

Grow Your Clinic Ep. 170 - How to Lead Through a Crisis (COVID-19 Special)

[INTRO MUSIC]

This is the Grow Your Clinic Podcast from Clinic Mastery. We help progressive health professionals to lead inspired teams, transform client experiences, and build clinics for good. Now, it's time to grow your clinic.

JACK: Welcome to another episode of the Grow Your Clinic podcast. My name is Jack O'Brien, your host. And this is the beginning of a season, a little mini-series, if you will, of shining a light on clinic owners specifically on their leadership and overcoming challenges and tough times. So I am really really excited to have joining me on the podcast today, Julie Condon. Julie, how are you?

JULIE: I'm well. Thanks, Jack! How are you going?

JACK: I am absolutely super. So Julie is the founder, she's the clinic director of Advanced Health and Hand Therapy based up in Townsville. And she's an OT, works specifically with hand upper limb injuries, and has an amazing clinic. We've worked with Julie through the business academy at varying times. And she has an incredible story to tell. But Julie, before we get into that story, is it okay if I ask you a few rapid-fire icebreaker questions?

JULIE: Yes. I'm nervous about this, but yes, go for it.

JACK: Well, for those who listened, they're the same questions and I always bring fascinating results. So Julie, number one: what are you reading or learning right now?

JULIE: So, I'm rereading [Brené Brown's Braving Leadership book](#). I feel like that's a good place to start at the moment.

JACK: Mm-hmm. Very timely. For those who may be listening after the fact, we're recording at the end of March 2020 which is right in the thick of the COVID19 development. So Brené, I'm sure it's hot on the ears and eyes of many leaders out there. That's awesome. Why did you pick that book and not her other ones?

JULIE: Because I feel that I've read all of them and.. multiple times, and I really feel like the principles in the Daring Leadership is where I want to go at the moment because I feel that leadership at the moment is the skills that I really need to be bringing at the moment. And

particularly, because I'm feeling vulnerable in this stage, as I'm sure anyone in a leadership position is. And you know that work can really help kinda navigate it.

JACK: Mmm, love it. Thank you for sharing. Number two, who inspires you?

JULIE: Well, now I'm thinking about us. So now, I can't think of another answer, but yes obviously, you know, Brené Brown is awesome. She, you know, with her whole philosophy on, you know; 'let's speak to shame,' and 'let's act vulnerable,' and 'we're all in this together in whatever stage of life that we're in.' That sort of thing is pretty inspirational to stand up against commonly held beliefs and speak to the fears in, perhaps, of other people.

JACK: Mmm, absolutely agree. Number three, what did you want to be when you were growing up?

JULIE: So I grew up in a cattle station, basically in the middle of nowhere. And because I had a hand injury myself when I was a kid, I always knew that I wanted to do something in health. So surprisingly, I didn't really want to... It was never the kind of a thought process of mine that I would then, you know, stay on the farm and on the land. I always wanted to do something in health because I wanted to help; but I didn't know what that was.

JACK: Yeah.

JULIE: One week, it'll be an optometrist; and then the next week, it would be, you know, a physio; and next week, could be a nurse, and then a doctor, or surgeon, and then back around again.

JACK: That's awesome. It's not very often that people aspire to be a health professional, or sometimes maybe a doctor, but when they're kids that had that from early life is awesome. And finally, what's a motto that you live by?

JULIE: This... it's hard to kind of think of something off the top of my head but I try to... the motto that I always try and have in the back of my head is "show more kindness." So, I'm constantly trying to think how can I show more kindness in this situation. And I kind of say that to myself every day before I start work. It's on my email signatures. And if I have it, you know, it's something that I try to keep front of mine.

JACK: So good. I love that. Thank you. Okay, so let's dive into your journey, in your story. So you mentioned a hand injury as a young kid and now through to being an OT hand therapist and clinic owner.

