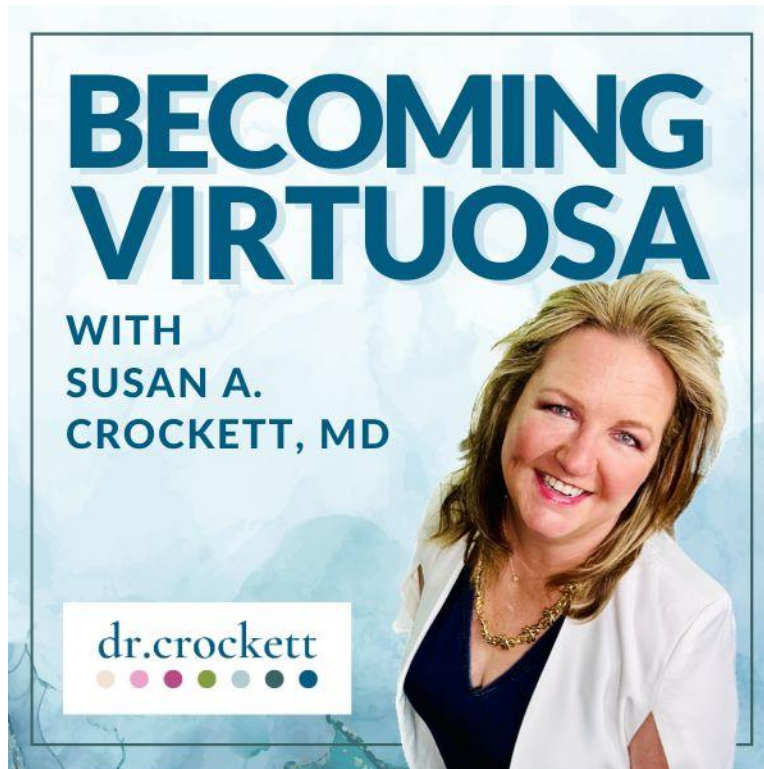


Ep #68: The Story of Dr. Crockett



Full Episode Transcript

With Your Host

Susan A. Crockett, MD

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Welcome to *Becoming Virtuosa* the podcast with Dr. Susan Crockett. You are listening to episode number 68: The Story of Dr. Crockett. This is a different kind of episode and a bit longer than our usual. Many of you have asked to know more about my backstory, who I am, where I came from. So here you go. From childhood to *The Dr. Crockett Show* and a top GYN robotic surgeon, this is my very personal story of transformation and growth. I hope it inspires you.

Welcome to *Becoming Virtuosa*, the podcast that encourages you to become your best virtuosa self. Each week Dr. Susan Crockett goes where the scalpel can't reach, exploring conversations about how to be, heal, love, give, grow, pray, and attune. For the first time ever, she's bringing the personal one on one teaching that she shares with individual patients to you on this broader platform. A weekly source of inspiration and encouragement designed to empower you.

By evolving ourselves as individuals. We influence and transform the world around us. Please help me welcome board certified OB-GYN specializing in minimally invasive GYN surgery, internationally in the top 1% of all GYN robotic surgeons, a certified life coach, and US News top doctor, your host Susan A. Crockett, MD.

All right, welcome back to *The Dr. Crockett Show*. I'm your host Dr. Susan Crockett. I'm a board certified OBGYN specializing in minimally invasive GYN surgery in San Antonio, but that is not what we talk about on this show. This show is about going where the scalpel doesn't reach. So most of what we talk about is not medical. I have a very special episode for y'all today. I am getting to give you the story of me.

Dr. Crockett presents [Becoming Virtuosa](#)

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So I've been asked quite a bit. Patients typically want to know a little bit about the background of their surgeon. Being in a medical office is kind of a strange thing sometimes. So in a surgery practice, like I run now, I basically don't get to choose who's behind the door of the office that I walk into. It's just somebody's there. They've booked an appointment with me. They need my help.

