



WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Katrina Ubell: Well, hello there my friend. Welcome to today's episode. I haven't had a guest in a while, and I'm really excited to bring you this one today.

You might have seen or heard that recently, there was a new article published in the Mayo Clinic proceedings, which is a peer reviewed journal that showed some very interesting, shocking, yet not overly surprising results that 63% of physicians reported at least one symptom of burnout at the end of 2021, and at the beginning of 2022.

This was an increase from 44% in 2017, and 46% in 2011. Only 30% felt satisfied with their work-life balance compared with 43% five years earlier. This is a crisis. This is a real big problem. And so, I heard about this article, and then the New York Times picked it up. And on September 29th, there is an article written by Oliver Wong (I'm assuming that's how you pronounce his name) that goes into deeper information about that.

And I feel like there's just a lot of talking about it. A lot of people kind of being like, "Yeah, burnout, like it's so bad." But I am reading this going like, you guys, something has to happen. And I thought of my friend Jimmy Turner, he is an anesthesiologist, he's also a coach, and he has gone through burnout himself and now, coaches, physicians, men and women, who are experiencing burnout. And he actually just released a book really, really recently that I wanted you to know more about.

And so, I asked him to come on the podcast to talk more about burnout, to really dig into it. The title of the book is called *Determined; How Burned Out Doctors Can Thrive in a Broken Medical System*. And I think that's the thing, we talk about this somewhere in the interview, but no one is saying that the medical system isn't broken. It totally is.

But if that's the case (which it is), then what? It's like a yes and kind of situation; what are we going to do in the meantime? And the better we're able to get ourselves into a good place, the more of an impact we're able to have in terms of healing and fixing that broken medical system. So, I am just excited to have you listen to my conversation with Jimmy. He talks about a lot of things that are in the book, but there's tons more in this book that we didn't even have a chance to get to.

So, of course, you're going to want to pick up that book. I was kind of joking at the end of the interview; people should just like purchase a few copies and just like place them strategically within the doctor's lounge at the hospital just like for the people who need it.

And so, just a little more information about Jimmy; the description for him on his book says, "Jimmy Turner, MD was once the poster boy of a burned-out overachieving physician." Oh my gosh. "As a husband, father, and academic anesthesiologist, he maintained excellent clinical outcomes, published RCTs, won teaching awards, and even launched a successful podcast." With so much on his plate, he felt overwhelmed by stress, which negatively impacted his home life and his health."

"After discovering coaching, Dr. Turner customized his principles and created the ACE Program to empower burned out physicians. He continues to share industry perspectives as the host of The Physician Philosopher Podcast focusing on all things physician life, money, and mindset." So, you'll definitely want to check that out.

Jimmy, he's got a servant's heart. He really wants to help other doctors to not go through the experience that he did, or at least, to maybe get help faster to know that help is available, particularly male physicians. I mean, everybody but male physicians as well, who are just not taking up coaching as a legitimate option when they're feeling burned out as much as women are.

So, if you are suffering from burnout or know someone who's suffering from burnout, this will be a really excellent episode for you. So, please enjoy my conversation with Jimmy Turner.

Katrina Ubell: Alright, Jimmy, welcome to the podcast, I'm so glad to have you.

Jimmy Turner: Yeah, I'm so glad to be here. I think it's going to be a fun show.

Katrina Ubell: It's really going to be fun. Okay, so before we jump into this amazing book that you've written that I really, really thoroughly enjoyed — I would love for you to introduce yourself. Why don't you just start with introducing yourself, then we'll get into your burnout story. Just tell us a little bit about yourself, what you do.

Jimmy Turner: Yeah, so my name's Jimmy Turner and it's funny when I talk about this; I'm really big on identity. So, I'm a husband, I'm a father of three kids. I love empowering other doctors. I happen to practice academic anesthesiology a few days a week at this point. And still love practicing, but really, my big passion is empowering other physicians. And so, yeah, that's kind of what I'm all about nowadays.

The three things that I really focus on are helping people get that work-life balance. And that has to do with financial freedom and really mindset shifts that are required to practice medicine because you want to, not because you have to. And I want everybody to be able to decide whether you stay in medicine or not; you practice as much or as little as you want. So, that's me in a nutshell.

Katrina Ubell: Amazing. So good, so good. So, you tell the story in your book, but I would love for you to share your personal experience with burnout because like really on the surface, I mean, you're that kind of person that like I'm reading all of the things you've accomplished and I'm like, "Oh my gosh, like I suck compared to this dude. This is incredible." Like you're a highly, highly accomplished person. How does someone like that end up burned out?

Jimmy Turner: Yeah, so for listeners that are familiar with the Enneagram, I'm a type three, wing two. So, what that basically means is I'm an achiever. So, I get my self-worth at baseline predominantly before coaching. But I do fall back into this kind of routine from time to time.

Basically, I get myself worth from achieving, from accomplishments, from getting things done. And so, people always ask like "How do you get all this stuff done?" It's like I don't know what I would do with my life if I didn't constantly produce, constantly achieve. And so, you're right.

Katrina Ubell: It feels like it's not like a choice. It's like I have to, or I don't feel fulfilled.

Jimmy Turner: Yeah, it's an intrinsic motivation. And, and so for me, like it wasn't about going out and doing these things, it was just like that's just what I do. Like that's my personality type. And so, yeah, I did all of my training at Wake Forest. So, United Medical School Residency Fellowship all there. Stayed on faculty, I'm on faculty at Wake now.

And for me, like I was always involved in leadership; student body president and I ended up being a co-chief resident.