JULIE: Oh yes. Oh, I feel like I need the music though, Jack. So yes, so I had a hand injury when I was 4 years old. I was electrocuted out on the farm. And that resulted in, you know, my dad... there was my flying - flying doctor available. So dad actually had to fly me into, you know, the nearest place, of the nearest hospital which and then we met the ambulance at the nearest hospital which by driving, would have been four hours. Flying, it was, I have no idea, a

bit quicker. I was lucky that my dad is a pilot. So, living on the land, he had it had a plane and so a small little plane and he flew me and my mum after the injury. I then spent a long time away from home with mum. I'm the youngest of four. So, dad was at home with the other three kids. So, I also don't really know how that went, but they also (inaudible), so that's good. That then led me through... Because I lived in the middle of nowhere, there was no such thing as hand therapy. So, it's not like I have... I haven't had that thought in my head. I want to be hand therapist because that helped me. I, as I said before, wanted to do something in health. So there must have been something that triggered. I must have had a really good experience with the health professionals that looked after me during that time to have triggered that. And then it's gone through from there. So, when I learned about hand therapy when I was in grade 12. And you know, the week before you have to put your preferences in for Uni, I was reading through the (inaudible) book and I found hand therapy. And I went, "Oh, my god, that's it! That's me!" So - and I haven't looked back. So I'm one of the lucky people that was able to figure that out a young age. And I've been doing it now for over ten years and it's awesome.

So my whole career learning through Uni was as towards becoming a hand therapist. And in either a hospital setting or a private setting, I really wasn't fast, I just wanted to help people with their hands. I worked in both hospital and private clinics. I moved to Brisbane for a bit. I've moved into Canberra. I've been all around a little bit, just have a bit of experience everywhere else. But when I was in Brisbane, I really missed home. I wanted to come back, because all my family lived on cattle stations, and Townsville is the central point. So I don't see them very often but at least it's possible to see them sometimes. You know, one of my sisters is 12 hours drive away, so directly west, so you know, I don't get to see her every often.

But I also had a really strong desire. I was forming the connections and it's exactly like the the Clinic Mastery motto of, you know, like the client experience and how that then impacts their recovery and helps them to get better. That was where I was forming those connections as a health professional. And I felt as though that was an area that I could expand on and add more value to everybody when I was going through. So that was kind of when I decided to move home. I decided, "You know what? I may as well give it a go at doing things on my own and be a clinic owner." Uhm, and kind of just dive in. And now I have three therapists that work with me and two admin staff. And you know, we have our own clinic. I (inaudible) renting rooms, now I have my own clinic. And that's, yeah, basically the how the dots all got connected

JACK: Yeah, it's awesome. What an - what a story. I love it. And it's funny when you look back in retrospect. And I wonder whether that initial injury, obviously that's led you to hand therapy, the adversity and challenges that no doubt were there as as a young family, remote family had owed you well for the challenges that have come. So you mentioned that you're a clinic in Townsville. And for those unfamiliar, Townsville is up in - up towards tropical kind of North Queensland parts of the world and has interesting, you know, weather patterns at times. And so a couple of years ago, there was a few significant floods that made their way through your town.

Can you tell us what was the impact of that on your clinic specifically. And then we'll touched on some the leadership and principles. But what did... What happened when (inaudible) floods?

JULIA: Yeah, so the floods actually occurred last year. - so February last year, the end of January, side of February last year. And it went through, so you would have heard about the floods that Townsville was affected. But these were at this... it was the same monsoon tropic that caused the Townsville floods that actually flooded the whole of Northwest Queensland. So these are the pictures that you saw of all of all the animals and things that were dying and being drought. So it was a very very emotional time for the whole region. In terms of our clinic particularly, we were fully closed for four days. So, Thursday, Friday, Monday, Tuesday of the week. And then we were had reduce staff for the week preceding that and the week post that. Lots of people couldn't make it to the clinic for their appointments because they were flooded, etc., etc. So our numbers were decreased for that whole time as well. So both from our ability for our staff to get to the clinic and then from the ability of our clients to get to us as well. So it was from a clinic point of view, the financial hit was pretty significant. The bigger part of it was the emotional hit across and for the community

JACK: So you're you're in Townsville which is a regional hub for the whole of North Queensland and it's a pretty reasonable city. Yes or - yes, it's a city centre in its own right. And you're in the... you're one of the main therapists there. So was there a physical, like water, through your building?

JULIA: Inside of a clinic didn't get get flooded. It was - or we were lucky. It kind of came underneath (inaudible) like a foot. So it was okay. We did have storm water coming through the roof though. We could just with the - our roof. It was all healthy and checked and all that sort of stuff (inaudible) clinic kind of twelve months before. So that had all been checked and done. But just this (inaudible) deluge of the water. So it was just phenomenal amounts of water that we're falling from from the sky that I don't think there would have been anyone in the whole region that didn't have a roof leak. So that then came in through our welcome room and did some ceiling damage, to the carpet damaged, wall damage, etc.; and then also through one of the clinic rooms, and then out in the back. So that basically the the lunch room, the the kitchen, the stockroom, all of that was damaged as well. Yeah, so there was some definitely some physical stuff happening. It definitely wasn't as bad as what everywhere else had.