So what I've practiced over the years is just walking into that door and just practicing loving whoever's there and doing my best to help them no matter what's going on. That has actually changed me as a person. That's one of the things that's helped develop the story of who I am.

The other thing patients always want to know is well, who are you as a surgeon? Why can I trust you? Why should I let you operate on me. On a show such as this, I'm sure a lot of you are asking well, who the heck is she anyway? Why should I listen to her?

So you may or may not want to listen to me, but I thought I'd give you a little bit of my background, tell you who I am, and why I'm so dedicated to teaching people about personal transformation and about helping our world become a better place one person at a time, or one episode at a time as it seems to be now.

So I was born in New Jersey, which I catch a lot of grief for. I was actually born in Livingston, New Jersey. I'm the granddaughter of German and Austrian and Scottish immigrants, and they mostly came through Ellis Island. So from my mother's side, all the men were fishermen. They lived in northern Germany, which was sometimes Denmark and sometimes Germany. So I have a lot of Danish in me. They were in a fishing village. So they emigrated to the United States.

My opa, who's one of my, probably the strongest reason that I became a physician. He came to the United States when he was a late teenager and went through what was, at the time, engineering school and became an

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engineer, and taught himself English and met my grandmother. All the women on that side of the family were very creative. My oma, we called her oma, but she was one of the Scottish descendants. That side of the family and also my dad's mother's side of the family, all the women were seamstresses.

So one of the jokes about what I do now is I tell people that I came from a line of men who were engineers and a long line of seamstresses on the female side. When they came together, they made me, and that's why I'm a robotic surgeon. I put them both together. So that's a little bit about my family history and my background.

I lived in New Jersey very briefly. We moved to Lancaster, Pennsylvania when I was just two years old, and I was there until I was seven years old. My dad worked for an 18-wheeler trucking company. called Heil. They also make garbage trucks and all kinds of equipment like that. He was a manager. When I was seven years old, he got moved to Huntsville, Texas. Yeah.

So my seven year mind, I was conjuring up what Texas looked like. I thought oh, it's gonna be all of these cactuses and deserts and cowboys and all this stuff. I was like I don't know about moving to Texas. I ended up right in the middle of East Texas, which is the piney woods, which is a beautiful place to grow up, and was there until I graduated from high school.

So my mom had a background as an RN. She was a stay at home mom with me growing up, but I think between her medical background and then my dad's entrepreneurial background, that helped propel me into what I'm doing today. I had a very good family upbringing. I'm the oldest of three. In case you couldn't tell, yes, I'm an oldest sibling. I have a younger sister and a younger brother. I just adore them both.

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The three of us grew up in Huntsville. I graduated from high school early. I was 17 when I graduated. During high school, I was super overachiever. I graduated, I think third in my class only because I didn't want to be the one that stood up there and did the speeches at graduation. So I slid in under the radar. I was really lucky to be in a place where I was exposed to the arts and to lots of academic challenges, which was, I think, unusual for a small eastern Texas town.

So when I was growing up, I like to say that I was a musician before I was a physician. So piano music was my first love. I remember as a three year old sneaking up on the piano to the keys, and my mom had a baby grand piano in the house that I wasn't allowed to touch it because I didn't know how to play it. So I begged for piano lessons for my fourth birthday. That's when I started learning how to play the piano.

I loved all kinds of music. I grew up with all kinds of German music influence and a house where we listened to Elvis and Debbie Boone. I just had a rich heritage of jazz from my dad's side. We just loved all kinds of music. So as I was growing up, I continued in piano. When I got to be about 14 years old, I was in high school, I realized that these little size six hands, which are great for surgery and GYN, by the way. They're tiny. They were never going to reach the octave on the piano.

So I kind of reached a point where I could no longer be competitive with all the concertos and the people that were going on to do the more competitive piano lifestyles and competitions. I just wasn't gonna be able to do it. So I needed to find something else to do.

This is one of the first transformations that I had. I picked up the oboe, which is a double reed woodwind instrument, when I was in sixth grade, and I started playing that with my band. That was super fun. I really loved it and did all kinds of contests in high school, and actually was a soloist at Allstate. That was a really big deal. I loved playing the oboe. I also played the English horn.

