



WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

[00:00:08] Welcome to the Weight Loss for Busy Physicians podcast. I'm your host, master certified life and weight loss coach, Katrina Ubell, M.D. This is the podcast where busy doctors like you come to learn how to lose weight for the last time by harnessing the power of your mind. If you're looking to overcome your stress, eating and exhaustion and move into freedom around food, you're in the right place. Well. Hello there my friend. Welcome to today's podcast. We're going to have a fun little background soundtrack potentially.

I'm hoping you won't be able to hear it, but it's been very rainy today. And then also my neighbors across the street are doing a big addition. And so yesterday there was a huge cement truck over there. I now hear other trucks all going up and down the street. And you know, we just get to work. We just do [00:01:00] it right. I was hoping it would just be rain, and then it would feel kind of like one of those, like, soothing meditation soundtracks behind you. But no, I've also got trucks going, so we just keep on going. You probably know that I have my office in my attic, and that means that I'm right under the roof. And also our roof is made of slate tiles, so it's like stone, I guess. Right. And so that means that sometimes those sounds really, really come in. That's okay. Right. It's like you're here with me.

[00:01:29] It's kind of like a lovely, relaxing, cozy day. Have a warm sweater on. And it feels nice in that sense. Okay. Today I want to talk to you about ending the charting agony. I'm only laughing because I'm like, is that melodramatic? No, I don't actually think it is melodramatic. I have been coaching people and my team has been coaching people on charting and charting issues for all the years that I've been coaching. I mean,

I've been doing this seven, eight years now, but I feel like there's been [00:02:00] a bit of a resurgence again, which is why I wanted to record this episode.

I think it's constantly a thorn in people's sides. I think it's not even just a pebble in the shoe. I think it's like, you know, for some people feeling pinned down by a boulder. But for whatever reason, it's coming to my attention a little bit more, which made me think, you know what? It's time to do another episode about this. I haven't done one in years, and I have more to say about this, so I'm excited to talk to you about this. The reason why this is important in a weight loss podcast is because so many doctors and other clinicians, but particularly with doctors. The burden is so heavy. How do we get through it when we have the charting to do or we just dread it so much? So how do we get through it? We eat.

[00:02:46] For some people, it's drinking at night too. But a lot of people it's having a snack. It's kind of like dangling the snack in front of you. It kind of reminds me back in the day with my first child, who was about to turn 18 next week. I cannot believe that I [00:03:00] was, you know, back at work and pumping, and I would want to pump one more time like he was basically sleeping through the night. But I wanted to pump one more time before I went to bed to keep my supply up, which of course, I never wanted to do at all, ever.

But at the time, you know, this was before smartphones and so much. I mean, don't even think I had a laptop at the time. I think I only had a desktop computer. I didn't have all the distractions and all that stuff that we normally have. So I would sit at the dining room table and I would let myself read people magazines. So I got a people magazine subscription, but I only let myself read it when I was pumping. So that was kind of like the carrot that I dangled for myself. Like, you don't want to do it, but. You get to read some people magazine. So it kind of reminds me of that here, where it's just like, you really don't want to do it, but you can have some dark chocolate covered almonds, you know, like, okay, fine, I can have a snack, then I'll do it.

[00:03:57] It kind of takes the edge off a little for a lot of [00:04:00] people. It makes it something that they can, you know, stomach a little bit more. Think for a lot of people, eating is a distraction. Like, well, I can't possibly do some charting because I need to get a snack first. So let me eat and then I can do the charting, you know? So the food and

the overeating surrounding this issue are a really big deal for a lot of people. And so of course, that's why it makes complete sense that I would talk about it here on this episode.

So I do want to just start off by saying that if you are somebody who is really drowning in your charts, and what I mean by really drowning is going to be how you feel around it, more so than the number or volume of charts that you have to close. I am going to be talking to people who have what I would consider kind of like standard level of struggle with this, but I do know that there are, you know, there's a smaller subset of people who are really in a bad way when it comes [00:05:00] to charting, are extremely behind. And even being extremely behind is like, you know, subjective. What does that even mean? But what I think really comes from it for a lot of people is a lot of intense shame, embarrassment.