JACK: Mm-hmm. And have you been able to somehow quantify the - maybe the financial impact? Whatever you're comfortable sharing around what it meant for you?

JULIA: Yeah, so we've been trying to... I have been really looking into the the quantifiable amount of that. We'll starts adding it up with staff hours, etc, etc. It worked out to be a, you know, how about 250 hours of work that we were - we missed. We thought that lot of staff members. So then you have you know wages cost you have your normal hourly cost of the clinic don't go away just because of that. So I have done the reports, so it's over 100 missed appointments, miss/cancel due to the flood appointments and that was just for those that the end

of January and then we have the same thing through February. So we miss out on essentially you know 200 appointments. So that quantifies up to quite a substantial amount of money.

The other thing that happens is it's the flow-on effect that you can't quantify. So you can't quantify how many of those people didn't come back at all. I mean, we've followed them up but you know, there's that. And then it's the ripple effect with those people then refer to somebody else. How many initial clients (inaudible) was all this situation. How many clients didn't go for surgery that they should have gone for surgery? That sort of thing so the ripple effects you can't really quantify. So that's a lot more difficult.

JACK: Hmm, no doubt. And like you say though, the the physical impacts pale into, not in significance by any stretch, but the emotional and societal cultural impacts are huge. Can you touch on some of those?

JULIA: When you are a health professional, and I'm sure all of your listeners are well aware of that as this is you know the kind of community that cm creates, is that we are the support system for our clients. So we are the trusted confidants. So we had our clients coming in and they were... for the next four months following the floods, there wasn't a day that went past when one of em didn't cry. Now that was all myself at work. And now that wasn't because necessarily that it was all us, it was because we were constantly - we were in it with our clients. In terms of my house, I'm still not back in my house, and it's over two hour later and my house got flooded and destroyed and I'm still not back there. So there's that element but then when you are acting as the confidant for someone else and one of our core values as a clinic is empathy, we practice that which therefore means that we feel with our clients as well. So they were coming in for their therapy but then now we're also offloading about what was happening for them in their own lives and their own finances and etc etc. And it was the whole community was affected. So you couldn't go outside, I you couldn't go you know to the shops, you couldn't have a general small talk conversation with anybody without feeling the anxiety, the emotion from everybody. So if you're if you're an empathic person and you are acting in that position and seeing that kind of a value you're constantly absorbing it and it makes more not a whole lot of space to replenish your emotional energy from that.

JACK: Yeah, wow. I'm thinking about clinic owners now and we're in the midst of of COVID19. Specifically around your team, what were some of the leadership principles that you learn to practice through that time of adversity where your team's livelihoods are up and down, maybe their workloads are up and down. How did you lead your team through that?

JULIA: You, with lots of mistakes (inaudible), it's part of his part of that, you do your very best. I was vulnerable with my team. I was open to of it but also I needed to be a leader. So yes, I was vulnerable to my team and as I said, I - you know, she had many tears throughout the time and I was sharing what was going on for me with the team and being there for them, but at the same time it was my responsibility to be able to bring us back to our values and get us through that. Probably the biggest thing that we really double down one is what does it actually mean for us to

live our values. Once we really concentrated on that and we push through that everything I did, I made points of bringing that to everybody's attention every time. So for example our front of house staff, we're finding that they were having a lot of rude people. When they would call up, people were a little bit more abrupt, people weren't as nice people were, you know, just not showing too much kindness coming this way. Our front of house girls were then struggling with that because they were feeling like, "well, what are we doing?" You know, like "we're trying our hardest" and you know, "this is not our fault" or this person, you know it... There were just different things that kind of happens. So our big thing was kill people with kindness. We went over and over and over it. And we went through it with each other, we did training, we do role plays, we did examples of it, and we practiced it, and then we showed that to each other. So when someone would call up, this isn't because the people were being mean, typically mean, it was because nobody had the emotional capacity to be able to be open to empathy or kindness from other people. And that's something that we are seeing now, you can on socials, and you can see it you know with people fighting over toilet paper and that sort of stuff. When humans become in that massive anxiety response, it becomes very self-centered. And that is probably an evolutionary thing but it's also something that as part of how we have evolved as humans, we are able to combat that. So it was my job you really live our values itself, and then to help guide the girl into leading that. So we did lots of training, we did lots of one-off morning teas, we did lots of specials, we go out for lunch, Monday, "let's do you know bring people in random." You know, give someone... you know all of that sort of thing, and lots of messages on Slack. And that sort of... so that was how we kind of lived it everyday.

