

Something Extra EP 078 – Danish Nagda

[00:01:30] Lisa Nichols: I'm excited to have Danish Nagda on the show today. Danish is the founder and CEO of Rezilient, building robots that allow doctors to make house calls from a distance. Danish, I am so excited to have you in the studio today. You and I met at an HBA, you were actually a panelist but there was so much of you. I'm like going, "One little podcast does not contain Danish." I'm excited to have you here today.

[00:01:59] Danish Nagda: Thank you. I'm so excited to be here.

[00:02:01] Nichols: Well, you've got just such an interesting story, so I want you to tell our listeners. Just go back from the beginning, when you were just a little baby and talk about that.

[00:02:11] Nagda: I was the youngest of three, grew up in Chicago and Dubai. My father had built a large business in Dubai and we would always be traveling back and forth. I modeled a lot after my sister, who was the first woman to ever get into the undergrad and master's program at Illinois, the combined program. She finished that five-year program in three-and-a-half-years, with a nearly 4.0 GPA. She then went to Carnegie Mellon, had to do human-computer interaction, and now is at Google. She was a big, big influence.

[00:02:42] Nichols: You have some big shoes to follow.

[00:02:44] Nagda: You have no idea. My brother went to Babson for entrepreneurship and then worked at Deloitte and was just incredibly successful there and is a great father. These are the things that you grew up with. The person that I really, really, really try to model myself after, is my father. His health has actually been a large influence on my life. When I started college at a very young age, I was studying electrical engineering. I had the unibrow, the thick glasses.
[laughter]

[00:03:12] Nichols: The pocket protector.

[00:03:13] Nagda: That's right, the pocket protector, really, I was living the dream. I'd actually gone through my *She's All That* moment, where the glasses came off, the unibrow went away.

My brother really helped me look more normal and I joined a frat and the whole deal. I was loving life as a 17-year-old sophomore and then dad got sick. I had to leave college, take care of the family business in Dubai. Ran that business for three years, nearly into the ground, actually.

[00:03:37] Nichols: You were 17-years-old.

[00:03:38] Nagda: I was 17-years-old, 600+ plus employees.

[00:03:39] Nichols: Well, no wonder you almost ran it to the ground. What did you know at 17?

[00:03:43] Nagda: I didn't, but when you're 17, you're invincible and that's luck, honestly in that situation. September 11th happened, we lost \$16 million in one day. My father had been the largest textile from the Middle East and when you're in the textiles business, you get paid when the product is delivered. You insure it, but remember September 11th was not a natural disaster so insurance didn't cover it. We lost \$16 million in one day. September 12, dad has a heart attack and stroke, September 13th I'm in Dubai.

Dubai is very different than the rest of the world, where business is still family-oriented. They have to know you, they have to know your grandfather, they have to know your grandfather's grandfather. It's a very weird place in that way, but it's about trust. That part of the world, there's a lot of money involved. They need to know that they can trust you because they need to know your family.

I ran that business nearly into the ground, 30 million, by the end of the year. They brought in McKinsey, they reevaluated our entire business model and they said, "Look, you're not going to be able to compete with China." It was a really big shock, but there's actually more to this. "You are already losing these contracts. You're already losing to China. You already losing to South America."

We've faced this in the US as well in manufacturing, but you've got to reinvent yourself. What we had, my father, was in the '80s became very well known for automation. Textile automation has been around for years and years. He got all these Japanese engineers to come down, we had 600 employees in 26 factories. If you know factory business, that's a very small number of employees because most of it was automated.

We actually used that to our advantage and I added things like AI and other things, to really drive-- This is in 2000, 2003, by the way. Early versions of AI, just inference technologies that's what they used to call it back then. We were making customized specialty materials and textiles and this tiny little company out of Baltimore called Under Armour, came to us for a pilot.

[00:05:33] Nichols: Tiny little company.

[00:05:34] Nagda: Well, it was tiny at the time.

[00:05:36] Nichols: Was it?

