



WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Katrina Ubell: Hey there, my friend. How are you today? I'm so, so glad to have you back here with me on the podcast. I have to say, you might hear some little voices behind me. I had to shut down school because my daughter has the sniffles. As you'll hear on the interview that I have for you in just a moment, I had to finish up so that I could take my daughter to get a COVID test, even though she probably just has a cold. Everything shut down, my other kids can't go to school until we know what is going on. She's fine, she really just has a runny nose. That's all that's going on, but we will find out tomorrow and, hopefully, she's going to be totally fine, everyone can go back to school and do their usual thing.

Okay, so, my interview today is with none other than Sunny Smith, M.D. She is amazing, and I feel like there's not really a lot for me to even say to introduce her, because she's going to tell you her whole story, and everything about her, and what she does, and it's just a really, really compelling story. What we're going to be talking about is why coaching is so important for doctors, and not so much about weight loss, although, as you know, in 193 episodes I've talked to you about why it's important for weight loss. Sunny is one of those naturally thin people. She does not actually struggle with her weight at all, or overeating, but she has struggled in other ways. She's going to tell you all about those ways, and coaching has completely changed her life, as it has mine, and so many of you listening. So, I wanted to invite her on to share her story but also to talk about the research that is coming together now that supports coaching as a legitimate modality in terms of physician health and well being.

My kids are stomping around like crazy. They ordered these plastic owls from Amazon. They bought them with their own money, so we just let them do it. Apparently these owls fly on their own. So, they just came. I let them open the boxes right before I started recording this. I think they're just super excited and that's why they're walking around very loudly. You may be able to hear it, hopefully not, but that's what we got going on. I'm going to have, basically, like little mini drone owls flying through my home in a few moments, apparently. Apparently you have to teach the owl how to fly and then it will fly. In case you want to know what this is, because I feel like we're going to get emails about what is this flying owl? They're called Owleez, O-W-L-E-E-Z. I don't know if they work. Maybe next time I'll tell you if they're a piece of junk or if they actually do fly. That's what we've got going on in my house today.

Anyway, I'm going to have you listen to my conversation with Sunny. She is just a delight and a lovely, lovely human being, and I can't wait for you to learn more about how coaching is so, so good for doctors. So, I will talk to you next week and here's my conversation with Sunny.

Sunny Smith, thank you so much for being on the podcast.

Sunny Smith: Oh my goodness, Katrina Ubell. I cannot believe that I'm on your podcast. That is amazing.

Katrina Ubell: What's so great is that we basically ... We should have just recorded ... We just talked for almost an hour before we even hit record, and so now we're like, Shoot, we're going to run out of time, but it's going to be good. We're going to get into it. Here's the thing, I think you're an interesting person to have on this podcast because you do not have a weight issue at all so we're not going to be talking about overeating or losing weight at all, but we are going to be talking about coaching, and doctors, and how much coaching can help doctors. I think you just have a really, really compelling story that involves like major accidents in foreign countries. So, what I want you to do, because I feel like I don't even totally know the whole story, tell everybody your background, where you live, what you do, like all that stuff, and then how you ended up finding coaching.

Sunny Smith: Okay, beautiful. Great question. So, I am a family physician and I've spent my career working at UC San Diego School of Medicine, as one of the core faculty members there, and running a free clinic, and being a Course Director and Community Director. I thought I would stay there until I retired, as most doctors, or many doctors, do. You get your career, you get your position, particularly in academics, you rise up the racks, clinical professor. I was working really hard, as many of us do. I was at the place where I would get an accelerated promotion for doing six years' work in three years' time, which is pretty ... That's just how we show up in the world, right as women physicians.

Katrina Ubell: I was just going to say, just to interrupt for a second, I'm like, how are you a full professor, you're super-duper young?

Sunny Smith: Yeah.

Katrina Ubell: I've never worked in academia really in that sense. I'm like, How did that happen? Did you just like—

Sunny Smith: It was in my 40s when that happened, but I guess ... I mean, I'll even back up just for a moment before I go to the moment where I had my accident, which is sort of the first time that I knew, because we're talking about kind of the culture of medicine ... It's the water in which we swim, and it's a culture of overwork, right, and sacrificing yourself for others. So, the first time that that became ... I mean, you run into it a little bit in third year when you're doing your surgery rotation, and things like that. So, I had some difficulty there, just with stress and like, Oh, my gosh, is this really what I signed up for? Holy cow.