JACK: If I can press on the point. You said you were vulnerable with your team and you know you share lots of tears, I think about some clinic owners that maybe swing too far to the vulnerable side and you know pour out their life, and then the others who might put on a staunch face, put on a brave face and not let the walls down, it sounds to me like you did a bit of both. How do you how do you juggle that vulnerability and strong leadership decision-making?

JULIA: Well, you need to read Brené Brown's books, Jack, because she helps us navigate that. The thing is that you can be vulnerable without being weak, and you also need to remember that no one else is responsible for saving you. If you can be vulnerable in the way up "This is how I'm feeling, but I don't expect you to save me. I am responsible for my own energy and I am responsible for where I am up." That is then how people can still feel safe around you. When I was being vulnerable, it was done in a way that was not going to make the team feel vulnerable. I didn't want them to feel that I had lost control. So for example what I'm trying to get out is there were periods as like I'm sure you can understand when I talk to out the numbers of patients that we missed, clients that we missed, and that sort of thing in that time. Finances were massive. I was also then you know outside of work. I had no home. And I was fighting insurance, so that... then carries in to work. I couldn't have come in to work and said a 100% I totally fine because that would have been a lie. And part of one of our core values at the clinic is integrity. And to be to show integrity, you actually have to own up to things and say, "Yeah, I yep. I'm struggling,

but we are safe. This is what we need to do in here.” So I didn't share necessarily with the clinic. The team members we're usually very open about our finances and things within our team. We're very numbers and that sort of thing because we see it as a way of this is how we can track the help that we're providing. So at the end of the day, it's all about the client; and numbers are a way of being able to know are we actually helping people.

At that time, I chose not to share too much of that. And so when I (inaudible) with the team, it wasn't me going, “Oh my god, everything's a disaster. We're going to have to close the clinic. We're gonna have to lay off staff.” Like all of these things that we didn't get to that point in my head, we didn't have that. I wasn't worried we're gonna lose our clinic but but there were times when I was worried about how we would navigate a things. But I didn't share that necessarily in my matters of being vulnerable with the team. All that would have done is it would have been spotlighting everything and then that would have made everybody else feel vulnerable and that's not okay.

JACK: Gotcha. That makes sense. Tell me how do you think this, the lessons of principles that you've learned and experienced, can apply in a situation like COVID, and to be specific, where there's maybe government mandates that we shut down or that there's potentially employees with torn moral or ethical decisions of should or shouldn't we continue to treat - job uncertainty - what applies in this situation? Or what are you doing differently now ?

JULIA: It's the lessons that I've learned through the flood definitely have helped me tremendously in this situation. The flood, be mindful, was our region; it was not the whole world. COVID is the whole world. So it is magnified. So I'm not... I'm definitely still learning and still vulnerable and all of that sort of stuff to fear and anxiety at the moment. The biggest core that I found is you need to be able to bring back to why are you doing what you're doing - what are your core values? If you can let that be the filter that you run through everything, then it will work out. For example, our whole point is to get our clients better. We want people to be able to reconnect with who they are as a person through the use of their hands. So if you're a breadwinner and you can't use your hands, then all of a sudden that part of your identity is not there. The same as if you're a caregiver and you can't pick up your child because of a hand injury then that part of your identity is not there. So our core business is providing people a way to be able to reach and connect. If we say that as that's our business, then you can say, “Okay, I can't do it this way because the government has said that this isn't safe. Obviously, if I continue to do things that were against the guidelines, that would not be complying with our core values and that would not be achieving the goals that we have.” So then it's like, “Okay, how can we do it?” And the it's taking a step back away from the fear. Don't actually get bogged down into that, and then do it. As I said before, when you're in... I feel like humans in general, when we're anxious and we're in operating from that face of stage of fear, it is incredibly difficult to be able to broaden your focus and be able to think of other opportunities to be able to do good.

JACK: Mm-hmm.