[00:05:15] They feel humiliated. I think sometimes people start making up terrible stories about themselves. I mean, I hear it all the time, like, what must it mean about me as a doctor that I have gotten so behind in my charts? They make it mean all these terrible negative things about themselves. And I just want to mention that, you know, even though in our program we coach on this all the time, we've helped so many people with their charting. If you're in a situation where you're like.

I'm really in a bad way around this. I would definitely encourage you to consider finding someone who can specifically help you with this. There are charting coaches. There are specialists, experts who can help with improving your efficiency and really taking you by the hand, helping you to figure out those systems, right. Sometimes it's a situation where [00:06:00] we can self implement a lot of things, and then sometimes it's at a point where, no, we actually need a bit more intervention that I'm going to, you know, be able to offer you on this episode or potentially even in my weight loss or doctor's only program. So you can check this out on your own. You can maybe see if your organization offers any help. They might have somebody in the organization who helps with these kinds of things.

[00:06:25] I think knowing what your resources are can be super, super helpful. So just recognize that there are people who truly are experts in helping doctors and other health care providers to dig themselves out and to work through all of this. So that is

available to you just putting it out there. You know what's interesting? As I was preparing for this episode, I was doing a little research and I found this article by the National Academy of Medicine in 2020. We're talking just about what has come from having [00:07:00] this electronic health record, which was, I believe, in 2009. It was mandated in the US. And so electronic charting was really intended to improve the quality of care that's provided to increase the efficiency of providers.

It was supposed to be a really helpful and good thing. But inadvertently, you know, it's like the no good deed goes unpunished kind of thing. I guess it is inadvertently become a huge burden on doctors and other health care providers. Like all clinicians, it's a leading cause of burnout. It's a really, really, really big issue. And of course, burnout is associated with higher rates of medical errors, higher health care costs, and increased clinician turnover. So in a lot of ways, it's actually done the opposite of what it was intended to do. And it's just really a shame because it's kind of like, okay, well here we are. So what's the big picture? Like I said, I'm not like a super expert in this.

[00:07:58] So maybe there's something that I'm not [00:08:00] aware of, but I haven't been hearing that there's any signs or indications of turning this around or, you know, certainly I don't think people are going back to the old ways. But I did also find it interesting that it was only about 90%, which is a lot, but still, like there's still 10% of clinicians in the US that are not using an electronic medical record. So anyway, I thought that was kind of interesting, but 90% are, which is of course the vast majority. So just recognizing that, right. Like if you struggle with this, you are normal. There's nothing wrong with you that you struggle with this.

This is something that a ton of people are struggling with. I think the first thing that we do when we're struggling is we tell ourselves that other people don't struggle like we do. Everyone else has it figured out except us. Somehow we missed the memo, or we just are not smart enough or, you know, somehow deficient in terms of our character in some way. Right? There's something is wrong with us and it's all our fault. And I wanted to let you know that information from [00:09:00] that article, because it's not your fault. It is a really, really tricky thing that so many doctors are struggling with. But I also want to let you know that people who aren't struggling with it are not struggling only because of a couple of things.

[00:09:14] First of all, there are thoughts, feelings and beliefs. And secondly, the systems and processes that they've put into place. And so the good news is, is you have control over both of those segments, those different things. And I'm going to be addressing those today. When you have control over those, when you have some ability to make change there, we start to open our minds to the idea that, wait, you know, maybe the charting requirements and the needs and billing requirements through the charts and all that stuff. Maybe I could actually have a better experience of this without any of that changing. And that's the most empowering thing that you can do, right, is to realize, hey, you know what? This isn't my first choice.