Then it all got better, and then as an intern, actually, I started having some odd neurologic symptoms. We didn't know what they were. Of course, that was pre work hour restriction, so we would stay up 36 hours every so many nights, et cetera, et cetera. On my surgery rotations I would get these symptoms. Like one time I complete aphasia.

Katrina Ubell: Really.

Sunny Smith: Like what happened, I had to get my teacher. I was at Cedars Sinai because I did my internship at Santa Monica/UCLA, and I had to get my patient out of the bed, I was removing the staples, and they put me in the bed to take me down to the Emergency Department, scanned my brain, all this stuff. We couldn't figure out what it was. I think some people might have the idea that I was like a hysterical woman perhaps, maybe. So, odd neurologic symptoms. Then, what ended up happening was I had status epilepticus and went into a coma for a week. Then, it was obvious.

Katrina Ubell: Oh my gosh.

Sunny Smith: It was obvious that it was physiologic, and neurologic, and biologic, and all kinds of testing, and I happened to be being filmed for a documentary at that time, so all of this is filmed and was shown internationally later. My family was there, it was my mom, my dad, my partner at the time, are all sobbing saying like, "Is she going to be okay? Is she going to wake up? Is she going to be the same? Will she be the same Sunny if she ever does wake up? What caused this?" All they could say is, this happens every year with interns across the country who are healthy have seizures from sleep deprivation. I was not the only person in my program to seize that year. I had the most dramatic seizure. So, that's the first time that like the culture of medicine and sacrifice really, it literally almost killed me. No joke.

Katrina Ubell: Yeah.

Sunny Smith: They didn't know if I would wake up and be okay, or some anoxic brain injury, all this, and I did, of course, recover and went on as I told you just now to become a full professor, and a mentor, and advisor, and successful, and publish, and all this stuff. You know how you go through a scary thing in life. "Life is so precious, I'm never going to take it for granted again," and then you get busy.

Katrina Ubell: You go back to normal.

Sunny Smith: Yeah. Then like you turn 40, or 50, or someone you love dies and then you have that for a little while, and then it goes back. So, I had gotten back to busy, and I loved my life. It was this beautiful life, running this meaningful free clinic and advising idealistic medical students who want to change the world. Like, it couldn't be better. But, it was just a lot. I was like never caught up, always behind, always behind, in box, emails, letters, always behind.

So, I went on vacation with my husband and this gets to the accident that you're talking about. I was with my husband, it was Mother's Day, and we rented a little bungalow, having the best time, the best few days of my life. But then we were going to leave the island so we went up the mountain just before we left and my bike was sort of out of control, the chain came off. I was having all kinds of difficulties. I'm very athletic. Anyway, it came down, and when it came down I went over the handlebars, broke my face, broke my arms, got a little bit of a head injury.

Katrina Ubell: Arms, both arms?

Sunny Smith: Both of them. Both of my arms. So, the trip was over needless to say, and when I got back home I needed multiple surgeries, and I couldn't use my arms at all. They were in long casts. I couldn't eat because my face was totally smashed in and I had facial surgery. I had Positional Orthostatic Tachycardia Syndrome, which is like a thing that you see in the medical textbooks but, I don't know

Katrina Ubell: Adolescent girls get that so

Sunny Smith: Yeah, adolescent. So, again, you wonder if I was hysterical or if it's real. If I would go from lying down to even trying to angle the bed to sit at all I would just start vomiting. My heart would race and alarms would go off. Not cool. Anyway, all that just to say that I couldn't care for myself. I couldn't feed myself. I couldn't do anything. I couldn't stand up. So, I was

Katrina Ubell: I just have to ask, How did you get home? You flew on a regular commercial plane?

Sunny Smith: Yes.

Katrina Ubell: Injuries like that?

Sunny Smith: Yeah. I mean, we made a lot of calls to try to figure out how to do it, my husband did. Then, yeah, that is literally what they do. There's one commercial flight a day that they have people come to get you a first class seat, and you can have medics there with you, and all that, and then you come home.

Katrina Ubell: Oh my gosh.

Sunny Smith: Yeah.

Katrina Ubell: Totally Mo'orea. Okay, sorry.

Sunny Smith: So, the point was like it is the contrast of the incredibly busy, you know accelerated promotion, six years in three years' time, blah, blah versus complete stillness, like I couldn't do anything. I couldn't sit up. I couldn't do anything. So, the contrast of my life at that point versus everyone else's life. All my friends who were still physicians in residency, faculty, and this stuff combined, are so busy. I'm like all groggy, and I'm just looking at them, and I'm just like, "Why are you so busy?" Like, what's so important? I'm like, You don't even know how good you have it. Did you wipe your bum today? Did you stand up? Did you drive here? Like, cry me a river you got some stuff to do. Just like the perspective is so different when you're still.

