I would come home post call, take a nap on the couch, wake up, see my husband, make dinner, and then usually watch some more TV, because I just wanted to be awake and resting more than I wanted to be asleep and resting, because if I went to sleep then I had to get up and start all over again the next morning, very soon it felt like so yeah, I am sure I could have done better with that. Definitely.

So ultimately the point I want to make, or our discussion that we've had here is just how much control we really have over our experience of being burned out, not being burned out. Learning tools on how to manage our thinking in our mind that are not just like a Pollyanna, like I love this train wreck of a job that I have. It's not like that kind of thing. It's like really understanding how much we individually have control over in terms of creating our experience of our daily life and how that doctor brain, we can leave that at work and come home and let that part rest. We don't have to be constantly ... Because I think we see that too, we see that when we're coaching. Where it's like okay, you're doing, you're like killing it at work and then you come home and all you're doing is pointing out everyone's shortcomings at home. And your spouse and your children love that. Your friends and your mom, and like everybody else, because you know better than everybody how they should live their lives.

Sara Dill: I know, people get made fun of. My dad even. He's like, "Hello Dr. Dill." Like you know, "No one wants to hear your opinion. We all know doctors are know-it-alls." So consciously turning that off, and I actually really have, I love experimenting with maybe I'm not right. That's a shocking idea. Could the other person be right? Can we both be right? Maybe I'm wrong, who knows, and it's none of my business most of the time how someone else wants to live their life. It's very relaxing to give up that sense of again, it's sort of that over responsibility. Where we're constantly feeling like we have to be the ones to make sure that everything is working.

Katrina Ubell: And then the resentment on top of it. Like if they didn't have me, then where would they be? It's like also living their lives, just fine probably.

Sara Dill: Yeah, I think we have an incredible amount of power over changing our own experience of the world, and our work, and in preventing or recovering from burnout. So it doesn't mean that you automatically fall in love with the job you have, but really coming to peace with it, and I think it's amazing to me how much better jobs get when you start doing this work. A job that you thought was just like sucking your life out of you. Total victim statement there, but can suddenly be transformed when you start to really change your viewpoint and change your thoughts about it.

Create a lot of different feelings, and from that point you're going to take very different actions. So you're going to start showing up differently, and then everything around you will often shift as well. So suddenly, I know you've had the experience with coaching people, suddenly it's like they're in a completely different relationship, or job, or everything. Everything.

Katrina Ubell: It's like they could not wait to escape this job, and they didn't have one good thing to say about it and then by doing this work, all of the sudden, they're like I have an opportunity to go to a different place that I always thought I wanted to go to and I'm actually going to stay where I am. And they're shocked too. They're like I can't even believe I'm saying this, but I actually kind of like it now.

Sara Dill: Yeah, you just get clear on it, because otherwise you bring you along. And I found this when I kept switching jobs. I'm like, huh, I'm having some of the same issues again at this job.

Katrina Ubell: Like what's the common denominator here?

Sara Dill: Exactly, I'm worried I'm not doing a great job. I'm feeling insecure. I'm not sure I made the right decision. All of these sort of patterns of self doubt and judgment and everything kept popping up until I did that work. So really, again, always really doing your own work first, and then if you want to leave or change something up you just do it because it feels authentic, or exciting, or interesting.

Katrina Ubell: Something different that you want to do, and you just do it because you want to do it. Not because you need to escape something that you think is happening to you or some sort of oppression that's happening or anything like that.

Sara Dill: I used to hate that, the phrase happiness is an inside job. I don't know what they're talking about. Happiness is clearly not an inside job. It completely results from a great job, and great family, and everything else, but it really is true. It is an inside job and once you know the secret to being happy with anything, like creating your own happiness there's so much power there and learning how to be okay with other emotions too. That they're not going to kill you.

Katrina Ubell: Not being like, oh then every day, if I manage my mind every day at work's going to be amazing. No, sometimes your favorite patient's going to die and you want to feel sad, or whatever happens, and you want to feel upset about that. You want to feel sad about it. That's okay, that's another thing that we talk a lot about is just learning how to feel those emotions and not using food then to make yourself feel better, or screaming at everybody, or whatever is your preferred choice to try to get away from that. Instead just going like okay, this is what I'm feeling right now. I know I'm creating it with my thinking. I actually choose this right now even though it feels terrible, and I am going to sit with it. That is how I want to authentically feel right now, and that, I think to some people it's a little bit of a hard sell until they mentally practice it and then they're like, "Yeah, you know, it turns out food never really made it better anyway." It's like right, exactly. So it's like how about you just still feel negative emotions, but just don't have 50 extra pounds on your body from overeating trying to get away from it.

Sara Dill: And that's the other thing. I think most physicians, I myself, I was terrible at feeling emotion. I never, even as a child, I was just very stoic and would just try to soldier on essentially. So I think that really, burnout can be very helpful too in really helping you take back responsibility for your own life and really reconnect to all those parts of you, and then really decide how you want your life to look. So I think for a lot of us, we don't make change until we really are having a hard time just coping with things. So I burnout I think can be effective. I think, I don't know if you were sort of burned out when you decided to switch gears and become a life coach, and do all of this work too, but for a lot of physicians I don't think you need to leave medicine. But it is an interesting time to then look at what do I want to do now. Maybe I've completed that chapter in my career, or maybe there's a whole different way I can show up as a physician, as well.