I was publishing a bunch of papers early in my career and winning teaching awards. And part of that was that I was starting to go down this journey of burning out that I'll kind of share with you in a second.

But what those ended up being was like these things, these accomplishments, these accolades, these little mountains that I would kind of crest, and they would keep me up for a little bit. It was kind of a hit of dopamine from achieving those things because that's my personality, that's how I'm wired, is to achieve.

And when I do, I get that little bump and then I'd settle back down to my set point and would be kind of a little burned out. And at first, it wasn't that big of a deal, but I'd kind of checked all the boxes in academics, I'd done the research, I'd published the RCTs, I had won teaching awards. I'm really good clinically and I'd still say that I am today and I'm proud of that.

And I still had some leadership positions that kind of passed me up. And this isn't like one time, it was like four times, which is fine. The people that they chose are all incredible human beings and do a fantastic job of what they do. But yeah, it was for me, that's where my career direction, the trajectory I was going was leading. And so, I started kind of feeling undervalued, not really appreciated at my job.

And in the midst of that, I also had this experience where I couldn't be there for tee-ball games and gymnastics practice and recitals for my three kids. And being someone who identifies as a husband first, and a dad as a very close second, that was very hard for me. And so, I started feeling unappreciated. I started feeling like I couldn't really control the autonomy in my life, the personal schedule, and even some professional stuff.

I did a fellowship and I couldn't do that a hundred percent of the time, I wasn't allowed. And so, because of that kind of concoction of things, I started burning out. And it was completely ironic because I started my business as a personal finance blog. And the tagline has always been about wealth and wellness. And so, I used to say fighting burnout with financial independence. And so, when I started burning out, I turned to the thing that I taught everyone else to do; use financial independence, kind of create some financial freedom, maybe go part-time if you needed.

And I did that, I built a business, it became a multi-six figure business, and it didn't save me from my burnout. And basically, after a couple of years of this, the point that I hit rock bottom, I was actually on a golf course, and I'm going to be playing golf later today. It's something I love to do. I'm not good at golf. That's a very different thing than playing golf. But I'm going to go out today and play. And I was actually on the second hole of golf course with my buddy Mike, and the group behind us were standing in the fairway, they teed off.

And for those that don't play golf, like teeing off when someone's standing in the fairway is not safe. It's a hundred mile an hour golf ball. Like it can literally kill you. And so, it wheezes by our head and I just immediately for the first time in my life, like my heart is in my throat, I'm having palpitations like tremor, which I have at a baseline by the way.

I'd ran out of propranolol that controls my central tremor, that it'd also been masking symptoms that I'd been having. I just didn't recognize. And so, looking back, I was like hot when everybody else wasn't. I was sweating like it was a sauna in a room.

Kristen and I, my wife, we were getting into more arguments, which really wasn't a thing for us. Like we get into tiffs like any married couple, but like I was starting to get angrier and angrier and angrier. I wasn't sleeping at night. And so, I ended up getting diagnosed with Graves' Disease.

My PCP, she's amazing. She ordered a TSH and it was undetectable. And so, I was the quintessential doctor, the worst patient. And I was burning out so badly at the time that I was actually excited that I got diagnosed with Graves' Disease. I was like, finally, there's a reason for why I feel so miserable in medicine.

Despite all of these outward accomplishments and everything looking great; I've got this great marriage, I've got these great kids that are healthy. All of these things that I'm achieving, I was burning out so badly on the inside that when I got diagnosed with Graves' Disease, I was like good. Like I got a medical diagnosis and I was excited.

Katrina Ubell: Now, it's an explanation. Yeah.

Jimmy Turner: Yeah, exactly. And so, started methimazole, got euthyroid, found out I was still burned out. So, financial freedom didn't fix it, fixing my thyroid didn't fix it.

And it really wasn't until I found coaching that I really started to find some solutions to my burnout that I could personally put into place and kind of fight back against that system that was burning me out.

Katrina Ubell: So, help me to understand what your thoughts were about coaching. Are you someone who's kind of like an early adopter type of person who's like, "Yeah, I don't know what this is, but know I need something, I'll try it?"

Like we've kind of discussed you and I privately about how men in general can sometimes be resistant to coaching. I mean, I feel like men are just finally starting to open up to the idea of therapy. So, maybe they're just a couple decades behind.

This is of course, a generalization, but we do of course, have some men who listen, but even more so, we have a lot of people who listen who are partnered with a male doctor or have a brother who's a male doctor or a father or a colleague, and we know that male physicians are struggling too.

So, I'm just curious because I feel like you're sort of like in our world, sort of the first male doctor to really kind of come up and not only benefit from coaching, but then to go, you know what, I want to help other people with this too.

So, I'm just curious, was there any issue with that or what happened with that?

Jimmy Turner: So, it's really interesting, because like this isn't a stereotype or a generalization. Like it is a fact that men are less likely to get coached. It is a fact that men are less likely to get therapy.

And so, we know that there's something in terms of the wiring for a lot of men that says "Asking for help is weakness, and this idea that I'm going to figure this out on my own. Like if I got this far in my career, then I can figure this out on my own. I don't need help." Until it gets to the point where like they need so much help that it's a really big problem for them — personally, professionally-

Katrina Ubell: Or they're at a point of taking their life which is a really big issue right now.

Jimmy Turner: And we know that burnout's linked to higher rates of depression and suicide and that has become a bigger and bigger problem. And so, because of that, I do think that there's this stigma out there for men that exists for whatever reason.

And so, men are less likely to ask for help. And that's backed up by data. I mean, if you look at Shanafelt studies like the people that participate in those studies, it's like, I don't even remember; 70% women or something like that. And these are studies that anybody can sign up for.