JULIA: I believe that if you can exercise some strategies to calm your fear down, so meditation, breathing, any of that sort of stuff, whatever works for you, go for a walk outside by yourself or if you do (inaudible) sort of stuff. That all works. Once you're in that space, then come back and say, "okay, why don't I actually do what I do?" Then when you have that, then you can say, "Okay, this is another option: digital health, telehealth. I can do that. I can look at people. I can see people. I can..." Instead of doing... You know, a lot big part of our business is we do custom-made thermoplastic splints. I'm not going to be able to make a custom thermoplastic splint on someone over the phone but what I can do is we can say, "Okay, these are the principles of the clinic reasoning of why we need to do what we need to do. So therefore, I'm going to do some research and find another option for you in a commercial base sense." Then you can bring that to your team as well, and you can say, "Okay, everybody, this is why we do what we do." And then the decisions that you need to make is, okay, make everything safe for people.

So one of my therapists at the moment, she lives with someone who is classed as, you know, a vulnerable person to the COVID virus due to other medical conditions. And I have said to her, you know, we've had many conversations about it is safe and it is okay for her if she chooses to not work from the clinic to be able to work from home. And then we would then transfer telehealth appointments to her as the priority and then we can move on from there. Making people know that they're safe in terms of we're doing everything we can as a business to be able to make sure that they keep their jobs. You know, as Skye said the other day, "every single worker who are still working is essential." So we mean to make sure we're doing that as best as we can and that's an option for her to be - to be able to do. I think if you can have those candid conversations and call out the elephant in the room, then that's better. I believe that if you don't and you you try and hide from it, that's when things are going to get more scary. If you can be transparent and if the transparency is saying, "we don't know yet," that's okay too, you know.

JACK: Absolutely, yeah.

JULIA: Yeah, we don't know but this is what we're looking at. This is what we're trying to do. This is the support that's out there at the moment from the government. This is where we're thinking at the moment. At the moment, these are the precautions that we need to be taking. And then, if we move into the next stage, this and this are the precautions. Everybody is looking for certainty in an uncertain world at the moment. And the way that you can get at servant certainty in my opinion is to double down on 'why do you do what you do in the first place, what actually matters to you and your clinic and then your staff.' And then yeah, it all comes out in the wash.

JACK: Ah, it's a breath of fresh air. And I love that it's real, it's honest, it's vulnerable, it's positive, it's not polished unnecessarily. That's absolutely unreal.

And Julie, what's been the impact of your leadership on your team? Are they still around? How do they respond to this type of leadership in adversity?

JULIA: Do you mean currently? Or last year?

JACK: Yeah, both.

JULIA: Both, okay. So we still have most of the staff that we had last year. We've had a couple of maternity leaves, almost so... so not not exactly the same kind of stuff. We did have one staff member that would I had to ask to leave the clinic last year which was incredibly hard for me. I was devastated by that because I was already emotionally (unaudible) what we talked about. And then, as any clinic owner knows, the decision to ask a team member to no longer be a team member is an incredibly difficult one and one that is very emotional.

JACK: Hmm...

JULIA: The reason why I bring that up is because when there is an adversity, and this is kind of something that has been my mantra since last year as well, is your values in a time of crisis will be magnified. Whether they are the values you want to be magnified or not, it's not your choice. They will be magnified whichever way you go. So what we found with that particular tasked team member is that when the crisis hit, their values did not align with the clinic values any longer. And that that was then having a negative effect on the rest of the team. And so I had to step up and make that decision. It was, as I said before, it was incredibly hard, I was incredibly emotional, but it was the right decision to make. So you know, heavy is the hit... one of my lessons was you know, 'heavy is the hit of the one in-charged.' Because it was my decision, it was me... the buck stops with me. If something is not going right in terms of our culture, I'm the one that has to step up and take charge of that. What that then does is that it's now made, however knowing that and knowing that values will be magnified, even though I always have fired for values, I now have different questions that I ask in interview process. And it makes it super clear and all of our team, because we have been - I've been pushing the learning for the whole team on what are our values, what do they look like, how do we live them everyday. When someone is not living them, the whole team knows straightaway. So we had a, you know, a staff member that came on at the end of last year on a trial basis. So we hadn't officially hired, it was a trial basis. And after the first week the team came to me and said there is a (inaudible) values mismatch. She's lovely lovely person. That's not... it's not a personal thing, it is just that these values are not our clinic values. And it was amazing for me, because then, it's like, well that's easy because it doesn't mean that this person is a bad person, it just means they're not a good fit for us and we wouldn't be good fit for them either. And so the whole team knows that. So that's kind of how the team has responded. From that, the team had very much commented and thanked me for the this type of leadership and for being open. It's also that you know the kind of feedback I've got is that it's been able to provide them with an opportunity to grow themselves both personally and professionally; because now they've been able to throw their leadership skills as well, because that's part of you know being a vulnerable leader and, and you

know, opening up and teaching people these skills - is that then they can step up and do themselves. So I'm trying to empower them at the same time, and and it's definitely... that's the feedback that I've got from them as well which is good to see that it's coming through.