Katrina Ubell: There's just a totally different way that I can take the skills that I have and help people. Or maybe it's the yes and. I am going to keep doing this job because it is pretty dialed now, and it doesn't require that much of my attention and I'm going to do something else, a side business, or some other kind of project. Yeah, to some extent I kind of knew I think, toward the end there, that I was looking for something that I wanted something, but I didn't have the guidance really to help me to brainstorm well enough. The only thing I could think of was getting involved in hospital administration which sounds terrible to me, because I also didn't know how to manage my mind. So I was just like I don't know, I don't think I'd want to do that. I don't think there is anything else.

When I think back, I just, I did not do what you and I both teach, which is to really learn how to be happy, and I think it's just because I just I really didn't, it literally did not occur to me to hire a coach. Like I just thought I'll just become a coach. It's so funny now in hindsight, I'm like that was interesting but okay. Could have hired a coach and maybe would have left still anyway. Maybe I wouldn't have, but for sure, I would have had a better experience. And just I can think of so many examples of times when I was just seething in my head, and just why am I even here? But never answering that question, so like why am I here? Just all of these rhetorical questions left unanswered and I didn't really use the word, like that term burnout to describe how I felt, because I definitely felt like I could have continued doing it, but I definitely know that I had times where it ebbed and flowed, where I probably was more along the lines of the description of these symptoms. Sometimes when I wasn't, and it's so interesting it's like what's the difference? Only my thinking.

Sara Dill: A lot of people who are burned out wouldn't label themselves as burned out, and the people who say oh, I'm so burned out usually aren't.

Katrina Ubell: Usually aren't, I know. I feel like when people are like oh, I'm just so burned out all the time. I'm like I wonder. I really wonder if you are. Maybe you are, I don't know. I mean not to judge it, but just like it's curious. Just something to think about. So, as you said, you're back in practice now. So you and I both coach people on these subjects all of the time, and so the bestway to work with you is through my program, and this is so exciting because you now coach a live call in the evening every week, and so everybody can come and get all the coaching that they want within that program and on everything. It doesn't have to just be burnout or stress or things like that, but on weight loss or anything that's going on for them, and that's in addition to the live calls that I do as well. So it's like this bonus, which made me so happy when we agreed to do that.

So you've been helping me and my business for almost a year now, so we've been really just kind of like two peas in a pod, just changing all the physicians in the world, helping them lose a ton of weight and improve their lives in the process.

Sara Dill: Exactly, and so I love, I mean, you know, coaching is such a privilege and so fun, and so I think it's a great option for your clients to have more than one call, to have an evening call, because we all know everyone's schedule is different. And yeah, maybe just continue to work through stuff, and we both know the same tools, but of course everyone has a slightly different take and ...

Katrina Ubell: Yeah, exactly. Exactly.

Sara Dill: In two different ways too, from two different people, like oh yeah.

Katrina Ubell: Exactly, exactly yeah like I'm sure you've had that experience too. I know I certainly have, where I've had to learn the same concepts sometimes multiple times, or I kind of heard something but didn't really get it, and then someone else says something and I'm like, oh now I really, really get it. And it's so funny, like why didn't I get it the other times? It doesn't matter right, that's the time that it made it work.

Sara Dill: Right, and I just want to say too, before I really got into coaching I never understood why being part of a group and group coaching was so powerful. Everyone sort of wants one on one coaching or something, but one on one coaching can be very effective, but group coaching when you can listen or see someone else get coached on a very similar subject, because we all have the same problems and the same issues and the same thinking. You can see it so clearly when it's someone else's issue and it's not yours. I find that it's often even more powerful to be a part of that group when you aren't the one getting coached. And then when you're getting coached, knowing that you're probably helping other people because sometimes when you're in it. And you know, and that's what you're saying, when you're in it, it's so hard to see that it's an optional thought you're experiencing.

Katrina Ubell: Right, you can understand the concepts on an intellectual level, so much easier, because it's like so obvious in someone else's life. And then you can start going well wait a minute, where is this showing up for me? I feel like it just helps to kind of like, like there's this hard exterior shell and it helps to dissolve it a little. So it's easier to crack, and sort of like a way of thinking about it. Where yeah, you can learn so much. I personally have learned so much on ... I mean, for myself, I always say this, that I figured out that I had issues that I did not think I had from listening to other people being coached on that issue. I would have sworn up and down I didn't have that. Then I started seeing how it's showing up for them and I'm like oh, me too. Oh my gosh, okay.

And even when sometimes people think well, you know, I don't have small children. She's being coached on her toddler or something, Well you know what, you know who's very similar to toddlers? Teenagers. And you know who's really similar to toddlers and teenagers? Adults. So like anybody in your life you can apply the same concepts to, so it doesn't have to be your absolute specific same issue for you to still have so much insight and make really big progress without you being on the hot seat every single time, being able to just kind of passively learn.

I think of it as sort of like breathing in, and breathing out. Sometimes you're the one out there getting the actual coaching, and sometimes you take a step back and just learn a little more passively while someone else takes the step forward and it just is a cycle back and forth. It is so powerful, yeah, absolutely, so thank you for pointing that out.

All right, so we have another group starting here very, very, soon and so if you are interested in working with Sara and me, you're going to want to be looking for the upcoming webinar, so I'm going to be talking about enrolling everybody. So definitely go to my website, all of that information is going to be there. You can find it as katrinaubellmd.com, and then just click on the resources page and you'll be able to find everything. All right, Sara, thank you so much. How fun was this?

Sara Dill: Oh, so fun, oh my gosh, I love to talk to you.

Katrina Ubell: I can't wait to see who was listening, who ends up becoming our client, that's going to be so great.

Sara Dill: Perfect.

Katrina Ubell: Can't wait to help them all. All right, thanks Sara. Sara Dill: Okay, thanks. Bye-bye.