So, once I was still long enough that my brain was not foggy, that I could at least pay attention to something, some women physicians had recommended, actually on PMG, to listen to The Life Principle Podcast. I had never listened to a podcast. I didn't know what a podcast was. I didn't know I had an App. So, my husband, of course, had to do it for me because I couldn't use my arms at all, or my hands. He put the earbuds in my ears and pressed play, and he would like work for eight hours and I would just sit there and listen. So, I listened

Katrina Ubell: Listened to episode, after episode, after episode?

Sunny Smith: Yes, every day, all day every day because I couldn't hold a book to read. I wasn't supposed to watch TV, so-

Katrina Ubell: Also with your brain injury you really were not supposed to do anything?

Sunny Smith: No, I was really literally just laying there listening to The Life Principle Podcast for 200 episodes. That's how many were out at that time. Then, when I finished I listened to yours.

Katrina Ubell: How did you find mine?

Sunny Smith: I think you were on there, or maybe PNG recommended you, or somehow there was some overlap of something. I listened to all The Life Principle ones.

Katrina Ubell: You're like, What now, now I need something else.

Sunny Smith: Possibly it's from like the same PNG thread, or something like that, that was like, Listen to these two. So, I had decided sort of by the end, of course, because I really arguing with reality about I shouldn't have got on the bike and it was my husband's fault. I never wanted to any way and why me. If I could only go back in time, and like totally arguing with that incident. But then I started thinking maybe this is happening for me. Maybe this stillness has a lot of lessons in it, and maybe I can learn to tell a different story about this. So, then when I eventually got well enough I went back to work

Katrina Ubell: How long were you off for? How long ...

Sunny Smith: A few months.

Katrina Ubell: ... was that?

Sunny Smith: I should have taken longer, honestly. I mean, everyone kept telling me ... I mean, this is so representative, even at that time. They're like, You should at least six months, or take a year, or take ... Because, people also need to cover for you, and so if you're acting like you're coming back in three months how are people supposed to plan if they don't know if they can count on you to be there or not?

Katrina Ubell: True.

Sunny Smith: So, like you would need to take a longer period. Since I'm an academic, and I welcome the new students in I thought I should be there in the end of August to welcome the new students, so I came back a little earlier than I probably otherwise would have. I had to come back very ... I couldn't stand very well. I wasn't very productive. I had this ginormous robot arm, because one of my arms was still stuck at 90 degrees. They were like, How are you going to work? I'm like, Well, I can't do like PAP smears, but I don't do those that often anyway. I'll figure it out, anyway I was just being ridiculous in hindsight.

Katrina Ubell: That was just your identity, right? Who were you if you weren't doctoring?

Sunny Smith: Yes, exactly. As I look back, the things that everyone was so worked up about that I used to be worked up about I'm like, Yeah, you are so healthy, you have no idea.

Katrina Ubell: Right.

Sunny Smith: You're just so lucky. Look at you just standing there like a normal person.

Katrina Ubell: Right.

Sunny Smith: So, then—

Katrina Ubell: You're going to do all your Activities of Daily Living just—

Sunny Smith: ADL and IADL you have no problem with. Then, of course, over time I had another set of surgeries and my arm got better. Over time, though, then work had offered coach training and I was like, I wonder if I should do that? You know, just the way she talked about it sounds so enticing. I didn't think I'd really ever become a coach but I was like, That just sounds like an amazing opportunity to go deeper in this work. So, my husband was out of town. I put down \$1000, because you had to. It was like a webinar at the time. Then, when he came home I'm like, Listen ... You can imagine how this went.

Katrina Ubell: I did something.

Sunny Smith: I'm a doctor, right. I'm like, So, I'm going to train, I'm going to pay \$18,000 to be a life coach. He's like, "You've lost your mind." No, there's one woman. Her name is Katrina. She is a doctor? She is a pediatrician, and she is normal. She is totally normal and she's doing it. I'm not crazy. So, your existence was my argument for why this was okay, and why it would make sense. So, several months later I went to the American Academy of Family Physicians, Physician Wellness Meeting was the first one, with my girlfriends from med school. I told them what I was going to do and they thought I was a little crazy but there were some physician coaches on the stage there, and they were like really work with all the chief residents at the AAFP. I was like, oh my gosh, this isn't crazy.

Katrina Ubell: This is a thing.

Sunny Smith: This is mainstream, and they had been doing it at AAFP for a while. I was like, Oh, this is a thing. So then I showed up and did my training and

Katrina Ubell: So, you never had been coached by anybody, though, before then?