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That was something that I looked at as I was heading into college, and I thought I love science. I really excelled in school. I had great grades. I was able to do a lot of college courses thanks to Sam Houston State University being in my town and collaborating with my high school. I thought gosh, I really had this calling to be a doctor. I'd had that calling since I was in junior high as well.

What I'd always thought was, well, if my opa emigrated and went to all the effort he did to build a life for me, the least I can do is use my talents to give back to others and do the best that I can do. So I was very motivated to work hard and to use my talents for the good of others.

So when I was getting ready to go into college I thought well, if I give up the science, I will never get it back if I go in and I pursue music professionally. But I figured if I did science that I could keep the music, and that's what I did. I ended up getting a full President's Endowed Scholarship, the highest academic scholarship to Texas A&M University, love my Aggies. It was a wonderful school for me. I loved my time at A&M.

I continued playing in the orchestra. There still is the Brazos Valley Symphony and Orchestra that I played in and the A&M orchestra also throughout college. I had a wonderful time as an undergrad. But that was not without challenges either.

So my first year as an undergrad, I came in, and I was enrolled in biomedical science. Because I thought hey, I'm smart. I come from a line of engineers. I got like two weeks into the engineering program, and I was like this is definitely not the way to get into medical school. I ended up leaving the engineering department and went into biomedical science, which was underneath our veterinary college.

That was really, really cool degree because we got exposed to all kinds of things in the medical field that I wouldn't have gotten exposed to until medical school. So we did physiology and pharmacology and toxicology

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and all those really fun classes that were a little bit different than the basic sciences, and I loved my time there.

But before I got into that major, I've got a funny story for you. I almost lost my scholarship. So that first semester at Texas A&M, I went in, and I was one of those students who had always had everything come pretty easy for them. I didn't know how to study. Even though I realized pretty quickly that I wasn't going to be an engineer and I switched majors, I still had to finish out some of the classes. The part where my brain quit working was calculus.

So I'd done like three semesters of calculus coming into college. But that was just by hard work and knocks. It's not because my brain naturally understood it. Then I got into this physics class, which was an engineering physics class with calculus. Y'all I bombed it. Like, I think I got a D, and it was terrible. So my GPA for the first semester at Texas A&M with this great scholarship that was personally donated by a family. Like, they knew who I was. It's not just the school gives it to you. It's like the family gives it to you for each donor.

He was a banker in town in College Station. I will never forget the beginning of my second semester. He called me into his office, the president of this bank, and he sat me down and he was like, you know that you've got to do better than this. It was terrible. I was like yes, sir. Yes, sir. Then from there on out, I was good.

So I brought my GPA up and got into my third year of college, and I'd always had this habit of doing test runs. So I did a test run for my SATs, did a test run for interviews. I was working at the time in the pharmacology department for the Texas A&M College of Medicine. I thought oh, I'll just do a test run on my MCAT, which is the college entrance exams for medical school, and I did pretty good. It was okay. I had decent grades. I thought oh, I'll just do a run through application for med school. Y'all, I accidentally got in.

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So I ended up getting into med school when I was 20. Yeah, I started med school when I was 20. I was in med school before the legal drinking age, which I think is kind of crazy and hilarious. But I think they'd gotten to know me, and that was a really important lesson in my life that sometimes those relationships that you build, like we're building relationships here and like we encourage on the show.

Those relationships mean as much or more than the grades and the stats. Because you have to be good enough with your grades and your stats to meet the cutoff. But beyond that, the thing that propels you ahead in life and these kinds of things are the relationships and who you are.

So I remember one old surgeon was interviewing me. Old, gosh, I'm probably his age now, which cracks me up. But we were doing an interview for Texas A&M med school. He held my hand, and he said what do you want to do? I said I want to be a surgeon. That's all I wanted to do. I wanted to be a plastic surgeon ever since I was in junior high, and I decided I want to be in medicine. I figured I'll take the fine motor skills from the music background that I have and my science, and I'll put them together and I'll be a great surgeon.