I wouldn't have ordered it up this way at all, and actually saw something that said that a lot of [00:10:00] doctors spend more time charting than they do in patient care. It's like, what? Oh my God. Right. So just recognizing, like there's a way for this to be better. The possibility exists rather than there's no possibility. And I'm just stuck in this, which of course increases the rate of burnout and just job dissatisfaction thinking, you know, that has shown to increase clinician turnover, which is so interesting because, you know, what everybody's talking about are staffing shortages and all of these things, all of these problems that exist.

[00:10:31] And it's like, yeah, we totally get it. We all understand, right? Okay. So I want to split this up into two segments. One is more of the thought based, mind based coaching kind of approach. And then I have a couple of action based things as well. So let's start with the mindset part first. The first thing I want to suggest is that you get interested in learning different ways that you could improve your experience [00:11:00] in doing this. Charting. When I went to the internet, there were so many resources online. There are so much help for this issue. So when we all think we're the only ones who struggle, or it's like particularly bad with us or like things like that, it's like, no, there's actually tons of people who struggle.

And that struggle has been met with tons of help. So when you are recognizing that you're struggling, rather than just like staying stuck in the struggle, it could be helpful to just start exploring like some of that time that you're wasting on the internet. Maybe waste it or not waste it, but spend it doing some reading. There's so many blog posts about this. There's, you know, videos about this. There's so much help out there. So

take advantage of that, help so many resources online. And then rather than getting overwhelmed and going, oh my gosh, I have to change everything all at once.

[00:11:52] Find one thing, the thing that seems the easiest to implement, or the one that resonates the most with you, the one you feel most drawn to. [00:12:00] Or maybe a couple of them, probably three max, 1 to 2 is probably best, and then just start applying them. I think what you'll find is that your experience of this and your attitude of charting will already automatically start to improve when you're trying to make it better, rather than just like, this sucks and I'm just stuck in this. Right. So get interested, educate yourself, learn about different options.

This is not a complicated thing, like I said. I mean like a quick Google search. So many things came up, so many. And certainly what I'm offering today is not a comprehensive analysis or assessment of what's available on the internet. It's just some of the kind of. Ideas and solutions that really seemed like they would apply to the most people. But there's more out there than what I'm talking about today. Okay, now let's talk about your beliefs. And so beliefs are thoughts that you think that you just think are true, [00:13:00] that it just is. And when it comes to charting, a lot of doctors have beliefs around what's possible for them, what's possible for charting, what's possible to get done and still maintain the kind of experience or interaction with the patient in the room that you are hoping for.

[00:13:21] What's possible in terms of when you can leave for the night, like, you know, think for a lot of people, the idea of not having to chart at home after you're done for the day is just like the most ridiculous sounding thing. Like, you can't possibly think how could ever be a possibility for you. And you know, I do not think that you have to believe that. It's absolutely like the easiest thing in the world, and it's not a problem at all. And it never feels daunting to you to be able to get this under control.

But I do know that even just shifting your beliefs to this is something that I want to figure out, and then maybe even [00:14:00] too, this is something I can figure out. And then maybe too, this is something that I'm going to figure out makes a big difference. It really, really, really helps you to get more solutions focused so you aren't thinking about how bad it is all the time and reconfirming for your brain. See, this is why it's bad. See, I can never get done. See, I, you know, or like maybe someone gives you some feedback.

Oh, it's so nice. She's not on the computer when I'm interacting with her in the office. See, I have to do the charting later because people like it, right? I think a big thing is and I really, really resonate with this, just even personally is the idea of like, how can I get some of the charting done in the room while actually connecting with the patient? And I know people who aren't parked in front of the computer or looking at the computer all the time will get that positive feedback.

[00:14:54] But even so, right, getting yourself to a place where you can believe
[00:15:00] that you can create that close connection in the room and get some of the charting done. While you're in there like that, you can hold both of those things. Both of those things can be true at the same time. Allows you to start seeing some possibilities for a solution. It allows you to start trying to experiment a little bit. What happens if I do this? What happens if I do that rather than, well, this is the way it has to be. So I guess I'm just stuck with the end result beliefs. So important. If you can believe that this experience can be better, it can be easier, it can be more efficient, it can no longer be a burden. Those are things to open your mind up to. And you might just at first be like, I am open to believing that this can be better and easier. Like, maybe you don't believe it yet, but you're open to seeing it in a different way. You're open to doing your part to figure this out so it works for you.