[00:05:36] Nagda: Yes, it was literally. We were the first, outside of the US production that they'd ever done. They said, "Hey, can we get a pilot here?" I was like, "No," but McKinsey had brought them and they said, "Look, we know this company, we know what they're doing. There were a few ex-McKinsey people there." They said, "Just give them a small pilot, they'll show you." Now, I had just closed 13 factories of the 26, because we had lost so much money.

Six months later, I reopened those 13 factories. Six months after that, we added 10 more factories just to get their business. They went IPO and we exited. We actually sold Arvind, which is the largest textile firm in the world.

[00:06:10] Nichols: Good move. How old was the company when you took over?

[00:06:14] Nagda: 25 years.

[00:06:16] Nichols: Okay, 25 years old.

[00:06:17] Nagda: The people that were working for me now were those same ones that used to give me lollipops as a kid. It was really tough. Talking about changing agents we were talking about there earlier, I had to try to play this role as I shake my fist. It was a very interesting experience to try to posture and appear like you are supposed to be in the lead, but it's much easier when you win. Hindsight looks beautiful when you win.

[00:06:40] Nichols: Yes, it does.

[00:06:42] Nagda: The key for us was just being 17-years-old, I felt invincible. I felt like everybody there didn't know what was going on, which is actually correct in this situation. It happened to be correct, I got lucky, because they had never dealt with such a huge tectonic shift that happened in textiles, which now is happening in every industry. We're seeing it in electronics, we're seeing it in technology and healthcare as well.

What we have seen in the last 30 years in the product space, the ability to ship and for that shipping to be from anywhere has changed everything. That's what has always stuck with me, which is if you can ship services, you can ship products, that changes everything. We saw that recently. First, it started with call centers, then it went to higher and higher labor stuff.

Hopefully, we continue to see that because that does bring down prices, unfortunately, it takes away jobs. I saw that happen at my father's company and then after I left that, I went to work at McKinsey. I worked at McKinsey for a couple of years, they brought me on a bunch of MBAs running around. I'd be like, "That's not going to work," really, being the expert from the textile industry.

[00:07:49] Nichols: I think it's just amazing though, that your dad was already using automation.

[00:07:53] Nagda: I will say he was not the only one, there's a lot of automation. Textiles today, they do something called 3D knitting, which literally they can knit a shirt completely with different threads and they're actually embedding electrical threads. Where I see wearables, is going to be in textiles because they're so far ahead. Unfortunately, that's not my business anymore. Fortunately, some sensors-

[00:08:15] Nichols: I was going to say, I think you're in a good place. We'll talk about that.

[00:08:19] Nagda: I did that for a couple of years at McKinsey, but the first year there, again, family. My mom is from Pakistan, Kashmir area, where there was an earthquake in October, 2005. People don't talk about it much but it's actually one of the largest loss of life in the last 100 years, 73,000 people died. 7.7 Richter earthquake, in the heart of the Himalayas. My grandmother was there, she had a spinal cord injury. I wanted to see nana, I was in between clients and very close to my grandmother.

[00:08:43] Nichols: How old were you at this time?

[00:08:44] Nagda: I was 21.

[00:08:46] Nichols: You wanted to go see nana.

[00:08:47] Nagda: I wanted to see nana. I know that sounds a little bit young, but at the same time family has been very close. Went to go help out with the earthquake, thought I was going to be picking up rubble, helping with the relief efforts, but they didn't need me for that, they needed me to translate. There was just not enough people that spoke English to help the physicians that were out there. They transferred me to a medical camp in Kanpur.

What was supposed to be a three-week leave, ended up being three months. This happened in October. We were there through Christmas. These docs were there until through Christmas. We were seeing 200 patients a day, per doc, which is a crazy number. In the US, the average is 20 and our docs are still overwhelmed. No MRIs, no CT scans, people coming in with really tough diseases.

Really, it was these Cuban trauma surgeons and trauma physicians that literally could see a patient, examine them, talk to them, and know exactly what was going on. It was incredible. To this day, having gone through all of the stuff that I've gone through in terms of medicine, still have not met such good diagnosticians. They had to, they didn't have a choice. Here, we joke around and medicine's like CPR is really more airway breathing, CAT scan, that's where we are.