He looked at me, and he held my hands, and he turned them over. He goes yeah, I think these are the hands of the surgeon. I ended up getting into medical school. So I had a great time in medical school. I met my first husband and the father of my four beautiful children there and graduated at the age of 24 from medical school.

The interesting about medical school was the first two years, which are basic sciences, I did okay in, really pretty well. But then the place where I really excelled were the clinical years. So that's the third and fourth years. We did our training at Scott and White in Temple, Texas, which is an amazing facility. I was so blessed to have such an incredible medical school background.

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So my first rotation at Scott and White was a surgery. It was general surgery. Man, I was so excited. I loved it. I was like total gunner. Going, working late, the residents love me. I would say yes to everything. I worked hard and had a great rotation. Then I got to the end of it, and I was told that you can't be a surgeon because you're a female. Only men go into the surgery programs and got blackballed from moving any further. That's kind of a longer story.

But basically, the department would not support me in that vein. So here I was another time in my life where I thought I was moving forward in one direction, and it was a real hard stop. I had to figure out how to transform myself, how to pivot, and what was going to be kind of this.

So I did a medicine rotation next, but then my third rotation was OBGYN. Y'all I probably had the same thought that lots of y'all have about this profession, which was why the heck would anybody choose to do that for the rest of their life? Seriously. That's kind of how I thought about it. Then I got into it, and that was at the dawn of the age of laparoscopy.

The GYN's we're doing super cool surgeries. We were doing that before general surgery had started doing it. I loved the variety of surgeries that we're doing. I love that there was GYN oncology and the infertility. I love the taking care of the women. It was a place where I was wanted, both by the faculty and the women. It was a natural fit. I liked doing the deliveries too. It was fun, but my main love of OBGYN was always the GYN surgical part.

So as luck would have it, I had a person in my faculty who had come from Georgetown University in Washington, DC. Again, that lesson of emphasizing your relationships and who you know and who sees potential in you played fully through in my life.

My husband at the time was in the military. I was a military wife. He became an ER physician, but at the time when we were in med school, he

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was in the military, in the army. So we had to do Match. So Match is the process that medical students go through to get to residency, and my husband went through a military Match, which was a couple of months before I went through my civilian Match.

So usually when couples are together in med school, they Match together, and the Match program takes that into account, but we weren't able to do that. So we very strategically planned to interview for the military spot that had the most civilian spots around it. That happened to be Washington DC at Wilford Hall.

My husband was super smart. He was AOA and on top of the class. He easily got into that as his choice. Then I interviewed seven residency programs in the Baltimore and DC area and was lucky enough to be chosen to go to Georgetown University for my residency.

So loaded up our VW bug and our car, and we moved to Washington, DC. I had a fantastic training in OBGYN at Georgetown. I have nothing but great things to say about that residency program. I'm just so fortunate. I still have relationships with the people that I was in residency with there, and I got a very broad based training.

I got excellent surgical training in urogynecology before it was even called that, had incredible laparoscopic training, rotated through GYN oncology, which is the cancer branch of the field. There was a fellowship program there. MFM, which is maternal fetal medicine, program there, and also a fertility training.

Not only did we have the diversity of training there, we also had a diversity of people that we took care of. Washington, DC is a fascinating, amazingly culturally diverse place. We took care of all kinds of people from all kinds of socio economic languages. We worked out of four different hospitals.

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One of them was the university hospital, which was super nice, because that's where all of the professors and politicians and straight laced people went. I don't know how to say this politely. It was a really fun place to be, very academic and very highbrow.

Then we rotated through Arlington Community Hospital, which is an incredible program where I had an amazing breadth of community skill with great physicians that rotated with us, but that was just very community based and just a ton of volume. Then we rotated through Sibley, which is in the Chevy Chase area where a very exclusive, private hospital.