So, the women self-select into these coaching studies, and it's still shown to be helpful among the men, but the men are less likely to ask for that help. And so, it has been interesting, but I personally didn't have that same resistance.

And the reason why is because I'm not just a physician, I'm also an entrepreneur. And so, in the entrepreneurial space, coaching is very normalized. I mean, there are people that go to conferences, there are people that have individual coaches.

And this idea of accepting outside help and counsel and getting a third person objective perspective to help you with your entrepreneurial problems to find solutions is very normal. And a lot of people in that space are women.

And so, I was around a lot of women entrepreneurs, it felt very natural. And you're right, because there weren't a lot of male physician coaches. And honestly, I love being coached by women.

And so, I ended up having a woman coach and it really, really benefited me. And so, it's exactly what you said. I was like, well, if this benefits me, I know that this would be beneficial to other men and women physicians who are struggling with burnout. So, why not get the certification? Why not go and help those people and use my knowledge and personal finance that I already built over that time.

Because at the end of the day, the reason that you stay stuck in medicine is because you can't financially afford to leave. I mean, that's always going to be a part of it.

And so, the personal finance piece came along with me as I entered the coaching world. But for me, there wasn't as much hesitation, I think, as there is for most men because of that entrepreneurial experience.

Katrina Ubell: Yeah, that makes so much sense completely. Because like in the corporate world, it's like, yes, every executive has their executive coach. And even for entrepreneurs, having a business coach, hiring people who know more than you and can help you with whatever it is that you need help with is so normalized.

But for doctors, it's like, no, just like all you need is CME, go to a conference every now and then, that's it. Yeah, that makes a lot of sense.

And so, not to say that that's a good excuse or anything like that, it just helps us to understand so maybe we can reach men who are struggling a little bit better, helping to kind of shift that perspective a little bit.

So, let's touch on the word burnout. It's interesting, there's more, I think, kind of like sensitivity around this than I even really understood, you talk about it in the book. I definitely can understand how the word burnout and kind of the ways some people might think about burnout makes it seem like it's blaming the victim.

Like we are the victim of a broken system as physicians. And so, by asking us to work on ourselves, that's denying that there's a problem. It's like a very all or nothing way of thinking. It's like whose fault is it? There can only be one kind of group or system or person to blame. So, if it's the physician, that means that the system gets off scot-free. There's a lot of resistance to that. Of course, it makes so much sense. Also, kind of this like, well, if you're struggling with burnout, that's like you must be weak or something's wrong with you or you can't hack it. Or like all the things that we're so afraid of when we've gone through such a lengthy period of time to get to this place.

I was just reading about like an organic chemistry professor who got fired in in the New York Times. And people were talking about, like these students were saying like this class is too hard and now, I'm not going to get into medical school and stuff.

And it's like it starts so early, like can I hack it? Am I good enough? And so, getting to a place where you finally feel like you've sort of made it and then feeling like now, they're just blaming me for not having a good experience of it. It's like you feel like you're in a vortex of like the twilight zone. You're like, what is actually happening?

So, a lot of people prefer the word moral injury, the term moral injury, instead. I would love for you to talk about this whole concept and the difference between burnout and moral injury, and how it affects physicians.

Jimmy Turner: So, it's an interesting conversation because people really, really do ... I mean it's a giant elephant in the room when you have this conversation because people really get riled up about these two terms and which one it is. It's either moral injury or it's burnout. And the subtitle of the book is what it is for a reason; How Burned Out Doctors Can Thrive In a Broken Medical System. It is recognizing that the medical system is fundamentally and systemically broken.

And so, in philosophy, my business as the physician philosopher, I was a philosophy major – so, we would call us a false dichotomy or an either or fallacy — it's referred to by both names. And it's this idea that like you just explained, that it's either moral injury or it's burnout. And I think that doesn't really do justice to what's actually happening.

What I think is happening is that the system is fundamentally broken, the medical system is broken, and that causes the phenomenon of moral injury. That culture that surrounds physicians, that leads to the individual phenomenon of burnout.

So, I think it's a both and, it's not an either or. I think that the system's broken, we need to work on fixing it or healthcare administrators and politicians, tort reform need to work on fixing it. But at the same time, we don't have to remain powerless in that situation while that system is broken. There are things that we can do on an individual level to kind of fight back. And from a business standpoint, this makes sense.

Because the bigger picture is to empower enough physicians that we might have that grassroots effort where we stand up and say, “No, we're not willing to do this anymore” and fix that culture that causes moral injury.

But in the meantime, like I refuse to let doctors continue to get burned out at epidemic rates. Just saying, "Hey, let's just wait until the system gets fixed" because we all know that if that happens, it's going to be a long time coming, and I'm not going to leave doctors sitting there hurting in pain, not enjoying their career, being burned out in medicine and not help them. So, it's a both and, it's not an either or.

Katrina Ubell: Will you define moral injury, because I think that's the term that maybe a lot of people are not familiar with?

Jimmy Turner: Yeah. So, moral injury is the idea that you have the training, you have the knowledge, you have the expertise to know how to care for somebody in a situation. And that might include caring for yourself, but you're not able to do it because of the systematic and systemic failures that exist in the system.

So, for example, and there's a plethora of examples you can come up with. But let's say that you're trying to take care of a patient and you know the right thing to do, but they won't give you preauthorization. The insurance company won't let you do it.

Katrina Ubell: Who has not had this experience? Everybody has had this experience.