Really, the skill of actually listening to the patient, examining the patient, that's gone away, not for all doctors, but definitely the younger doctors like myself. I came back, I wanted to become a doctor after that experience.

[00:10:07] Nichols: Well, I was going to say that was kind of your pivot point, wasn't it?

[00:10:10] Nagda: Yes.

[00:10:10] Nichols: Because you worked side-by-side for three months with these doctors.

[00:10:13] Nagda: I was doing doctoring because there were not enough people. I was doing amputations, as someone who had never touched a patient before. They say in medicine, see one, do one, teach one. It's a very common idiom, but we really did that. I saw one, I did one

and then I was teaching someone because you don't have a choice. I always talk about this, growing up in Chicago as a brown guy, it's not unusual to know a lot of docs and I used to make fun of them.

I used to say, "Why would you ever do this? It's the worst financial decision you can ever make." I still believe that, by the way. You don't do something unless you literally cannot help but do it, that's my belief. I think that a lot of people end up doing something different, but that's the key.

[00:10:55] Nichols: You were driven for a bigger reason.

[00:10:58] Nagda: Yes. Came back, finished my undergrad at that point. Of course, another shift which was, I was really fascinated with startups to be honest because I saw Under Armour really take off. So three other guys and I were sitting down and we were really upset about Blackboard. Blackboard was a course management software that we were using at WashU and I did not like it at all. It was just Dropbox, that's all it was. There was no communication on it, it was still web 1.0. We said, "What if we could take the interface of Facebook and add that to Blackboard with course management and literally help people learn together," and that actually became a slogan.

[00:11:35] Nichols: Was that Schoology?

[00:11:36] Nagda: That was Schoology.

[00:11:37] Nichols: Okay. There was the origin and the genesis of Schoology.

[00:11:39] Nagda: What we realized was, when you're working with a multilayered architecture like education or a hierarchy like education, you really need to find the people that are most thirsty. Like my father always says, he has a great line on this, he's like, "You find people that are drowning. What do people that are drawing really need? They don't need a life vest, they don't need a boat, they need oxygen."

You got to figure out what their air is, you got to figure out what their oxygen is and then you can charge them whatever you want because it's inelastic. That was a great learning lesson. We said, "Okay, who in that hierarchy is really struggling?" It was the teachers, the teachers are actually the ones that were struggling the most and it was because they felt isolated. The social network side actually, was more on the teachers' side.

We built the first online teachers lounge and we went from 30,000 to 3 million users in six months, because we built the first online teachers lounge. We used that once we would have-

[00:12:30] Nichols: Took off.

[00:12:32] Nagda: Once we had enough teachers in the school, we would then go to that school and say, "Hey, your teachers are already using this, they find value in this. Other schools have adopted this, you're going to lose your teachers to those schools." Recruiting a teacher is actually quite a pain. Now, you're finding the pain points after pain point, and then it's a cascade effect. Today we have 20 million users-

[00:12:51] Nichols: It's kind of a retention tool.

[00:12:52] Nagda: Exactly, it really was. Students were getting so much value from it because their teachers were using this a lot. Adoption of the service provider is usually the first side to a two-sided network. If you ever look at Airbnb or any of these two-sided networks, you have to hack supply before you hack demand. We did that quite well and today we have 20 million users, 130 countries and we just exited this year.

[00:13:16] Nichols: You just exited in October, right?

[00:13:18] Nagda: In October, to PowerSchool. We were very lucky that the people that bought us are actually so committed to education. Vista Equity Partners, which actually owns PowerSchool, the founder just gave everybody at Morehouse debt-free college. What an incredible thing to do.

[00:13:34] Nichols: Amazing.

[00:13:35] Nagda: When we saw that, we felt like they're aligned with us. I don't find myself to be very involved with things that don't have a mission, everybody's got to be super passionate about it. That's the Schoology story. I was there for three to four years and then realized I still wanted to become a doctor. I came back, finished my MD/MBA from Penn Wharton, and then came to WashU.