But then the real gem of our program doesn't exist anymore. It was called DC General, which was the city hospital that was located right next to the city jail. During those years, the residents, yes the residents, we ran the city hospital. We rotated along with the residents from Howard University's residency program.

So that was like turning us loose to manage and learn how to become physicians and be leaders. Well, the chief residents ran those programs. There's an amazing diversity of experience with people from, man, I got some stories. I'm not going to tell you here, but we had some stories.

So graduating from residency, I had skill as a surgeon, and I was recognized for that during my program. I really wanted to be a GYN oncologist because those were the ones that were doing the highest level of surgery. Well, my husband, at the time, he had not done his residency yet. He had done a rotation overseas and then had come back and done GMO work, which is primary care work, so that he could choose where he wanted to go.

He chose to come back to San Antonio, Texas. That's how we ended up here because it was the best ER residency program in the military at BAMC in Wilford Hall. So I gave up my dream of becoming a GYN oncologist for my marriage and came to San Antonio with him and started practicing

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general OBGYN while he was starting his residency. I did that for two years and got board certified.

Then I was picked up for a job to work for a family practice residency program here in San Antonio. I had not really seen myself as doing that in particular, but I always loved teaching in case you couldn't tell. I had applied for the academic programs coming into San Antonio, but just wasn't a really good fit. So I ended up in private practice.

So towards the end of my board certification, there was a new family practice program being formed at Christus Santa Rosa. They recruited me to be the Director of OBGYN and to start their program and to write their curriculum and direct all of the, to take on the responsibility for the obstetrics and GYN training for their program, which was an amazing, incredible experience. I loved my work there. I worked in that capacity for seven years.

During that time, that program grew, and we actually had the residents from the University family practice program come over, and I was an assistant professor and did lectures every week. In fact, sometimes people ask for my CV, and they want to know how many talks I've given.

I'm like well, let's see. Once a week for seven years, that's a lot, plus all the other lectures and I guess speaking engagements that I've done. So I got to a point with my CV that I'm just like I've done a lot of lectures. If you want me to talk, just ask me if I know the topic, and I'll come talk for you. But I no longer list them all anymore.

I ended up leaving that program. It was wonderful. It was a great time in my life where I was able to have my four beautiful children. The reason for that is I had kind of a unique setup there. I didn't have to do call. I was overseeing the OBGYN and the residents, and they were doing all of the deliveries.

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I was able to find a position in medicine with some flexibility, which is a key point that I want to tell you guys about. Which is you don't always have to do what you think you're going to do when you leave college or leave your residency or leave your training. There are often lots of different ways to get to where you're going. In medicine, there are a lot of options for how you work and what you do as work from clinical work or surgery to academics to this little job that I had.

So during that seven years while I worked for them, I had my four beautiful children. They are just amazing kids. I love them. I was really grateful for that program, but I kind of hit a glass ceiling. There was no place for me to go further in family practice because I was an OBGYN. I couldn't move up in administration.

I had done some work with the FDA during that time. I was actually on a FDA Advisory Committee. I had really enjoyed doing that work. I thought maybe I'd do a little bit of public health. My husband at the time really wanted me to stay home and be a stay at home mother, which we had lots of discussions about it and seemed kind of shocking to me.

But yeah, I took a year off of medicine, and I tried really hard to be a stay at home mom. I tried really hard. I had help. It just wasn't for me. God bless you women who are doing stay at home momming loving it. I couldn't keep my brain and my mind off of medicine and doing things. So I did stay home. I did concentrate more on my family and my kids and discovered that's really not who I was meant to be. I'm a much happier mother when I'm out busy serving in the capacities that I feel like I have and being a mom.

But I ended up at the end of that year, well during that year I worked on some projects with the Texas A&M Public Health College and with their master's degree and MPH and helped them in project. I worked with the health department in San Antonio on some projects, met some really wonderful people, and got really interested in access to care, access to health care for people.