Sunny Smith: No. I mean, I joined Scholars.

Katrina Ubell: Okay, okay, so you were doing some coaching from that.

Sunny Smith: I did Scholars, yeah, and that was it. Then, I enrolled

Katrina Ubell: I was coached twice before I did it because there was no other way. I just didn't ... It was like, You can become a coach. I'm like, Okay, if that's my only choice. I don't know that I want to be one but okay. Of course, I fell in love with it.

Sunny Smith: I think that a lot of physicians that are even what I see these days ... I'm sure we'll talk about sort of the pattern that has happened in the last couple years, because I've been doing this now a couple of years or so. I think a lot of physicians just want to "go deeper" into the work. They just want more time. They want to talk more about it. They want to understand the tools more deeply, and so they're like, "Give me some of that," without really knowing, without having any particular plan if they're going to become an entrepreneur, or use the coaching in a professional sense, or if it's more for them. Either way, of course, is incredibly beneficial. I think we are very ... It's very formula based, or tools based, and so we can apply it, and we like that, and we see results. So, we're like, Oh, this isn't woo-woo, this is real. This gets results, I want more of that. How do I do that?

Katrina Ubell: Yeah. What I think ... This was my experience, and I think it's your experience, too, and I see with so many of the physician coaches who are like coming out now, is like we go all in. We're like, I want to be the expert in how to be a coach, and then we realize, Oh, actually I think I could benefit from some of this coaching myself.

Sunny Smith: Yeah, a one-on-one coach, anagram coach. I've participated in a lot of coaching, and paid for a lot of coaching, and no matter how ... We all have a human brain, no matter how many coaching tools we learn and know, we are always going to have human brains, and we're always going to have an amygdala that overreacts, and we're always going to not be able to see our own thoughts, as thoughts sometimes, your own face in the mirror, so you need someone else at times to help you along the way.

Katrina Ubell: I see that with a lot of my clients. They're like, Oh, everyone's kind of becoming a coach, should I be a coach, too, is that the thing for me? Maybe the answer is yes but I just think of it like ... When I think back to like why I didn't get more coaching I honestly do not know. I mean, the woman that I coached with like a Friend. She had moved out of town. She was very busy. She had like a newborn. I think I just didn't think she had time to coach me, or that she would really want to, I think. If I think back I'm like, I think that's what I thought about it. Yeah, I didn't really understand how much it could help me to then invest in that, and then decide, even thinking like, maybe there are other coaches I can hire, like literally didn't even occur to me. It's so funny because

Sunny Smith: You only know what you know. So, now

Katrina Ubell: I just didn't, I didn't know.

Sunny Smith: I see that a lot of, because some people they're like, Well, I listen to the podcast. Like okay, that's like step one. Step two, honestly, is really then find the right coach for yourself and apply it. I think a lot of us, particularly like in the Facebook groups, and stuff, when we're talking to each other and people are like, Well, how do I know if I want to be a coach? We're like, Have you ever been coached?

Katrina Ubell: Right.

Sunny Smith: Do you know really kind of deeply what coaching is, because it's a big commitment to go all the way in, and so I do think that that's a lovely way to do it, is to do some podcasts, a program, have a coach, decide you really love it, are all in and go in. I find a lot of physicians definitely, and a lot of other humans I'm sure, too, just kind of like straight into training.

Katrina Ubell: Into the training, which I think is totally fine as long as you recognize like you still have a lot more ... I think it is, is like, and I'm as guilty as the next person. I'm like, No, I'm going to become a coach and then I'm not going to have any problems anymore. Not like I rationally think that, but I think deep down I kind of hope like if I become a life coach, like life coaches don't have problems. They don't struggle anymore because they have all these amazing tools and they know how to manage their brains. Then, you become one of those people and you're like, But I'm still me, crap.

Sunny Smith: Yeah, I get excited like, I'm in Scholars for life, it's just never going to end, and I'm going to have also my own one-on-one coach probably forever, and I also would like to say, in addition, that I also have a therapist, I also have a psychiatrist. So, I do not think coaching is the end all be all. I think all of these things have a place in physician mental health, physician well being. I think we need to change the system. I think we need to change institutions. I think we need to change the people who believe that they can change the system. Coaching has a place. I think every physician deserves a coach, period. I think that we're sort of at a tipping point in society where people are starting to gather data on this, where people are starting to talk about this, where all the leading physician wellness experts are like, Yeah, every physician needs a coach, particularly right now.