[00:15:56] Those are the types of thoughts and beliefs to be entertaining in your mind
[00:16:00] again and again. And whenever your brain goes to like, this is the worst. It's awful. I hate doing this. No one should have to do this. Redirecting yourself back. I'm open to seeing this in a different way. I'm open to figuring out a way to make this easier and. Less of a slog. So that's your beliefs, which are really those things you think are true. But then your day to day thoughts about charting too, are really important, because those thoughts are the ones that we don't want to feel.

Our thoughts create our feelings when we have these negative thoughts about charting, and we feel bad and we don't want to feel that way. And so then we eat to change our experience, to change our feelings. So what we instead want to do is recognize when. Think about it this way, it makes me feel stuck. When I feel stuck, I want to eat. I don't want to feel stuck when I'm doing this. I don't want to feel dread when I'm doing this. I don't want to feel anger. I don't want to feel like whatever my experience is, is something [00:17:00] that I can't tolerate and I need to numb out. So you have to really

have a look at like, what are you actually thinking? What are your thoughts and how do they make you feel? Not because there's anything wrong with it, but just because it creates an experience that is not enjoyable and I will argue, does not make you more efficient, like being miserable while you do.

[00:17:19] It only affects you, right? Like it's not changing the administration who decided you need to do it this way or larger insurance companies, reimbursement options like things like that, like none of that is impacted by you experiencing negative emotions around it. So recognizing that if your thoughts are creating this experience that you don't like, that's really good news, because it means that you can think a different way to create different feelings. And it doesn't have to mean that you're elated and joyful and doing your charting, although mean, that is a possibility.

I think anything's possible, but it could mean that you just [00:18:00] feel more neutral about it. You're just feeling like this is just one of those things that I need to do. It's like hygiene. Not mad that you need to brush my teeth every day or I have to clip my toenails. Sometimes it's just something that has to be done. So like, let me just get it done. That's a very different experience than oh my God, I hate this. And oh my God, look how many, you know, things I have to do. That is to me the most core part of this whole thing.

[00:18:26] But sometimes we do need to talk about some actions and bring these up, because what I have found is that a lot of people don't have action ideas because they're in such a problem focused state of mind. So if this conversation that we're having here today has helped to switch you into a little bit more of a solutions focused place, I'd love to offer you some ideas for some solutions. And this doesn't mean that, like, all of these things will work for you, or even any of these things will work for you, but there's something for you to consider.

Like let your brain mull on this and start to find a solution. Your brain will try to answer whatever question you ask it. So when you ask it like, why does [00:19:00] this suck so much? You will see it all. It will show you all the reasons it's the worst thing in the world, and you should probably quit being a doctor. If you ask yourself a different question, you're going to get a different answer. What are some ways that I can be more efficient? What are some ways that I'm actually touching the same chart more times than I need

to like? What are ways that I can have someone else help me with some of this and let your brain show you. You may not get the answer immediately, but be open to the answer coming to you.

[00:19:29] Okay, so let's talk about a few action based ideas. Number one, it's really important to get fully trained on your program. So as much as I know it's probably the last thing you feel like doing, I do want to encourage you to get as much training as you can. I know in some circles it's called like becoming a super user or a champion or things like that. When you really, really, really know how to use this complex program, it is more likely to create [00:20:00] some efficiencies for you. When you're bumbling around and you don't even really know how to do it, or you don't even know that there's other, more efficient ways of doing it because you haven't been trained on it.

It just makes sense to you if this is going to be such a huge part of your life as a doctor, it makes sense for you to really thoroughly and deeply understand it. And this is usually free. Of course, it's something you have to find some time for, but it is worth it very much so. So get fully trained. If it's been a while, maybe you did all the training. It could be that you forgot some of the stuff, you know, or just maybe some updates have been done. You just aren't aware of those things. It's worth it to get the most up to date information you can. They might even have some efficiency training on the specific program that your organization uses.