Jimmy Turner: And you got to go to the peer to peer just to prove that your medical training is sufficient to make the decision for this thing this patient actually needs. Or maybe it's an electronic medical record system that doesn't let you put the order in for the thing that you know the patient needs and they're urgently sick.

You're in an ICU setting and like you literally can't put the order in because Epic or whatever EMR you're using is failing. And so, those are examples where you know you have the knowledge, you have the expertise, and you're seeing people get harmed because of systematic failures that exist, and these obstacles and red tape you have to go through in order to help people.

And the same is also true when you are being harmed and you know what the potential solution is, but you're not able or allowed to put it into place.

Katrina Ubell: Right. Oh my gosh. Just even having this discussion, like I feel so much like kind of tension and anxiety in my chest. Like it's just bringing back like so many memories like you've been saying, like getting to the tee-ball game and stuff.

Like I remember having the school play and being so clear, you guys, I have to be walking out the door literally at such and such a time tonight. And then them still adding people on and it's not the patient's fault, but you're like trying to rush and then trying to rush through the traffic and like my poor kid, and what if I miss it?

And like, oh man, it was so stressful, and it felt so like it was happening at me. Like I cannot even leave one day when I need to.

Jimmy Turner: Yeah. You're like I just need to make this one thing and it won't let me and more keeps getting added on.

And like in anesthesia, the equivalent is like you're at the end of the day, you're about to get relieved and then the patient in your OR starts like dying basically and you're like, "I can't leave. Like I need to take care of this patient, and like I was supposed to get out an hour and a half ago, but I had to stay and take care of this person."

Which is great, but that altruism that doctors have is often taken advantage of, and to an extent where it really negatively impacts your personal life. And at some point, you have to say, look, if I keep putting myself last, I really can't take good care of people.

And so, there's this mantra in medicine, the patient comes first; and what medicine has turned that into is like everything comes first. The insurance companies, the administrators, the electronic medical record system, messages, inboxes, all that stuff, and you know who comes last, is the doctor. And we don't realize that until you take care of yourself, you really can't take the best care of patients. So, the patient first and hospital first mentality, actually, leads to worse patient care.

Katrina Ubell: Right. Oh my gosh. Alright, it's like such important stuff and you actually do such a good job of really describing the problem in a really skillful way that we don't really have time to discuss today.

I just want to tell everybody that they should read the book because we could talk about that. But I don't want to spend the whole time just like talking about problems.

So, actually, okay, we're going to talk about one more problem before we move on to some solutions. Learned helplessness, let's talk about that because that is something that I think a lot of doctors resist.

They're like, "No, I'm not doing that." Like, no, that's not what this is, but it is. So, how is that contributing to burnout?

Jimmy Turner: Yeah, and I think this is an important thing to discuss because it also explains what you can potentially start doing if you shift your mindset around this. And now, we just got our German Shepherd puppy, so we have two. And this always makes me sad when I tell the story, but it comes from an experiment where they had three groups of German shepherds and the short story, the short version of this is basically, there's two parts of the experiment.

They all got a harness put on them that would shock them. And the first group of dogs, they just let them get into the box that would shock them and then they just let them go. They're the control group.

The second group, they put them in the box, there's a lever they could press. And basically, when they got shocked, they learned that if they pressed the lever, it would stop shocking them. And so, this group learned like, okay, I've got this bad thing going on but when I press this lever, it goes away. I can do something about this.

The third group, sadly, got put into the box and had a lever, but when they pressed it, it didn't do anything. So, they just kept getting shocked.

And the interesting part came from the second experiment where they put these three groups of dogs into a separate box where there's just a small divider, I don't know, 6, 12 inches tall. And I can promise you with having two German shepherds, they can easily jump over that. And they basically had to jump to the other half of the box to stop getting shocked. And so, the first group that didn't get shocked in the first experiment, they just said, "Hey, this doesn't feel good" and they jumped to the other side of the box, they stopped getting shocked. The second group who realized, hey, there's something I can do about this, did the same thing. And just like the lever worked last time, let me figure out the solution. They jumped over the divider, they stopped getting shocked.

The third group who learned in the first part of the experiment that there's nothing that they could do to stop their terrible situation, 70% of them literally laid down and just kept getting shocked. So, they had learned that there's nothing that they can do.

And so, these group three German shepherds were exhibiting what became known as learned helplessness. They had learned that there's nothing that they can do in their situation.

And unfortunately, in medicine, that's what's happened to a lot of doctors. Some doctors have figured out, yeah, there are some things that I can do. And those group two doctors make some changes.

But the group three doctors, and there's a large number of them that exist, they basically, now, think that there is nothing that they can do in their situation. And these are the people that say no, it's just moral injury. This is not burnout.

And so, because it's moral injury, it's the system's fault. There's nothing that I can do. The system needs to be fixed, which is by the way, 100% true. Those dogs shouldn't be getting shocked either. But you don't have to lay down and just take it. You don't have to exhibit learned helplessness as a physician. There are ways to fight back.

And so, the goal is to transition as many doctors as we can from group three to group two where they feel like they are now empowered enough to do something about it.

Katrina Ubell: That's so good. I mean, there's so much learned helplessness with weight loss as well. It's just like everything

I've done doesn't work, I'm not happy where I'm at, but why even bother trying?

And I love how you explain — I mean, I don't love that those dogs are shocked because it is so sad.

Jimmy Turner: Me neither.

Katrina Ubell: Because I'm a dog mom too. But still, it's so good for us to see that the system can be bad. You're getting shocked. And also, there are things that can be done. And that's just so important to recognize that.