JACK: Yeah, that's amazing. And it's um... I often reflect as we talk with business owners, even today, that in the midst of these challenging times, you know, with COVID in 2020, that it's - it's all of the hard work and the values and the leadership that you're put in over the previous months and years, these are the times when it's really important. This is when it starts to shine and come through. And it sounds like what you were able to navigate through the floods has now been able to position you for even greater leadership through this next adversity. And no doubt there'll be more challenges to come, right?

JULIA: A hundred percent. We're, you know, we're humans, you know, like, yes, we haven't seen something like this before but that does not mean that it's going to be, you know, the worst thing we ever see or the hardest thing we ever see. But every time you practice your resilience, and your, you know, you build your bravery muscle basically and you just have to kind of lean into it. But yeah, I just... Your values are magnified.

So as a clinic - I know when I first started opening my clinic and I went to a clinic mastery event, it was you know one of the live events, and you guys kept harping on about, "okay, what are your values and what do they actually look like?" And I remember finding that really hard because at that time, I was a you know a solo practitioner and and I knew my - I knew my personal values. But I was like, "Well, yeah but you just live. Like what does that actually mean?" So if someone says to you, what does it actually look like? How do you actually live those values? It was a real challenge for me. And you know, and I thank you, guys, because you helped me a lot to be able to identify what does that look like. And then, when we're able to actually then develop the clinic... When I then got a team one of my first kind of team activities and things was to actually develop what are our clinic values all together. And then, we went through, okay, but what it what does that look like? How do you know if someone, so one of our - as I said, one of our core values is empathy. How do you know that you're actually living with empathy? What does that mean? Like what it... what... How does it work? And so when we were able to actually knock that out, and then we're able to give more examples. And it's also calling it out when you see it. So as a leader, look for the times when your team is is provided - is living with those values. You know, our uhm, our focus sheets that we do with our team for their supervision, one of them is how did you live one of our core values over the last fortnight? And we asked them and then we actually pointed out and say, "well actually I saw you living out our value of kindness by doing this and I saw you living out a value of respect by doing this," you know. So calling it out with your team when you see it. So that then they learn as well, "oh okay, that's what that means," and that's, you know... Yeah.

JACK: Love it. Absolutely inspiring and you know, you're you're not only a [Clinic Mastery Business Academy](#) success story, you are an absolute success story in your own right. And the principles that you share today will no doubt be very timely and and comforting for so many clinic owners. So from the bottom of our hearts, we are so grateful and so appreciative of you sharing your story with us today. Thank you, Julie Condon.

JULIE: Yeah, no worries. Thank you so much, Jack. I hope it helps someone

JACK: No doubt, no doubt. And if people want to get in touch with you personally or check out your clinic, what are some of the ways that they could do that, Julie?

JULIE: Yeah, no worries. So I've written a blog article with some photos and things of the flood story with 11 lessons that I learned as a business owner during a natural disaster. So the things that I've talked about here and I've threaded them out a little bit more in that, that will be published on my clinic website. So it's Advanced Health and Hand Therapy is my clinic and our website is www.ahht.com.au.

JACK: Awesome. Well, we'll make sure we link that up in the show notes over at clinicmastery.com/podcast. For anyone listening, that'll be over at ahht.com.au.

Well, there you go. Please, listeners, do get in touch and check out Julie and her clinic. If you need any support in and through this season, please reach out to Clinic Mastery directly and email me: jack@clinicmastery.com and we'll make sure you get the support that you need.

Again, Julie, thank you so much for joining us on the [Grow Your Clinic Podcast](#).

JULIE: No worries, Jack. Thank you to you and all the whole Clinic Mastery family. It's great. Thanks a lot.

JACK: It's our pleasure.

Listeners, thank you for joining us. Head over to clinicmastery.com/podcast for those show notes. And we can't wait to bring you another episode of the Grow Your Clinic Podcast again really soon. Bye for now.

Thanks for tuning in to the Grow Your Clinic podcast. To find out more about past episodes or how we can help you head, to www.clinicmastery.com/podcast and please remember to rate and review us on your podcast player of choice. See you on the next episode!

[OUTRO MUSIC]