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So then in the end of that year, I ended up buying a medical practice east of San Antonio in a little town called LaVernia, and went into my first entrepreneurial adventure as a physician. I had done some entrepreneurial stuff before. I'm sure you heard about it. If you listen to my new year's talk and my interview with Darren, it was awesome. If you haven't heard it, go back and listen to it.

But this wasn't my first business to start, but it was my first practice. I was still working part time. I had taken a year off. So I ended up doing this clinic where I had employed nurse practitioners. I had a surgeon that I worked with. So I was doing a little bit more surgery, but I was not doing deliveries. That practice crashed in 2008, just about the time that the housing market and the banks crashed. So did I, and I crashed really hard. No, I didn't go bankrupt. We didn't go bankrupt.

But I met an amazing banker at that time who allowed me to roll the debt from that practice into a loan with her. That was the beginning of my relationship with my banker who has carried me through the rest of my businesses, with Amegy Bank. That was where I met Jeanne Bennett.

So I picked up myself, licked off my wounds, decided that I needed to go back into full time OBGYN in order to pay down this debt because the part time thing at LaVernia was not cutting it. So I sold that practice to a primary care physician, and I came back into full OBGYN practice in San Antonio, ironically to one of the groups that I had interviewed when I first came to town. So I joined this very large group, got very busy, paid down the debt, and became very successful.

It was in 2008 while I was in that practice that robotics came out into the public market for GYN. Now robotics had been started by Intuitive Surgical several decades prior. It had been started actually by the military as a means of surgeons being able to operate remotely with teams that were in the field. So it was set up in that manner. But then it had been developed through Intuitive Surgical to the DaVinci platform that we know today. They

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brought it into the public market about a decade before I was introduced to it, but it was not brought into GYN market until 2008.

So in 2009, I got my hands on the training for it for the first time. It was like that's what God had made me for. Like it took me 40 some odd years for me to actually get to the point that the thing I was supposed to do in life that I couldn't even have known back when I was doing music and surgery and going through all the difficulties.

I was in the second group of only 12 OBGYNs in the country that was trained at the highest level, the master's level in Celebration, Florida. So I was in the first 24 GYN surgeons in the country trained at that level. I trained with my very good friends to this day, Arnie Advincula and Dr. Thomas Payne. I should say Dr. Advincula. It was such an incredibly inspiring, life affirming place for me to be.

As I started into robotics, I they say life has lived forward, but understood backwards. Like I could see all of the steps through life guiding me to that point. I wholeheartedly stepped into just becoming the best robotic surgeon I could. What I noticed was that I could do really fine surgeries with small incisions, and it made surgery easier for my patients.

So within the large group that I was in. if I hadn't joined that group, I wouldn't have had the high enough volume to be even exposed to robotics, much less to be able to be trained. You had to have a certain volume of surgery and practice to even get to train at that level. So that was the gratitude lesson from that practice.

As I got further into the robotics and decided that's what I wanted to concentrate in, this field of minimally invasive GYN surgery, or MIGS, which is what I now call myself. It's basically benign complex gynecology. This field became developed, and I'm one of the pioneers of that field.

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I negotiated with my group. I noticed that my male peers who were in other groups that were doing this, they had a higher volume of surgery. They could do a whole lot more. The reason they could is because they didn't have the obstetrics load. I liked obstetrics, but I was noticing that the night call was wearing on my body. The older I get the more I realized that's a serious health consequence, the sleep disruption that comes along with that type of lifestyle.

I couldn't get this surgery volume into my practice to be able to bump up the surgery volume I needed to drop the obstetrics. So after a couple of years of negotiations with my group that didn't go well, or you could say they went really well. I ended up resigning from that practice and founded South and Central Texas's first minimally invasive GYN surgical practice, Virtuosa GYN.

Virtuosa means the best feminine version of yourself. So virtuoso in music is a great musician. I had this goal surgically. I see surgery as very similar to music in skill and technique and fluency. In fact, if you look at the data that Intuitive Surgical gets on our hands off of our consoles, our surgeons, they can tell dialects of surgeons. They can tell where we're from by the movement of our hands on the consoles, which I think is completely fascinating. So there are dialects of surgery.