Okay, so the title of your book is Determined. You talk in the book so much about self-determination and the self-determined physician. What is a self-determined physician and how can we become one?

Jimmy Turner: Yeah. So, I think so much time is spent talking about what Herbert Freudenberger would describe as burnout; the emotional exhaustion, the depersonalization, that lack of accomplishment.

And not enough is spent describing, okay, well, if that's not where we want to be, what does it look like when a doctor thrives in medicine? What does it look like when a doctor loves what they do, they have work-life balance, they're intrinsically motivated and engaged at work, they have good clinical outcomes?

And this comes from something called self-determination theory, which Edward Deci and Richard Ryan started explaining 50 years ago. And this is another example about how medicine is always behind the times. We just do things the way they've always been done because it's the way it's always been done.

And so, it's not like we have to reinvent the wheel here to figure out like what makes people happy in their job. There's three things. You need to have control, you need to have autonomy personally and professionally over your schedule and how you practice medicine. You need to feel like you belong.

You need to feel like you're valued and you're attached to a deeper purpose, which is the idea of taking care of patients. That's probably the one of the five pieces that doctors don't normally struggle because most of us feel like we're doing things for patients.

And then the fifth component is competence or perceived competence. You need to feel like you're good at what you do. And that's what people experience when they have imposter syndrome, is the 60% of doctors up to 60% that experience imposter syndrome; it's not that you're not good at what you do, you just think you're not good at what you do. It's that lack of confidence.

And so, the autonomy, belonging and perceived competence are the three pieces you have to have in order to truly love your job. And those are the three things you have to have in order to be what I call a self-determined physician.

And so, if you feel like your personal and professional autonomy are being stripped from you, it is on us to become group two German shepherds and to fight back for that autonomy or that lack of value that we feel like we have in medicine. And that may mean some mindset work. It might mean shifting your perspective on where you get your value. Maybe it's not work. It could mean creating that financial freedom to steal back some of your personal autonomy. And that's certainly the direction that I've gone and in my career.

I still practice three days a week, but I've purchased some of my time off and I will always practice anesthesia to some extent. I love it and I still love it. But that ability to become a group three physician, a self-determined physician, and take back your autonomy to take back the sense of belonging that community that we all need as human beings because we're tribal creatures whether we like it or not.

And then that sense of perceived competence and that story that we tell ourselves when we have that medical malpractice case or we have the bad online patient review, or we get the bad outcome or criticism from administrators — we get to interpret and think about how we view those things and what it means about who we are as doctors. And so, those are the ABCs of self-determination; autonomy, belonging, and competence.

Katrina Ubell: Yeah, I think it's so good. Because sometimes, yes, whoever, the powers that be are saying like you can't do this and these are the rules. But I feel like again, like just to your point, there's often times where we are just telling ourselves what we can't do and it's not true. I've seen this time and time again where I've had clients say, "Well, I can never make it to a live call if it's during the day because I've got patients, I've got this busy practice." And literally, just saying to them, like "If you had to go see an oncologist for yourself, how would you fit that into your day?"

Like totally, they would clear a hole in their day to be able to go see a doctor. Or maybe it's not even for them, or it's for someone that they love for their child, or God forbid, or their parent or whoever.

And so, it is possible. You just aren't valuing yourself enough and the process of you getting what you need enough. You're putting, again, patients first over what you need and then telling yourself you have no choice about it when that just is not the case.

Jimmy Turner: Yeah, no, I completely agree. And that's one of my favorite things to teach our clients is something called — it's affectionately called the “Hell yes!” policy. And so, it's this idea that you have to figure out what's important to you.

And maybe for the people listening to this podcast, obviously, that might be weight loss. It might be being more present as a parent or partner. It might be various number of things. But you have to get clear on what matters to you. And when you do that — and I love this, Greg McKeown described like what the word priority meant, or in the 1400s, it meant the one thing that's above all other things.

And then sometime in the 17 or 1900s, we pluralized that word and we pretended that all of a sudden, we could have multiple priorities that were above all other things. And that's just not the way that it works.

And so, when you get a lot of clarity around what matters most to you that makes you like really want to say hell yes, you can start saying no to other things. And I think that a lot of doctors don't realize like the most powerful word in the English language is no.

Katrina Ubell: And you're allowed to say it.

Jimmy Turner: And that you're allowed to say it. And so, like when people ask you to join the committee or to write the book chapter or to see more patients, like at some level, you can say, “No, I'm not doing that. Like my clinic ends at four or five (whatever time of the day that is), I'm not seeing patients. If you book patients past five, I will not be seeing them. They will be sitting in the holding room.”

And then your administrator gets to decide what they want to do with that. And I'm not saying you're going to keep your job, but I bet there's a good chance that you will, and I bet there's a good chance that you'll have the opportunity to negotiate, which is something else I love coaching people on.

Because if you start pointing people out to the administrators or the bosses that you have, the problems that exist and you just keep pointing out the problems, human beings want to solve problems for other people.

And so, you can probably get to a situation where you're not seeing patients after five o'clock if you learn how to negotiate and you learn how to say no. But most doctors feel like no, there's nothing I can do. This is what they're doing to me. And it takes a lot of clarity on what do you want to say hell yes to, so that you can say no to everything else.

And that's one of my favorite things to kind of walk people through how to create that "hell yes" policy.

Katrina Ubell: Yeah. I was just remembering the other day I was out walking my dog ... just like random memories pop up, I don't know why I was thinking about this.

But I was remembering how when I was looking for a job at the end of residency, I was offered a different job than the one that I took first. And I turned it down. I totally forgotten that this happened.