[00:20:40] So take full advantage of all of that. So when you're looking at a potential backlog. So like I said, I'm not talking about like you're literally drowning backlog. But like you got some things, you know, that you need to get done. And you're finding that like, no sooner do you close some charts, then you're [00:21:00] leaving others open. My suggestion and again like filter this through what makes sense for you. But my suggestion is to first work on closing out the days charts that same day.

So I know some people have sometimes looked at it like, well, instead of working on today's charts, I need to get the ones from two weeks ago closed today. But then you're always in the state of finishing out charts where it's two weeks ago and you don't remember as well what happened. And it's slower and it's more difficult. And then that's always your experience of charting. So when you're working on efficiency and you're working on trying to figure out a way to close these out as quickly and as efficiently as

you can, focus on today's charts first and figure out what your goal even is. Like, what are you trying to get done? Are you trying to have them all closed by a certain time? Are you trying to have no more than one additional hour of charting after you see the last patient? Like, what is your reasonable goal for yourself? So if you're spending four hours charting at night, I think saying 30 minutes of charting is [00:22:00] probably it's not going to feel reachable or attainable right now.

[00:22:03] So let's make this something that you feel like you can achieve. Like, can we get it down to maybe three hours and 40 minutes? Let's see if we can pair off 20 minutes of that and then okay, like let's figure out where we can maybe cut another ten, 15 minutes and like just keep shrinking it down and trying things and then seeing the result of that. But figuring out what you can do today to close today's charts is going to be a really nice, small goal that can help you to feel like what you're doing is working. It's important with these types of things that you have some small wins built in, just like with losing weight, if you have 50 pounds to lose and you're like, don't get to feel good about this until the 50th pound is lost. Like that's really, really challenging. But instead it's like, hey, you know what? I want to try to lose 5 pounds in the next month. Okay, so what do we need to do? So, you know, want to be losing 1 to 2 pounds a week? All right, well, one week is gone. Where are we? Like, oh, look at that. [00:23:00]

[00:23:00] I've lost a pound and a half. Awesome. Okay, that's a nice win. This is working. Keep going, keep trying. Trying to implement what you've learned. Right. And also it gives you the opportunity just back to charting to try things and have them not work so that you go okay well no that doesn't work for me. What's something else that I can try when it comes to this? Do not hesitate to reach out and ask people for what their tips are. Some people have the best ideas. You do not have to reinvent the wheel. I mean, there's so many people who can be like, yeah, you know, I used to struggle with that, and here's how I fixed that. This can be people, you know, in real life.

These can be, you know, friends from your training that you reach out to. This can be potentially, you know, groups online. There's lots and lots and lots of resources to figure out ways, adjusting things and to find your own way that works for you. Okay, then with the backlog, once you're feeling like, yep, I'm getting it done, look at your backlog and break it all down. You know, it's like that gross old saying, [00:24:00] how do you eat an

elephant? One bite at a time. I like to say like, how do you lose 100 pounds, 1 pound at a time? How do you get, you know, 50 open charts completed one chart at a time.

[00:24:13] But maybe we can chunk it down. Maybe you can look at it like, you know what? I'm going to try to get three extra charts done. I'm going to keep up with what I'm doing today, so I'm not adding to the backlog, but I'm going to get three backlog charts done in addition every day. And I'm going to keep working on that because I know that eventually if I keep doing that, I'm going to get the backlog taken care of. This is just one example of how you can do it depends on how involved they are. Like, maybe it's just one additional one that you can do.

Maybe you can do one five days a week, or maybe you can do three two days a week, right? You're still getting a similar amount done, but you just decide for yourself, like, this is how I'm going to do it and I'm going to hold myself accountable. Right. I've made this plan, and what I feel like doing is not going to be relevant. Same with creating a plan for eating like [00:25:00] this is what I'm going to do, and when I've done it, I get to feel so good because I have made progress in the direction that I want to. Okay. Next look at your workflow. And this is an easy thing. Everyone talks about this. You know it's like streamlining things asking for help.