[00:13:54] Nichols: I want to dive into that because I want to talk about you being a doctor.

AD: We're going to take a quick break and we'll be back with Danish.

[music]

[00:14:02] Nichols: As a business leader, you know that keeping a solid first impression with your potential clients, customers, and talent, is vital to reaching your organization's goals. If you haven't optimized your website or if you don't even have a website, you're missing an opportunity to shape your first impression so that it shows your brand in the best possible light.

If you're thinking about revolutionizing your website, let's talk. Our team at Technology Partners is ready to help you reshape your online presence. Go to tpi.co/website and start your journey today. Danish, you came back and you became a doctor. Talk to us about that experience and it kind of is a great segue into what you're doing today.

[00:14:47] Nagda: It was kind of funny because like I was saying, I just never thought I would become a doctor. No doctors in my family, no role models on the medical side, but it was the purpose. I came back, became a doctor at Penn, and then came here to become an ear, nose, throat surgeon. People always ask, "After all of that, you chose ENT."

I was a medical student, it's just a funny story, and if you guys know what an activation is, it's when they put a hearing aid or a cochlear implant in a child who's never heard before and they activated it. The mom is like in the room and they're crying, but no one was crying more than me in the corner. The doc was just like, "Do you need a minute?" because I was-

[00:15:26] Nichols: This child that had never heard his mom's voice.

[00:15:27] Nagda: It was incredible. What I found fascinating about ear, nose, throat surgery is that they're very technologically advanced. Cochlear implants have been around for 20 years, robotic surgery has been around for 10 years. My mentor at Penn actually invented robotic surgery for ENT. Then I came to WashU to work with Dr. Hoey who had invented laser surgery for ENT and was one of the best surgeons in the world, from New Zealand originally and came to train under him.

Throughout residency, just was very focused on that told myself I'll never do a startup again because it's tough. Starting something from scratch, it has got to be the most painstaking-

[00:16:02] Nichols: There's no manual. [laughs]

[00:16:03] Nagda: There's no manual, you can't do what other people have done because it won't work now. It worked for them, it won't work for you. No one tells you that, there is no manual like you said. There's no, "If you do this, this and this, you can do that." A doctor, you just do medical school, you work hard. Get to residency, you work hard, you become a doctor and you keep working hard.

Throughout residency, I just saw all of these problems where I was like, "Okay, I'm going to keep a one-track mind and just be a surgeon. It's okay, you don't have to do anything else." Then my parents were visiting for the weekend and dad had a cardiogenic shock. After doing CPR on my own father and getting him to the hospital and him being at Barnes for the better part of a year, and seeing that the reason why he kept getting readmitted was that, medications were given incorrectly or information was not really connected.

In the last year alone, I have spent 4,900 minutes going back and forth to doctor's appointments with dad. My mom, who had her own health issues, I spent 2,700 minutes. That doesn't leave much life. I moved them down here, I became a primary caregiver for both of them. Being a doctor and a caregiver has got to be the most frustrating thing in the world because you know it can be better. What I realized having been a doctor, I couldn't just villainize the doctor like a lot of people have.

We're not perfect, but we're not at fault, doctors are suffering just as much. It came to a head for me where one of my best friends in medical school, Powell committed suicide because of the workload. What really scares me is, 300 doctors killed themselves a few years ago, in 2015, and this year over 500 doctors already have.

[00:17:36] Nichols: The burnout.

[00:17:37] Nagda: The burnout. It's killing them, literally. To give you some context, two and a half million patients lost their doctor last year and we already have a shortage and we're already struggling.

[00:17:47] Nichols: Right, we're struggling to find healthcare professionals.

[00:17:49] Nagda: The sad part is, it's easy to say, "Well, we're losing the good ones," but we really are, actually. It's the doctors that really are having this moral injury about providing care and connecting with patients, but then being taken away from that because of the distractions that they're fixing. Technology has gotten in the way. Everything else that we have done-- What other industry can you find, where technology has actually increased workload, where technology has increased costs?

