



## **Episode 11 - An Intern Leaves Medicine and Then Has a Change of Heart**

**Guest Dr. Hilary Hott.**

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HH: *So I was worried that even if I did find an aspect of clinical medicine that I did like that I wouldn't be able to do it. I just had no confidence in myself at all and I felt like everyone around me was smarter and better and they were all going to make way better physicians.*

HF: Welcome to the Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of the Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a non clinical job, or something else. I started this podcast to help you discover the career path that's best for you, and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So pull up a chair, my friend, and let's carpe that diem.

Hello, and welcome back to another episode of the Doctor's Crossing Carpe Diem podcast, and Happy New Year guys! Today, I have a great story that I think you're really going to find very interesting and heartwarming. My delightful guest is Dr. Hilary Hott. She first reached out to me back in 2014 when she was doing her internal medicine internship. At that time, even though she was up for intern of the year, she was seriously questioning whether or not medicine was the right path for her. We did some coaching and she made some changes, which I'm going to let her tell you about but then there were more changes to come. If

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you're in a situation where you're trying to make an important decision, this episode may be of particular interest to you. We're going to be talking about some of the factors that weigh in when we're faced with a difficult decision and how to figure out what's right for you. It's my great pleasure to introduce to you Dr. Hilary Hott She's joining us from Philadelphia.

Hey, Hilary, welcome to the podcast.

HH: Hi, thank you so much. It's a, it's an honor to be here.

HF: Yes. And I was so excited when we reconnected and you were eager to come on the podcast. So this means a lot to me. Thank you. Thank you. I'd like to start off by reading the first email that you sent to me back in 2014. Okay, is that all right? (sure). Okay. Hi, Heather. I am finishing my intern year in internal medicine and I'm coming to the conclusion that clinical medicine is not for me. I was wondering if I could schedule a consultation with you and discuss transitioning into a non clinical job next year? My previous career was in music, and I don't have much experience with office jobs. So I'm aware, worried the opportunities available for someone who is not board-certified may be limited. I am eager to learn and open to trying anything. Thanks for your time, Hilary.

HH: So I felt so grateful when I found you, found your website, because I was pretty desperate when I sent you that message. I was very unhappy in residency for several reasons. I mean, I did love the intellectual challenge of the work but just a lot of it did not feel right, it didn't feel like something I could do forever for the rest of my career. Number one I didn't like clinic, which was unfortunate because I had when I imagined internal medicine, my intention was to be a primary care doctor so that was kind of a problem not to like clinic. (Yeah), I missed procedures, I found that I liked critical care, I liked being in the ICU, and I did get to do procedures in the ICU. But I didn't know that I liked it enough to commit to finishing all of Internal Medicine and then doing a fellowship in critical care. So

that was one aspect of it. And then another aspect is that I was really, really struggling with a lack of confidence in my clinical decision making. And so I was worried that even if I did find an aspect of clinical medicine that I did like that I wouldn't be able to do it. I just had no confidence in myself at all. And I felt like everyone around me was smarter and better and they were all going to make way better physicians.

So those are kind of the two main things that were going on and I knew I needed to make a change. But I hadn't even found the courage to tell anyone close to me. My parents, loved ones, friends. I couldn't even tell them that I was thinking of leaving residency, just the thought of telling them was terrifying. People don't talk about this, people don't talk about leaving residency, or at least I had never heard anything about it. So I felt very alone at that time. And so when I found your website, it was this, even just sending that message was kind of a relief.

HF: Well, that sounds like it was such a hard time and it sounds like there was a bit of a disconnect with how you were actually doing because you were up for intern of the year, but you were feeling like a lack of confidence and difficulty making decisions or trusting your decisions. Can you explain a little bit maybe what that disconnect was about?

HH: You know, I won't say that I have it 100% figured out to this day. But I think that I had...every decision I had made to that point, and I'm not talking about clinical decisions, but career decisions, like should I apply to grad school? Should I apply to med school? What specialty should I apply to all those things. I think had been very influenced by what I thought the people around me expected of me. And I think up to that point, I didn't have enough practice making decisions by myself. And I thought, and that extended to clinical decision making where I was, I think I was too focused on pleasing my senior residents or the attending or whoever else, that I felt that I didn't know how to make decisions for myself or for my patients. And that's, that's the best way that I can think about it.