We're not at the point yet, though, where all of our institutions, and organizations, have really funded that, but I think that that's where we're going, and then it's like the base of a pyramid. We all get that. We all get a space where someone holds space for us and normalizes, and humanizes, the experience of being a physician, and then if there's more things going on you can go see a therapist, and then like a subset of those people will need to see a psychiatrist. I think just starting with that base of like, Let's talk about it. How's this going?"

Katrina Ubell: Let's like just actually connect ...

Sunny Smith: Right. We're human.

Katrina Ubell: ... to ourselves and our emotions. Exactly. Just figure out who we are and what we think and feel. I think we're in such go, go, go mode that we, literally, are like, That's dumb, or that's for later, or whatever. Someday when I have, like who has time for that. Someday when I have time I'll figure that out, or something like that. You mentioned the research, and I know there's been a couple of articles now published about coaching and the benefits of it for physicians. Do you feel like you could give everybody just a quick little ...

Sunny Smith: Sure. I mean

Katrina Ubell: ... blurb on that? Just because I think there's many of us who need to have like the data.

Sunny Smith: For sure. For sure, because I do ... I will acknowledge like it's helpful to just acknowledge the doubts. I mean, your podcast listeners don't have those doubts or they wouldn't be listening, but some people think it's like

Katrina Ubell: They might still be like, I don't know about this chick.

Sunny Smith: I think some people think it's like multi-level marketing, or like snake oil, or a scam, or people trying to make extra money on the side, or like whatever as opposed to like an evidence-based intervention. I think of it, honestly, as I think of antibiotics or antihypertensives. I'm like, You can not believe in my antibiotics, or you can not believe in immunizations, but they're real, they work, they're evidence based, they're here when you're ready for them. I'm happy to prescribe them, but you have to put them in your body.

Katrina Ubell: Right.

Sunny Smith: I believe that ... So, I did my training in 2018, and I knew it worked. You knew it worked. We had tons of clients who knew it worked, friends, colleagues, and these are regular evidence-based normal physicians, right, not like woo woo fringe people. Then, in August of last year, 2019, an article came out by the leading wellness experts from Stanford and Mayo about a randomized controlled trial in JAMA Internal Medicine showing that coaching physicians works, is effective. I'm like, Ooh.

Katrina Ubell: Like thank you for putting on paper on what we already know.

Sunny Smith: Yeah. That's what I feel like that paper did for me. I was like, This is putting on paper, and studying in the best way that you can study something, what we already knew to be true, which is the way that they did it. I think they had 88 people and they were from all the different Mayo sites, and several different specialties, and they did like an introductory session and then they did several followup sessions, so it was a total of six sessions. It improved emotional exhaustion, it improved burnout, it improved resilience, and it improved overall quality of life. So like, what more do you want, aside from like morbidity and mortality, right? If you're doing a coaching-type assessment, or a mental health kind of well-being assessment, if it actually moves the needle on your overall quality of your entire life in six short sessions, which was actually only 3-1/2 hours the way that they had set it up.

People are like, Well, what is coaching, what is that? It's just client driven. You come and you say, What's going on? The client decides and then the person helps respond to that. So, that was kind of, I think, a landmark study for coaching.

Katrina Ubell: Six sessions is like nothing, too.

Sunny Smith: I know.

Katrina Ubell: Literally, like the very tippest tip of the iceberg, ...

Sunny Smith: I know.

Katrina Ubell: ... and they are getting amazing results, right?

Sunny Smith: Exactly. Exactly. So, then there was another study that was published this year. It's online, but it's still available for people to read. This one is in primary care physicians where they looked during the time of basically the same intervention and then they looked six months later and, again, same thing. Of course, it's effective in a randomized controlled trial, and the effect lasts longer than just the intervention. It lasts for it's almost six months. I've been gathering data on the programs that I run, and we're finding that we're moving the needle, which is amazing, and I think that, again, the Stanford folks, the Mayo folks, the leading names that everyone knows in physician wellness, they are all over this. I've been on webinars with them, or you go to the American Conference of Physician Health, and like the closing keynote speaker is Colin West, and his talk is like, Why Every Physician Needs a Coach, the closing keynote. So, people know that this is real. They know, and the sort of financial case for investing in physician well-being and physician coaching, coaching is seen as a sort of more advanced, and significant, and important, component of physician well-being.