Healthcare is the only one actually, maybe education, but really healthcare where over time, the cost of care is increasing even though technology "has been added."

[00:18:25] Nichols: It's supposed to be helping the situation, but it's taking away time with the patient, which is the most important thing. It's all about the patient anyway.

[00:18:33] Nagda: Well, we're not capturing the social determinants of health. We're not capturing anything, we're really having the doctor manually enter information in even today. Or having a scribe or having somebody else do it for them, we're still having nurses do that, we're still having people do that. The spaces don't work for the people, the people are working for the spaces.

What we wanted to build was something like a smart clinic that digitally captures that interaction with patients, so the doctor doesn't have to, so the doctor can actually have that interaction. How many of us have sat down? It's funny because I used to do it all the time, most docs did and do because if you don't take notes while you're seeing the patient, you're going to be there until midnight.

[00:19:14] Nichols: Well, and you've got another patient and you're going to forget.

[00:19:18] Nagda: You're going to forget. We see 30 patients per day, how are we supposed to remember everyone's names, everyone's families, everyone's health and connect it all? There is a way because I don't know about you but I have a lot of friends on Facebook, I'm sure you have more but we get to keep up with them, don't we?

[00:19:33] Nichols: Yes.

[00:19:34] Nagda: It's a beautiful medium that allows you to do that other problems, but allows you to do that. I'm not saying we should bring Facebook to healthcare. Trust me, I don't believe

that at all, from a privacy and security perspective, but the idea of digitally capturing that doctor-patient interaction so the doctor doesn't have to and then taking that doctor-patient interaction and bringing their presence. First, we've got to actually restore the presence of the doctor, in that in-person interaction.

Then we've got to take that presence and make it ubiquitous where you can get it anywhere. That's how we bridge to a truly digitally enabled healthcare and that's actually what we're building. That's where Rezilient came in.

[00:20:08] Nichols: That's where Rezilient lives.

[00:20:09] Nagda: Yes, the company. I was in a lab with my co-founder who is a brilliant, brilliant engineer, went to Duke, one of the only black engineers in the PhD program here at WashU. We met in a lab, Dennis Barbara's lab, very well known, very respected engineer here at WashU. He and I always would talk about this, because we were both caregivers. His mom actually was misdiagnosed for some time and ended up having a mitral valve regurge, which has affected her life.

She was in the hospital for weeks because the doctor never really examined her. We find this over and over again, where doctors are so distracted that they can't actually take care of their patients. Then guess what, who has the malpractice? It's the doctor, not the health system. That's part of the challenges just that we have systemically, but how do we help doctors fix healthcare? That was really a big part.

He knows a lot of doctors in his life, his father was a dentist in the Air Force, so he was always traveling and he would get to know a lot of doctors. No one writes in an essay to medical school saying, "I'm becoming a doctor, because I want to make a lot of money," or, "I'm becoming a doctor not just because it's for **[unintelligible 00:21:13]**." Actually, most people become doctors to help people.

[00:21:15] Nichols: Because they want to help people.

[00:21:17] Nagda: This whole narrative that, "Oh, your doctor is just in it for the money." That's BS, because doctors are unhappy, even though they're making half a million dollars a year. Money really doesn't buy happiness. Doctors are willing to do the right thing because when you look at telemedicine, which is essentially online appointments, doctors are not adopting

because, without the physical exam, it's unethical. How can I diagnose and treat a patient that has a physical ailment?

With remote psychiatry, great. With remote therapy, wonderful. If it's just a visual diagnosis, okay, fine. When you have to actually lay hands on a patient, how can we do that over virtual care? That's what we wanted to fix, was how do you have more presence in the in-person interaction in terms of cognitive and emotional presence and how do you have a more physical presence for remote care? It came down to presence.

We built an end to end platform that essentially bridges digital health, virtual care, and in-person care and essentially build these smart clinics that are all connected all over the country. You go to a smart clinic and you see your doctor either in person or remote and you can get a conversation. They can actually examine you, they can actually talk to you more than they usually can because they're not worried about documentation.