And it was a great practice, like super well-respected. I'd actually spent a little time there as a resident, like super great, but they had this reputation for working really late until the night like 7, 8:00 PM.

And I don't know if I was actually pregnant yet. I knew we were trying, like definitely wanting to start a family and stuff. I knew that was a priority for me; priority, the priority, whatever, one of the priorities for me.

And so, I came back to them and said, "Hey I'm really interested, but I really want to be able to eat dinner with my family every night." And they were like, "No, we can't do that." And so, we parted ways. And that was in 2005. It was a long time ago.

But even so, it was just so like the culture of that practice was we work, I don't know what the indication was of when they felt that they were done, and they could leave for the day. And even then, I knew like this is not okay.

So, even though the place I did join did also have somewhat of a policy like that, it wasn't to the same extent. And so, it felt more acceptable.

Jimmy Turner: Yeah. And I think that that's one of the things people don't realize is like you don't have to stay at that practice. And in fact, you don't have to make income from just practicing medicine.

And far too many physicians are like, "Yeah, but like I feel stuck" and it's like I could never transition to something else, whether that's a new job or a side gig or whatever happens to be for you.

And I think that doctors get lulled into this idea that you don't have value. And it's like the amount of critical thinking that you've learned, leadership that you've learned, and medicine that you've learned, and like all these other abilities to work with people on a team, like those are all translatable skills.

Whether it's at a new job or it's at the same job, negotiating for change, or it's starting a side hustle to give you some financial freedom – like it can look a variety of other ways, but you do absolutely and fundamentally have a choice.

And the second you start telling yourself that you don't, you become a group three doctor, it becomes this impossible situation where there's just nothing that I can do about it. And I'm sure you talk on the show like a lot of coaches do about well, we got to do the thought work and really kind of figure out where we're at and I'm all about making the diagnosis. Like why do you feel so burned out before you change your circumstance.

But I do think it's a bit naive to say that some circumstances don't produce better thoughts than others. You do have the ability to negotiate for change. You do have the ability to say no and change jobs. You have the ability to create income outside of medicine or to go to a non-clinical job. There's a variety of things you can do.

And helping people figure out like what that change and circumstance might be after they do the thought work to figure out what the problem is first is just so important to people's success in terms of escaping a lot of their burnout.

Katrina Ubell: And not to skip over the fact that I know you speak about it in the book, and I've had this experience too with clients where they came in so done with medicine, wanting out so badly, and then through coaching, they fall in love with their exact same job and nothing has changed there.

They actually like, not even just like find it acceptable, they love it. And so, that is available, like you don't necessarily have to make any outside changes. You don't have to like move around or uproot your family or anything like that. It's possible that what you have might actually be the dream job already.

It also might not be, but it's possible that it is. And it's cool to be able to get to a place where you can at least be open to the idea of that being the case. Instead of being so shut down that it's all horrible.

Jimmy Turner: A hundred percent. And that's why Epictetus is right — where all of coaching pretty much comes from. It's like a mixture of stoicism and a few other belief processes. But that's why Epictetus said the chief task in life is figuring out basically the things that you can control internally and the things that are external you can't control, and to do the work on the things that you actually can control, which is your internal narrative, your perspective. That was something that he said like 2000 years ago.

Like this is not new, it's just modernized. And we recognize that that is so true. And we've had so many examples in our program. Exactly like what you said, they fell back in love with their job, and they came in saying, “No, I got to change jobs, I'm going to quit medicine.”

And did the shift in perspective, like that mindset shift they needed and now, they love what they do.

Katrina Ubell: Right. I feel like back in my day, I would've been even more overwhelmed. It's like, well, yeah, you can improve your thoughts, but then you might have to move jobs and then you might have to move your whole family.

And then sure, you can start a side gig. But like at that time for sure, I would've been super overwhelmed by the concept of that. Like oh great, so to be happy, I got to work even more now. You know, whatever it was, like that's available. And also, there's other options as well.

Jimmy Turner: A hundred percent.

Katrina Ubell: There's one other thing that you actually — a story you told about a client in the book that I wanted to touch on because the whole like FIRE movement. What does FIRE stand for again? Financial Independence Retire Early. That's what it stands for, right?

Jimmy Turner: You nailed it.

Katrina Ubell: And this kind of idea how some people, because I hear this too, like people are like “I know I need your help, but right now, we're on this like super rocket fueled debt reduction plan. And so, it's not in the budget.”

And I just think to myself, “Okay, wait, so you're just completely putting off anything that would help you to thrive in your life so you can see that number go down?” Like there's got to be a balance.

Like sometimes either the kind of insanely supercharged drive to get the debt down or to get the net wealth up in order to get to that arrival fallacy place — the there that doesn't exist that like then I'll finally get to feel how I feel.

I mean, obviously, we can't say what's best financially for people, but there is definitely somebody who is like everyone was miserable. He hated his job, his family was miserable, but he's like, "But if I work here, I make so much money that I'll be financially independent in five years. If I go back to where we actually like to be, then it'll take longer."

And he kind of living like this very austere life to try to just collect all his nickels for some time in the future when he believes he has enough money that he can be happy, except we know that's not how it works.

Jimmy Turner: Yeah. So, obviously, all the client names in the book are changed, but I think of the book, I call this person Rhett. And yeah, it was really interesting. Because Rhett was practicing in critical care in a rural part of the country to make more money.

His partner was not able to finish their post-doctoral work. They were actually training in psychiatry, which I found really interesting having a psychiatrist's husband as a client in the system. They actually both became believers in coaching.