So, people right now, since we didn't have a lot of economics, and particularly during the pandemic has locked down economic issues, people are like, Yeah, but how do we make it work sort of financially, and that's part of the question. What we've learned in the pandemic, so many things, but where there's a will there's a way. Oh, we can't do telehealth, oh, so the tech's going to take too long. I don't know. Oh, really? If you have to make it work you will make it work. So, I believe, I hope, I'm aspirational, that the distress that we've had to go through in the past six months if anything can it be an opportunity for people to see that the person behind that mask matters. The doctors are the most valuable instrument in healthcare, in medicine, and in society, and if that is not totally obvious to the whole planet right now I don't know when it ever will be. So, now is our time to be like, Our physicians, ... Everyone listening to this podcast, go into your, whether it's to your chief wellness officer, if you don't have one you can volunteer to be the person, or appoint someone and make a committee, and be like, "Listen, coaching is evidence based." We can link all the papers. There are several papers. Even just physician support groups, just physician support groups, without coaching, is evidence based.

Come together and be like, this is something we need. This is something we deserve, and if you want the healthcare system to really go on ... What happens is people who are burned, and unhappy, they leave medicine, and it costs around a million dollars to replace a physician. So, would you rather have a handful of thousands for prevention, or would you rather go through the whole upheaval of someone actually leaving medicine. We lose whole medical school classes every year, the equivalent right, because they're leaving medicine. Then, of course, there's the people with mental health issues, and the people who die.

So, prevention, prevention, prevention, and we are part, I think you and all of us who are willing to talk about our thoughts and feelings, are part of changing the culture to a culture of normalizing, and self-help, not self-help like the bookshelf, but like a culture of wellness, a culture of caring, a culture of help seeking, because coaching used to be like, Oh, that's the problem physician. Like, ...

Katrina Ubell: Right.

Sunny Smith: ... that's the guy.

Katrina Ubell: Right. Or like, that's such an extravagance to have a life coach. It's something ridiculous like a life coach rather than now looking at it like, you have someone who cuts your hair.

Sunny Smith: Right.

Katrina Ubell: You also have someone who helps you maintain your brain, and to make it so that you enjoy your life so much more. I can't even tell you how many clients I've had where their husbands really gave them a hard time about spending the money to sign up for the program, and when it comes to time to renew their husbands are like, You're doing it, right? They see so much benefit that they're like my biggest fans. They're like, "Life coaching is amazing. Absolutely please keep doing that."

Sunny Smith: You are absolutely right. The husbands come on and they say things like, "She's a better wife. She's a better mother.

Katrina Ubell: She's happier.

Sunny Smith: She's a better doctor. She's happier herself. She shows up differently. Our relationship is different." Then, interestingly, I think something that's really important about this, too, is the ripple effect of the one person changing, because then the husband ... Not that we could ever change them, and not that everyone has a husband, so like a spouse, or a coworker, or children, or parents, or ... The ripple effect of this work, because physicians see so many people, and interact with so many people, even if it's just our children. You think about the generation's changed when you stop teaching your little girls that you overwork and then come do a second shift at home. That's not the culture we want to create. I think it's... I, of course, am totally sold and believe that this is really important for changing ourselves, for changing our culture, for changing our society, and let's just start paying attention to what we think, and believe, is possible for ourselves in this world, because why not.

Katrina Ubell: Yeah, because why not. I don't want to be cared for by a doctor that doesn't want to be there, and is like wanting to default on their loans because they hate being there so much. I don't want anyone in my family to be cared for with somebody who's got that kind of mindset coming into their job as a doctor. I know how much I struggled at times. We have to help people. We have to get out there and help the doctors but then, I also think about like just everybody else. I'm just, from the pediatric standpoint, you imagine if all these new parents it's like you come home from the hospital with a baby and a life coach. Can you imagine? Oh my gosh, like the newborn appointments and stuff would be so much smoother, and things would be so much easier. Everything would be so much better ...

Sunny Smith: Yeah, like when my baby is ...

Katrina Ubell: ... if we all had somebody

Sunny Smith: ... crying, all the time, and definitely, and someone could have been like, It's just a circumstance, it doesn't mean you're a bad mom. He's just a baby. He's just crying.

Katrina Ubell: Like you get to decide how you want to think, and feel, about this right now. When I had all of my kids I didn't know any of this work. I didn't know anything about coaching until I had had my final kid. So, I just think of like how much it helps everybody, because I think sometimes people are like, Well, if I'm a doctor and I'm going to become a coach then I am going to coach doctors, which I think, there's ...

Sunny Smith: Oh.

Katrina Ubell: ... lots and lots and lots of doctors, but there are so many other people who need help. I mean, literally like all over the world there's billions of people who need help, not just the doctors. So, I think sometimes we're like, Oh, but then do I have to coach doctors?

Sunny Smith: No.