But back to my story. I digress. So started this practice. The practice had a really rough start. I had this business plan for it to start in one place. I thought maybe some of my patients will follow me. I had noncompetes. The hospital where I wanted to be didn't have women's surgery. So I ended up out kind of in BFE, and that fell through really fast and hard.

So again, I almost went bankrupt two years or a year and a half into starting the practice. There are two things I remember about that time. One was I sat down with my business advisor, and I said what the heck am I going to do? I have like two months reserved for payroll and then I'm done.

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He looked at me, and he and my accountant, I will never forget it. They said you have to add obstetrics. I was like you have got to be kidding me. I have gone to all this trouble to have a GYN only practice, and you're telling me I have to go back to doing babies and obstetrics? They're like, no, no. There's this thing called this laborist program now. You don't have to do the deliveries.

But if you saw the patients in clinic and did their early care and their sonograms, you would get visit money very quickly in. You wouldn't have to wait 90 days for a global fee or nine months for a global fee. You could start with some revenue. They helped me start a very quick revenue stream. That actually saved the practice.

Then over the years, we have gotten stronger with the GYN. We've now dropped the obstetrics because that's not the focus of our practice. We have amazing obstetric practices that we send our patients to for OB. I do a ton of fertility work, however, and that is really gratifying. So that was one of the major lessons in this startup.

The other one was, I was sitting in my tiny little office in Schertz, Texas. When I tell y'all little, y'all I started with me and two staff members, my manager and a front desk slash biller. We had three little rooms. It was like 900 square feet. We're sitting there one day, and in walks this new CEO from Northeast Methodist Hospital. This was the hospital that hadn't had women's services in 20 years and had no robotics. They had had no interest in me working there, but I had a little office close by because it was my San Antonio office.

So anyway, he comes walking in with his physician recruiter, and he goes hey, how would you like to start a new service line for my hospital? I'm the new CEO. I was like holy cow. Like there is no way I could have put that into my business plan two years ago. Like it did not exist. Then here it comes walking in through my door. I was like yes, sir.

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So I started working at Northeast Methodist Hospital that year, and we started their robotics program and their women's health services program. So that's given me a whole lot of gratitude. We've built this program into what it is now, which is a surgery program. I just finished my two year tenure as Chief of Staff for surgery. We've built that into a strong viable surgery program with trauma added to it this year. We've got cardiovascular surgery, and we're going from to now up to four very busy robots.

Over these years that I've been sitting there at Northeast Methodist, from 2014 until about 2018 or 19, just before COVID. I was just sitting there doing more and more surgeries and learning how to do a practice where we became more efficient with getting the patients in just for surgery for me and then doing their surgeries and then getting them healed up and healthy so that I could get in more patients and help more people.

So I do have two nurse practitioners that do all of the general GYN in our practice. You might see them first if you're coming in as a patient because they help me with the workups as well as they do most of our annual GYNs and endometrial biopsies and birth control and STI testing and all that.

Anyway, I was sitting there in this little bubble of Northeast Methodist Hospital, which is a very small community hospital. What it allowed me to do is sit there and get my Malcolm Gladwell's 10,000 hours of surgery. I'm not literally 10,000 hours. I don't know. I'd have to look at it. But it allowed me to sit there and practice and hone my skill much as a musician would until they got to the point where they thought oh, maybe this is good enough to show somebody.

Well already was getting hints of that it was good enough to show somebody because we would have reps, product reps come through our OR, and my first assists would rotate through the ORs. They were like oh you're doing this differently than other people. We wish that you would train

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other people how to do it, like you do it. You're doing something good and different, and you have something to share.

I thought oh, that's really good. Maybe I have this idea of teaching people. I've honed my skills. I've taken care of thousands of patients. I do about 700 plus surgeries a year, 350 of them a year are robotic surgery. We have introduced ERAS protocols, which are protocols that make surgery easier and less painful for patients. I am a big proponent of outpatient GYN surgery.