And one of the most powerful coaching sessions we had, Rhett's partner came on and we talked to both of them and I basically coached both of them for the entire hour. And that's the only thing we did. And everybody in the group was like, "Wow, that was just incredible."

And where we got to is exactly what you're describing, which is the balance between YOLO (You Only Live Once) and this idea like you're basically pinching pennies and living a life that you don't necessarily want so that someday in the future, whether that's five years, seven years away, you can actually start to live the life that you want.

There's some balance in between those things, and I'm really glad that you mentioned the arrival fallacy which was a huge part. So, when I referred to all these accomplishments and achievements, accolades that I was having a hit of dopamine, that idea that when I arrived I'd be happy. And it's a fallacy for a reason, it's not true.

But Rhett had this arrival fallacy that when he got financial independence, he'd finally be happy. And it turned out that that wasn't true. And that I pointed out to Rhett, "Hey, look, would you rather work in the place where you currently do and be able to retire in five years (which was the math he had done) and hate it for five years?"

"Or move back closer to the city where you're closer to family, your partner can finish their post-doctoral training. You actually like your job, you're working in a hospital that you've worked at in training and you know that you would like the job, they need your services and you'd be happy, but it would take you 10 years to retire instead of five."

And Rhett's like, "Well, when you put it that way, I guess, I'd rather delay my retirement by five years." And we're talking about like this person was planning on retiring at like 48 or 50. And it's like, so we're talking about delaying it to 53, like that's technically still retiring early.

And so, he's still going to achieve FIRE. And when I put it that way, he is like, "Yeah that, that actually makes a lot of sense." And so, like the very last call that I had with Rhett, sitting in like this new BMW 3 series that he'd been wanting to buy for like 10 years, but was something else that he didn't spend money on because he was trying to get financial independence.

He had changed jobs. He was going to be starting in like six or eight weeks and the job was going to actually pay him more and he had more academic time. So, this story that he had been telling himself that if he moved closer to the city, he'd make less money and delay his financial independence — interestingly, we got through the thought work and said, "Is that really true?" He found a job closer to the city, closer to family, his partner could finish training, made more money, had more time off, and could get to financial independence sooner.

Katrina Ubell: I love that story because it's just such a good example of like what you think is true may not be true. And that's why it's worthwhile to just spend the time really evaluating what are you doing? Like what is the point of this?

What do you think's going to happen when you have that magic dollar amount? Either you're closing out the loans or you are at a place where you feel like you have whatever that magical number is.

Jimmy Turner: And for Rhett, and these are I think just amazing stories to get to your point about investing in yourself. Ret paid \$5,000 to be in the program and then worked at a job that made six figures more than what he was making than he worked at his previous job.

Katrina Ubell: Talk about return on investment.

Jimmy Turner: Yeah, return on investment. And actually, I got an email like in the last couple of weeks, someone emailed back said, "Hey you really taught me a ton about negotiation. You taught me how to really work through the situation and my job. And I actually just made \$293,000 more this year than I did the year before because I negotiated for changes and how I got paid, and now, I'm negotiating for the other eight doctors in my group."

And so, like this idea that you don't get an ROI on coaching, I just find so funny cause I see it all the time. But until you like take that leap of faith, then you don't really see it. But once you do, you're like, "Oh wow, this is life-changing and has the potential like in a very measurable way to give you and provide you a very real return on your investment." And so, I just love those stories.

Katrina Ubell: Oh God, it's so good. Okay, so as we're wrapping up here, you have a number of great solutions for people in the book. So, definitely pick up *Determined: How Burned Out Doctors Can Thrive in a Broken Medical System*.

But just for the person who's listening today who's like, "Yeah, yeah, yeah, I'm going to pick that up or I'm going to buy the audiobook" like what is one thing, one solution that's really actionable that people can apply starting now, starting today, the day they're listening to this, where they can get some sense of like, "Oh, there is hope for me. This can actually be a little bit better?"

Jimmy Turner: So, I think that probably one of the most concrete things in terms of actionable advice, and I think this would apply to your listeners too, and I'm almost certain that you go through this work too.

But the idea of really processing emotions and the reason that this matters in the burnout space is because of that inability to make those changes. And so, we really go through the process of figuring out what are the three most common feelings you feel most weeks?

And for my group of people, they're naturally going to say the three most common things that I feel in a week are anxiety, overwhelm, and burnout. Like almost always all three of those things are negative. And if not all three, like 100% of people, at least two of them, are negative. And then we ask people, okay, and you can even pause this podcast right now and think about, like what are the three things that I experience.

And then the next question is, what are the three feelings that you want to experience on a daily or weekly basis? And they'll be universally positive. It'll be like, "I want contentment, I want happiness, and I want fulfillment in my career."

And it's like, okay, so isn't this an interesting phenomenon that what you actually experience is two-thirds at least, but probably, a hundred percent negative. And what you want to experience is a hundred percent positive.

And they've kind of wrapped themselves around this idea that they don't want to experience negative feelings. And when you stop and think about that, that's not really true.

And I learned this lesson from entrepreneurship, but I think it's something that's immediately applicable to physicians too, that actually, in my world, in entrepreneurship, you have to be willing to experience failure, you have to be willing to experience discomfort — sometimes anxiety or nervousness about the decisions you make; you might actually fail.

And if you're willing to work through those negative feelings, like what you want in life is often on the opposite side of it. And so, I always encourage people to write down where they are emotionally right now and what they want to experience, and what they're willing to experience in terms of negative stuff.