[00:25:16] It's like great. Yeah. Have your staff help. But then you're like, yeah, but we're totally understaffed and we have open positions. And or if you have the positions filled, those people are maybe not as competent as you would like to be. I totally get all of that. But even so, really thinking about how can you streamline it? How can you simplify? Are there things that you know, why are we even doing that? Maybe we can stop doing that. Are there things that other people can be doing? To me.

You should only be putting into the system what nobody else can. Okay, so nobody else can. Probably. Unless you have a scribe, nobody else can be putting in what the findings are in your physical exam. And even if you do have a scribe, you still have to tell them what it is. Right. So regardless, that information has to be conveyed. [00:26:00] So yes, you should do that. But if there's other things that you're putting in to the computer, it just doesn't make sense that you're doing it. So getting creative and solutions focused around who else can do this. What are other ways that this can get done? A lot of people talk about pre prepping your charts. That's I think great. For some

people. It has to be something that makes it so that you're not like okay now I'm not staying up as late, but now I have to get up super early to prep my charts.

[00:26:26] Like overall we want less time spent on this. So. So I do think that preparation can be helpful, especially if the overall time spent is cut down by that for sure. Let's talk about your notification settings. So sometimes the EMR EHR is also the communication tool. And so then you're like in there trying to you know finish out this chart. And then you're getting this notification and that notification you're getting pinged here and boop there and all these other things. Look at your notification settings. What can you adjust if [00:27:00] it doesn't seem like you can change it more and it's still a problem? Go to the administrator. Go to the you know it people.

Talk to them about what are the actual capabilities of this thing. You know, we want this program to work for you, not you working for the program. So doing your absolute best to make it communicate with you the way you want to be communicated with. It's just like with any tech, you know, like adjusting the notification settings on your phone. Remember when we all got smartphones and we had it notify us every time we got an email? I think that was the like the default. And you were like, oh my God, this is way too much. So it's similar idea like, what is it sending to you that is distracting, that is pulling you off task? And how can we minimize those things? Okay.

[00:27:45] Now let's talk about your in basket. Because this is another thing a lot of people struggle with. And I do want to mention that the concept of like inbox zero and stuff like that, some people feel like if they're not doing that then they're failing. I would say that you just get to decide, okay, you just get to decide [00:28:00] what is reasonable for you and how you want to do it. Maybe you're like, yeah, anything that came in prior to 3 p.m. I will handle, and anything after that maybe I'll get to, maybe I won't, but otherwise I'll get to it the next day. It doesn't have to be that you're walking out the door and the basket has to be zero, right?

But here are some basic ways to increase your efficiency there. One is to just try to touch things only once. And so a big issue with this is people going in and checking, just like we check email incessantly going in and checking that in basket. And then you like open up some imaging results or you open up the lab results, but then you don't have time to communicate that or really like close it out. So then you, you know, close that

out, then you have to go back and touch it again. And it's a lot of time wasted. And so this goes to the next part that I think is very important, which is setting limits for yourself on when you're actually going to go in and do this work.

[00:28:55] If you feel like you've been in your all day long, and of course you don't want to spend [00:29:00] more time with it later in your inbox. So much like if you can get to a place where you're like, yeah, there's, you know, 30 minutes at the midday break where I go in and clear it out and then, you know, actually like the things that are there. I actually if I look at it, I take care of it. I do what needs to be done. I either delegate it to somebody, I close it out, then, you know, okay, it's time to actually get that work done.

Not let me add to the pile of stress and anxiety that I have about all the things I have to do in the future. You see that difference? So hold yourself accountable to checking those things when you need to. If other people are expecting you to be in there constantly, we need to reset their expectations. Same with staff coming to talk to you about this problem and that problem. You can set some systems up in place, some processes for them, some filters for them. Like these are things that I need to be interrupted about. These are things that you can, you know, leave me a note about.