Katrina Ubell: No, you don't have to at all. You can coach whoever. In fact, coaching doctors was way down the list for me when I was choosing what I was going to do. I totally had thought I was going to coach like parents, something related to my pediatric knowledge, something to that effect. I won't get into it now how I ended up landing on where I land now, what I do now. I just think that keeping your mind open to like even if you just go to like your kids like high school and give a talk there about what you've learned. You don't even have to be a coach but just like diving in, learning this work yourself, being able to share it with like adolescents. I mean, how much would you have loved to know as an adolescent that your thoughts create your feelings. That would have blown my whole mind.

I just think that whether you are actively working with a coach, or you're just like taking in this information, like you said, through kind of like, through a podcast, through books, through other kind of more passive types of things, like just constantly sending your brain that message, it just changes who you are, which then, of course, impacts everybody around you. With my kids, too, it's not like I'm actively coaching them all the time, but if I ever am like, Oh, and what creates your feelings? They're always like, My thoughts. They know. It's not they don't know. They're not going to get out of this house without at least knowing that. They know about that information. Oh my gosh.

Just before we got on I was telling you how I think that I chose the wrong field of medicine, just because you spent so much time, so much of your career with medical students and helping them. I just am like, gosh somebody go help the medical students and the residents, because that's where it's all set into motion, where our terrible thinking. We go in as third-year medical students we're like, Oh, apparently you just complain about everything all the time. When you do, like this is how we all bond. This is just how we are, we're like babies learning the ABCs, except that it's like this is how you think about being a doctor. If we can have intervention then, which really is all about changing the culture of medicine.

Sunny Smith: Yes.

Katrina Ubell: I mean, can you just even imagine like the benefit, or just being able to offer a medical student who's deciding what field of medicine they want to pursue, to help them to get really clear on why, and making sure that they like their thoughts about it, not that it can't change sometime later, but actually spending some time ... I just remember thinking like, What did everyone talk about? They talked about lifestyle, how much money you made, how much call you're going to have to take? Like, could you be, if you wanted a family was that a good family career or not? That's pretty much what everybody focused on. What about who you are as a person? What about your strengths? What about how ... Do you want a leadership position, do you not? Is that something that would be good for you, and would keep you like really challenged ongoing? Are you someone who wants to become like a total expert at this very narrow thing, and then just do that again, again, and again? All of that stuff can be predicted in advance pretty well with the proper help.

Now, of course, then it comes into, Okay, who's going to pay for this, but that's okay it all works out eventually. The more there's research that supports it, the more that there's money that gets sent toward that, especially as you're saying, if it costs a million dollars to replace a doctor there should be some money there available.

Sunny Smith: Prevention.

Katrina Ubell: Yeah, it's like the chicken and the egg, like how about we get some of that money and prevent the doctors leaving and helping them to really find that proper field for them so that they are happy and they can have that whole 50-year career like we were talking about that is like amazing and they love it so much.

Sunny Smith: I think people just also, like when you talk about the 50- year career, I think part of it that is so hard for us, particularly women, the stats on women leaving medicine early are ridiculous because it's like you would expect that it's an 80-hour, or 60-hour, or whatever work week, and that everyone is full-time and then if not like you're just not as strong as everybody else. So, I think changing the whole culture from ... I think the culture is changing, culture is always changing, right. I think that, people will say like, Oh, millennials, or millennial learners, but these millennials are teaching us a lot.

Katrina Ubell: Yeah.

Sunny Smith: They're demanding a lot. So, when people can find their power and realize they have some say in some situation, and then the medical educators often ... The people in these positions are generally kind, caring, loving, are there because they love the students. They want to make things better. So, I've been a part of a couple of movements in my career of things that started fringe and became very mainstream, and the whole thing about yeah, there's no funding, or we don't know, whatever. You find a way once it's decided it needs to be done.

So, I ran a student-run free clinic and so that was very fringe, and then over the course of a couple of decades now it's almost every medical school has a student-run free clinic, even though, Oh, what about the risk and this and that.

The next thing that became a movement that I was a part of was these things called learning communities or academic communities where you break the medical school into small cohorts so they have longitudinal relationships with mentors who are humanistic, and then you stay with them through their whole four years, and then those people offering when they graduate, they still contact you. That was seen as like extra faculty, extra safe, extra everything, expenses. How do we do this? Now, it's at almost every single medical school.