All the documentation has done for them on the back end because the clinic is working for the doctor. The space is collecting that information being made online securely and then actually managing that data using AI and humans, actually, to make sure that that data is cataloged correctly and documented correctly. Then on the backend, the doctor can actually focus in on actually interacting with the patient on the front end.

These clinics, first we start with digitizing the interaction. Then we connect these digital access nodes to each other. One of our customers **[unintelligible 00:22:56]** in Chicago, they are a clinically integrated network and they're doing something really special which is they have a bunch of dermatologists and plastics and ENT and actually even psychotherapy. You can go to any of their offices for your appointment, your scheduled appointment and you can see your doctor at that office.

[00:23:13] Nichols: That's incredible.

[00:23:14] Nagda: Access just completely becomes open. It's your convenience to the patient. You still get that interaction with the doctor. The doctor's not looking at a computer, they're looking at you either through a computer or in person but they're looking at you. They're there. It sounds so crazy. If I can be there right, 100% there, it changes the game. You've had experiences with physicians.

[00:23:34] Nichols: Oh, sure we have.

[00:23:36] Nagda: They care. I really truly, at the core of our belief is doctors really do care.

[00:23:41] Nichols: They care and they want to help the patient. They want a good outcome for that patient.

[00:23:46] Nagda: They're under so much pressure. Two-thirds of a doctor's time is going towards non-clinical work. It's only getting worse because, at the end of the day, the systems, the technology, the spaces, none of that works for the doctor. It works for the administration. It works for billing but not for the doctor-patient interaction. Once we make these spaces much more intelligent, I think we'll start seeing doctors be happy again.

Think about it this way. 78% of doctors are burnt out. It's literally like playing Russian roulette but the wrong way. There are five bullets in the sixth bullet chamber and that hole is the only one where you can get a doctor that's not burnt out. Now, if you get the burnt-out doctor, which you are more likely to, two-thirds of the time, you will have a worse outcome.

[00:24:28] Nichols: I would imagine.

[00:24:29] Nagda: Just thinking about our own jobs.

[00:24:30] Nichols: If you can change this for the doctors, the whole experience which is what Rezilient is trying to do. Greg always says progress equals happiness. If that doctor really feels like they are making a difference in that patient's life, they are going to be happy. They are going to feel more fulfilled and like, "Yes, what I'm doing has purpose. I'm doing well. I'm doing my job well."

[00:24:52] Nagda: One of the doctors I talked to that were rolling out a Rezilient there, he literally came up to me and gave me a hug. He's like, "You saved my marriage," because they mean at home too because of this. Right? I work so hard to get through all of this. At the end of it, Daryl is a great example of that. He got to the summit, he was at Harvard. I'm from Penn so I don't love Harvard but he got there and incredible, incredible human being and really cared about his patients deeply but felt depersonalized.

He felt like he didn't have that relationship with his patients. That's the saddest part because we go through all of this so that we can help people and we feel like we're really not helping.

[00:25:30] Nichols: Yes, right. What you're doing now is not the whole picture, right? Danish, you have a much bigger vision for what you're doing.

[00:25:39] Nagda: It might not be us. It might be other people but it's going to be an ecosystem of people. What we're seeing is all the developments really, internet of information came and we saw that change everything. The world's information got organized and connected. Then we saw the internet of connectivity and communication with social networks and social media really liberating where that information was coming from and how people were communicating with each other. The Facebooks and so on.

Then we saw Internet of Things and it has taken some hold but really it's limited. You have a smart home. You have Siri, you have, maybe my phone will turn on if I say that but you have Google Home and Hub. All these IoT devices that are essentially become-- the fact that I have to get up to turn the light off upsets me sometimes.

The next big thing that's coming that I think Resilient is going to be leading the way but, hopefully, helping others do it as well is this concept of Internet of Skills where if your car breaks down, let's say it's a Tesla or a car that not everybody can fix.