Because when you stop and think about it, like the day that you proposed to your partner or you had a kid and like you sat over their crib, like just praying to God that they'd keep breathing — like some of those moments in your life that produce the most stress and anxiety and discomfort, on the other side of them are some of the most rewarding moments in your life. And so, the ability to tell yourself, I'm not willing to put in the work or to try something, or to potentially make a change in my life because it might fail, which doctors hate; flipping that script on failure and allowing yourself to process those negative feelings without it holding you back and actually working through it ...

In stoicism, they'd say like the obstacle isn't in the way, it is the way to success. And so, when you can really pivot on that, you'll be better able to enjoy the journey, you'll be better able to get to your goals, and you'll be better able to take the risk and make a change that you know you need to make.

Katrina Ubell: Yes. Like yep, what he said. Yeah, it's so important. The number of doctors who are so deathly afraid of failure, it's really fascinating. Like I just did something on Saturday that totally was a bomb.

Like I mean, it's like all the time. Like I think maybe entrepreneurship just also numbs you to that. You're like, "I'll try that, it didn't work. Okay, next thing." Maybe that helps, but I think it's like when you have linked your assessment of yourself, your opinion of yourself, your thoughts about yourself to your ability to achieve, it's like, oh, you only get to feel good about yourself when you're winning.

And therefore, if you're failing, that means that you have to feel terrible about yourself and beat yourself up. So, there's the disappointment of failure. There's the feeling that feels bad, but what's so much worse than what I think so many people want to avoid is the treatment of themselves that they think is required if they've failed.

Like sometimes I try to just call it like a mistake because people are so adverse to that word, and I'm like, it's a word.

Jimmy Turner: Well, and I think that's interesting work. Like in terms of like even categorizing it as a mistake. Like in the entrepreneurial world, we say either get what you want or get the lesson that you need.

Neither of those are negative, like whether you view it as a mistake or failure. And I think that having that self-compassion, like there's a huge piece of burnout that is having self compassion for yourself. And so, when you're processing something, you're not having the best day, you make a "mistake," you're failing forward, how do you treat yourself?

And I think that a really applicable question is like, how would you treat a friend or a family member who's in the same exact situation that you are right now? And my guess is that when they're going through that moment, they're having a hard time, you're not going to be like, "You are a total failure." But we use the same language when we talk to ourselves. And so, learning how to talk to yourself with self-compassion by asking yourself, like "What would I say to someone else that I love in the same situation that I'm going through right now" can be a really helpful exercise to allow you to get through some of this until you learn that skill of tolerating and working through negative emotions in order to get to what you want.

Katrina Ubell: Yeah, totally. So good. Alright, so you've got this book, *Determined: How Burned Out Doctors Can Thrive in a Broken Medical System*. Where can listeners find this book because they definitely need to pick it up?

Jimmy Turner: Yeah, so since they're podcast listeners, the easiest place is probably the audio book, which is on Apple and on Audible and a variety of other places. And then if they like Kindle or Paperback reading, it's obviously available on Amazon as well.

Katrina Ubell: Awesome. I was thinking, I was like if someone reads this book and feels really connected to it, they could just buy a few copies and just scatter it in like the doctor's lounge, just like leave it there.

Jimmy Turner: I obviously wouldn't hate that. And that's why I wrote the book, and we talked about this when you came on my show; that you don't write books to make money, you write books to help other people.

Katrina Ubell: And I think there's so much help in this book. This is packed with good information, and I mean it's totally worth the read. And then tell us about your podcast. Obviously, we're podcast listeners over here.

Jimmy Turner: Yeah. So, The Physician Philosopher Podcast is where I hang out and thephysicianphilosopher.com is where you can find the other stuff that I'm doing and hanging around with.

Katrina Ubell: Awesome. Yeah, great. And you offer group coaching and help people through this as well, so there's obviously way more help and individual and personal help than just what's in the book.

But I think what's so great about the book is it's just such a good like taste. Like I really learned a lot, and sometimes, you're like, "Okay, what's going to be new in here?" I was like, "Oh my God, yes, wow. Wow, I didn't know that." You know, it was really good stuff.

Jimmy Turner: Yeah, I appreciate it.

Katrina Ubell: So, thank you for writing it. I mean, I it's desperately needed. I think a lot of people have been thinking a lot of this stuff and then they just don't know what to do next. And there's always been kind of a culture of sort of complaining within medicine, but I feel like it's gotten a lot worse and people just don't know what to do about it. And this is such a great place to start looking for what is that ramp off of the superhigh of complaining.

Jimmy Turner: I really appreciate it and I hope it's helpful for a bunch of doctors out there and hopefully, they'll get some reprieve from their current situation if they personally feel burned out or if they know somebody who might benefit from it.

Katrina Ubell: Yeah. Even if they're not burned out themselves, guaranteed they know some ... if two-thirds of doctors are burned out, then for sure, every non-burned out doctor knows a burnout out doctor.

So, even if it's not for you, make sure that you're sharing this with people who need it. Because a lot of people really do feel kind of helpless. Like from a peer colleague perspective, they don't know what to do to help, and this is going to be really very interesting. Even just toss it like, "Hey, I listen to this episode ..." like we have to be nuanced in how we suggest things.

Jimmy Turner: And that's the funny thing about any of this stuff. And I know you experience it in your niche, but unless people want the help, nothing will change.

Katrina Ubell: Yeah, you got to get to that place where you've had enough, you're willing to try something new that's less scary than staying where you are.

Jimmy Turner: A hundred percent.

Katrina Ubell: Absolutely. Well, Jimmy, thank you so much for being here.

Jimmy Turner: Yeah, thanks Katrina. Thanks for having me on the show.