When COVID came along and the hospitals had bed shortages, it really put a strain on our ability to do surgery for women for non-emergent causes as long as they were needing beds. So, as a result, most of the hysterectomies and endometriosis and fibroids surgeries in town, they got postponed. Most doctors weren't doing them.

So what I noticed is I got a big bump in my surgical volume. They found me, and they started coming to me. Then the hospital was like hey, if you're able to do these as outpatient surgeries and you can keep going through these beds shortages because you're not using our hospital beds, then we want you to teach other surgeons how to do that too.

The year before COVID hit, I had already started negotiations with my hospital system because I wanted an outpatient robotic facility. They were a little slow to do that. But the COVID thing pushed them over the edge. So two years ago, we got go ahead for starting to build our surgery center. I'm so excited about this because it represents the epicenter for women's surgery. Our goal is to be the best surgery center and the place to go for surgery for women in San Antonio.

It already has been recognized as an epicenter for Intuitive Surgical. I'm recognized not only as a proctor for Intuitive Surgical and a lecturer for Intuitive Surgical, but I'm working on virtual proctoring and then creating

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this new mentorship program. So the educational piece is what's coming next.

That's what I want to just share with you all. I've spent all of this time sitting there doing high volume surgery and honing my skills along with my assistant, Lacey, a girl who's this amazing surgeon. She and I have been recognized as the fourth team in the country by Intuitive Surgical to start training for surgical assists to do this at another level. So that's another part of our training.

We're also going to be including resident education. We already have residents rotating with us. We will be increasing that program with dual consults and AB teaching. We have a teaching facility being built where I can be on staff full time instead of being in the office on time and in the surgery some time. My office is going to be right above the surgical suite.

So I will be an onsite mentor for younger surgeons, not just residents, but also people in the community, surgeons who have gotten trained but wish to increase their skills, increase their complexity of surgeries that they're able to complete. They'll now be able to come to our facility and have an onsite mentor to be able to help them learn those skills.

This way I'm hoping to fulfill our goal of making minimally invasive surgery or surgery easier for more women because I can do a whole bunch, but I'm only one person. I can do a whole lot more if I educate. That includes not just educating you as the patients in knowing what's available, but also educating other physicians so that they know it's available, and they can up their skills too.

So to give you an idea what that looks like, in my practice, about 98 to 99% of our surgeries are completed minimally invasively. That means that they don't have a large incision. The other thing is 95% of our surgeries are completed as outpatient surgeries. So most of our surgeries that stay inpatient are either people who have complex medical problems and need

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to stay for anticoagulants or cardiovascular therapies or other medical reasons.

So contrast that with what I was doing when I was a general OBGYN. About a third of my patients were open cases, and only about probably 40% were outpatient. So it's my hope to take what we've learned and what we've done and be able to teach others so that we can bring better surgeries to you.

Along around 2021, I think it was after COVID, I got a call from a company that's working to do a study of surgeon's hands with their outcomes. So I can't name the name of the study. But they looked at 30,000 robotic surgeons, and they were looking at the data from their console. When we operate, we use video game joysticks at a console. They captured all of that data. They were looking at the most efficient surgeons, and they picked the top 40 GYNs in the world benign GYNs. Sorry, my GYN-onc friends. They picked the top 40 general surgeons.

They're now doing studies on us. So I'm enrolled as part of this study where they're taking the hand movements of the most efficient surgeons, and they're matching it to outcomes data to inform AI and surgical training in the future for best practices. So that's something that I'm very proud of. It's something that I'm taking into the next year as we launch our training program. We hope to be able to share more of that with you later.

So that's what we're looking forward to in the next year. I hope that you'll continue to follow, like, subscribe and share. I thank you for joining us. If you have any questions below about who I am or what I do, please drop a comment. We'll be sure to get back to you. Thank you. I'll see you next time on *The Dr. Crockett Show*.

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please like, subscribe, and share. This is how we grow together. Thanks, and I'll see you next week. Love always, Sue.