So, I think that I see this as sort of like this third movement of needing to see the students as human beings with their own thoughts and feelings, and desires, and we can instead of trying to make them sort of square peg, round hole, this is the system. You have to see people every 15 minutes, and you have to do this. If you have this kind of score you have to do this, whatever. Then, to just see things as much more flexible. I think the movement of the AAMC is to make things a little bit more flexible. Here's the thing, too, is that we teach all this goodness in medical school, that they matter, and they're important, and their opinions, and all this stuff, and then we kind of throw them to the wolves like—

Katrina Ubell: Right, exactly.

Sunny Smith: It's not really like that. So, we have to change the schools. On campus is almost the easiest part to change, because we can adapt pretty quickly across the country, the medical educators, but then it's the institutions in which we put them, and place them, and where that culture is. So, all of us, every person listening to this, probably most people, are doctors, and they are part of the culture of the institution in which they work. By every day you stay late, and every day you say you can chart on the weekends, and every day you do this stuff you're perpetuating the culture. It's like, how do we become the change we wish to see in the world, and live it, and be the example of what is possible?

Start young. Start first of all from birth, as we said, and then in kindergarten, and then in the school, and then in high school, and then in college, and then in med school. Then, how do we transform it so that we don't just, no matter how much good we do earlier on, just then throw them back into this whole broken system?

Katrina Ubell: Right, and not looking at it like I still think that there's that kind of elder generation that's like, You should be so lucky to be a doctor, and you should feel so lucky that we even let you into this whole thing, like you need to assimilate to what we have and what we've set up. There's nothing wrong with what we've set up. There's not a problem here to solve, like the problem here is you if it's not working for you, versus the other way around.

Sunny Smith: There's nothing wrong with these beautiful, wonderful human beings who come in and are highly functioning, and highly selected, and then we beat it out of them and give them, basically, and data shows alcohol problems. There's nothing wrong with them. There's nothing wrong at all. They're having a healthy reaction to an unhealthy system. We had an actual meeting at my institution where the students screamed at the faculty members, or the older faculty members, and were like, "Do we just have to wait till you die?"

Katrina Ubell: Oh my gosh.

Sunny Smith: They're not kidding. We're like, How do we change this now? How do we change this now? It needs to change. It is a crisis, a mental health crisis, all of this is a very significant issue. It's no joke. People are dying, people are dying.

Katrina Ubell: By the time they get to that far, if they'd had intervention so much earlier, it most likely wouldn't have, you know.

Sunny Smith: If we normalize talking about how we're thinking and feeling, then right when we start thinking like, Oh, I'm so overwhelmed then someone can be like, Oh, okay, what's making you feel overwhelmed? Okay, well, let's change that.

Katrina Ubell: Let's work through that.

Sunny Smith: Let's work through something about ... Before it's like, Oh, my god I'm so ashamed, I can't keep up. I'm failing.

Katrina Ubell: I think women do that even more so. It's not like, Oh, there's something wrong with the system. It's, of course, always inward turning, there's something wrong with me.

Sunny Smith: Of course. Yes, imposture syndrome. I'm not good enough.

Katrina Ubell: Right, right. All right, Sunny, we could talk for like another hour, except for, as you know in five minutes I have to take my daughter to the doctor to go get a COVID test, so I think we have to say goodbye. I'm sure everybody is going to want to go check you out. You have a podcast yourself, and a program for, especially for people who don't need to lose any weight.

Sunny Smith: Yes. If you need to lose weight go to Katrina, and if you don't you can come hang out with me.

Katrina Ubell: Yeah, check out Sunny. That's right. So, how can they find you?

Sunny Smith: Yeah, so I am Empowering Women Physicians, so that is the name of my podcast, and it is also the name of my Facebook group, and it's the name of [empoweringwomenphysicians.com](https://www empoweringwomenphysicians.com), so come check me out there.

Katrina Ubell: Perfect, and so anybody can join, like any doctor can join, the Facebook group for free, right, be a part of it?

Sunny Smith: Yes, absolutely. I think we have a lot of clients probably that have gone back and forth, or used me, or used you, or whatever. There's a lot. We all teach the same thing, thoughts create your feelings, people, which create your actions and results.

Katrina Ubell: In case you didn't know.

Sunny Smith: Just depending on what you're working on you may end up with different people in different spaces and different times, yeah.

Katrina Ubell: Yeah. Love it. Thank you, Sunny. Thank you for coming on sharing your story, telling us all the data and everything. It's so great.

Sunny Smith: Thank you, Katrina. It's an honor.

Katrina Ubell: The moral of the story is, everybody can use a coach.

Sunny Smith: Everybody needs a coach.

Katrina Ubell: Okay, awesome. Thank you so much,

Sunny. Sunny Smith: Bye.

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