[00:29:56] These are things that I'd like you to batch and then come to me at [00:30:00] around this time or when, you know, morning Clinic's over, and then we'll review all of them so you can call people back and move forward or whatever it ends up being. There's so much time wasted in pulling you off task, and we want to really try to minimize that for sure. Okay, let's talk about getting help. And this is something I've talked to a lot of people about over the years. Like they know a scribe would help.

They've been begging for a scribe asking for a scribe, and the organization won't pay for it. And what I would say is that, of course you go through that process first. You take that as far as you can in terms of getting your organization to to pay for it. But I do just want to let you know that there are a lot of doctors where even if they paid for the scribe themselves, their increase in productivity more than pays for the scribe. So you really need to kind of like crunch the numbers and then see about like whether it be worth it for you to just pay for the scribe yourself. It's an option on the table versus like, well, they just won't help me. Yeah, but you can [00:31:00] take this back into your own hands if that's really going to be the right thing for you.

[00:31:03] And for a lot of people, it really is. And there's more and more data on how helpful that can be. Of course, it is another person that you have to train and you have to manage them. And if they are sick or off or whatever, like there's there's still more to it. But if it overall makes a big difference and helps you to get out earlier and helps your charts to be complete and to be, you know, and by complete, I mean not only like closed, I mean also accurate, then it's totally something to explore. It might really be worth it. Okay. And then finally, there are definitely some things that you might not have explored that can really help. So there's these add on apps.

Now there's additional things that you can use that help to work with your EHR to improve the function of the EHR to increase efficiency. There's even some AI based tools now. So exploring that, like, I think a lot of people are just like, well, I shouldn't have to do that. You know, we're like real victims [00:32:00] about it. Like, you know, don't want to have to do that. And while I totally get that, I completely understand, you know, if there are tools that can help us, we would want to take advantage of them. Right? So doing some research into what's available and don't just ask the organization, like, do they know of anything like do your own research, like really dig in, have a look.

[00:32:21] Because it's quite possible that there's some new things that maybe even are new within the last, you know, three, six, nine months, something that you could be an early adopter of and try it out and see how it is. There's, you know, of course, dictation is something that for some people really helps, and for others not so much. But, you know, even bringing AI into that can make things much better. Check that out as well. I want to wrap this up for you just from a time standpoint, but I want to encourage you to decide that you're not going to let charting get the best of you. Okay.

You can figure this out. And I would [00:33:00] argue that you will figure this out, like life is too short to feel like you are beholden to this system. Think that's the right word? Think that's what I mean. Like, I don't want you to think like it has to be awful forever. It really, really doesn't. And there are so many stories of doctors. I mean, we've worked with tons of them and others out there who were on the brink. It was really bad, and they've gotten themselves straightened out. So if they can do it, you can too. It's totally possible. Let's pick one thing. I would encourage you to pick one of the thought based things that I kind of first mentioned.

[00:33:40] But of course some of the action based ones can be helpful as well. Really look at your beliefs. It's very, very important that you are in the proper headspace and mindset to be able to figure this out. And what an absolute gift to give yourself. So when I talk about permanent weight loss, guess what? It's a lot easier to maintain your weight loss when [00:34:00] you're not stressing out about your charting and then trying to also resist eating, because what you always did get your charts done was eat like. It's just so much easier if it's just not a struggle anymore.

So let's make it not a struggle anymore. Hopefully this episode is kind of cracked your mind open a little bit to some additional ideas, some additional ways of approaching this. But charting does not have to be agony for you. It really can be better. And I want to encourage you, maybe this is a thing for the new year. You know, maybe this is your thing for 2024. Like I am going to figure this out once and for all. I think that would be a really great investment in yourself. Okay. All right.

Well, I wish you a great week. I wish you closed charts early in the evening and I will talk to you next time. Take care. Bye bye. Ready to start making progress on your weight loss goals? For lots of free help, go to katrinaubellmd.com and click on Free Resources.