You can actually have the mechanic beamed over and they can use a remote, physical presence, a physical body like a robot, and the mechanic or the car doctor can beam in and actually remotely manipulate tools and fix your car. Do you need a plumber? You don't have to wait forever for that plumber to show up, set up shop. That same robot could be used by the plumber to fix your plumbing.

Our approach of allowing a doctor to do a physical exam remotely, we're literally allowing the doctor to, in real-time, manipulate tools with very high precision, just like robotic surgery. In fact, we're using-- at our core is one of the robotic surgery platforms from Genova. We believe that, especially with 5G coming, this is going to become much easier. We're already able to do less than a hundred milliseconds latency which is human perceptible latency but when 5G comes, that's going to go to one millisecond.

Literally, in real-time, the world will move. You can move the remote world and when that happens, we're going to see something that we have never seen in the world which is skilled labor becoming digitized. That Internet of Skill is going to change.

[00:27:40] Nichols: Right. That is so exciting. It's exciting.

[00:27:44] Nagda: It's exciting. It's scary. It's scary because if we don't get there, we won't be able to handle the problems that we face today as a country. Skilled labor is in shortage everywhere as you know really well, especially in the physical world.

[00:27:58] Nichols: Very good. I think we need a part two of this podcast. I'm going to ask you, this is something extra. What do you believe is this something extra that every leader needs?

[00:28:09] Nagda: I think every leader needs to pay attention to the people that they're leading and help them find what gives them power. Try to identify people, ideally, that already know their power, how they get their power and then you just keep feeding it. You keep feeding it, you keep feeding it. If you're leading a team of supermen and women, you won't be giving them kryptonite. You want to be giving them the sun.

You got to become the sun for their superpower. Literally, if you don't know that about every one of your employees that you care about every single day, it's like, would you make LeBron James clean his own shoes? You wouldn't or play with bad shoes. I think a lot of times we forget because we're always thinking about the product, thinking about the service, thinking about the customer.

[00:28:56] Nichols: Nothing happens without the human.

[00:28:58] Nagda: Without the human that's working for you, that's working on your mission. I think a lot of times, the key is to find people that actually get power from different areas. There are people out there that enjoy things that I would never enjoy which is writing emails or scheduling things or being organized but there are people that love that.

[00:29:19] Nichols: Right. When you marry those, I say that all the time. My EA, I'm calling you out, Jenny. She is the most organized person in the world but she makes me be able to go so much further because she's using her superpower and together you can do so much more and accomplish so much more. I could not agree with you more.

I cannot even tell you how many people have been on this show and have said someone found something in them or called something out in them that they oftentimes didn't even recognize themselves. They called something out and it changed the trajectory of their lives.

[00:29:54] Nagda: I would say, to become a leader-- I was with some students from WashU yesterday that were Black engineers student organization at WashU. I said to them, "You need to start building awareness of what gives you joy. If you need to meditate, great." Not everybody needs to do that. There's no easy way to do that. You just pay attention. What makes you happy, gets you out of bed?

My co-founder, Jeff, he's an engineer. He did his PhD in biomedical engineering. He says, you know what gets him out of bed every day? People. When he's working with people, he wants to be there. He doesn't like working alone and it takes a lot. It's really tough as you know but as we all get older and we get more "wise". You know what wisdom truly is, is understanding yourself and understanding what powers you.

[00:30:40] Nichols: I could not agree with you more. Well, that is a perfect way to wrap us up. I do want to ask you, is there anything that's coming up or anything that you want our listeners to know about and if so, how can they get involved?

[00:30:53] Nagda: We all have relationships with our doctors and our caregivers and our families. One thing I would say is if you see your doctor struggling, tell them about Resilient. If you see your doctor unhappy or distracted, tell them about this. You could be saving their lives. If you care about our mission, go to our website@rezilient.io, rezilient with a Z, and shoot us a message. Let us know.

[00:31:18] Nichols: Danish, thank you so much. This has been so much fun for me. I have loved it.

[00:31:22] Nagda: This has been exciting. It's kind of therapeutic.
[laughter]

[00:31:24] Nichols: It is. It really is.