HF: And you bring up a really interesting aspect around this decision making because Hillary - Hillary said, I could mention her personality type on the Enneagram, which is the type six, the Loyal Skeptic, and it's the most common type of the physicians I work with, it's at least two thirds. And I think it's very common in the general physician population. And the Loyal Skeptic makes a fantastic physician. However, when they are under stress, they start having trouble making decisions. And what they do is they start going to other people to ask them what they should do and it becomes very challenging. And the more it goes on, the worse it can get. Another aspect of the type six is that they tend to develop anxiety, and they get focused on what other people's expectations are. There's this voice in their head that says, You're good or okay, as long as you do what's expected of you. It makes sense, Hillary, that you were experiencing all these things based on your personality type. I think a lot of physicians out there listening may relate to some of these things that happen under stress.

HH: I definitely think that as you said it kind of once it started, it keeps getting worse, there's definitely a snowball effect. When it comes to not feeling like you're able to make decisions. If you're stressed, you tend to well, I should say, I tend to reach out to people for reassurance on those really small minor decisions, and then it gets worse and worse. And soon I'm reaching out to the committee for everything. It can get, you know, it can get, it can get bad quickly.

HF: And do you remember how this all started, where you fine at the beginning of internship, and then you started noticing some changes?

HH: I was fine at the beginning and I think the stress of being a PGY-1 kind of led to that snowball effect of first being worried that I couldn't make the big decisions and then that turning into being worried that I couldn't even make small decisions.

HF: And when you reached out to me, had you told anybody?

- HH: No, no one, no one. I think honestly talking to you about it gave me the courage when I finally did tell my friends and family.
- HF: What happened when you did tell them?
- HH: I didn't get a lot of positive reviews. So, you know, it was I think it was surprising to most people. I'm not generally a quitter, I'm persistent, I generally follow through and accomplish what I set out to. So it was surprising to everyone. And, you know, like I said, I was kind of the I was the good kid growing up, you know, like I did what I was told and people weren't expecting any surprises from me.
- HF: You're meeting the expectations. Right, very well.
- HH: Right and, you know, and of course, that decision certainly wasn't, you know, wasn't popular with the people I was working with, you know. I felt terrible about letting down my fellow residents and I and I felt like I was letting my program director down. And again, they were surprised because, you know, they noticed this I guess the word would be dichotomy. Maybe that you mentioned that I was apparently doing well, but you know, inside, I was just feeling like I was doing terribly. And that is me. We'll get to it later but that was stuff that I kind of worked through once I did take time off from medicine.
- HF: Yeah. And so you told your program director, and you decided to leave. And then what happened next?
- HH: So I felt this huge weight had been lifted. To be honest.
- HF: Made a decision - like it's probably the first decision you've ever made for yourself!
- HH: Exactly. Right. I couldn't have put it better. It was the first decision that I made completely by myself on my own. And it was exhilarating. At the same time, I was



terrified because I did have to earn money and so I was very fortunate that you introduced me to (Dr.) John Goldener who has worked in medical communications for a long time, and knew a lot of people had a lot of connections. He told me a little bit about medical communications, the kind of work that is involved, that there are many ways to work in medical communications, you can work for pharmaceutical companies, you can work for the agencies that contract with pharmaceutical companies. And there are many ways to get into the field, basically. And he put me in touch with a woman who works for Novartis, who eventually, very long story short, put me in touch with a hiring manager at the agency where I found a job.

HF: Yeah, and you know, John is a great guy and I felt so confident referring you to him because I could tell you were a rock star. You'd never done medical communications, I knew whatever it was, you were going to do it really well. And so he met you and he thought you were fantastic, too. And then he made the introduction. But to get that job, you had to do some writing tests. This wasn't just a *Oh, hire her because she knows so and so* you know, you, you got this job on your own.

HH: It is true. So I had to submit writing samples, there were several stages of the interview process. I did make a PowerPoint on a disease state. It was hepatocellular cellular carcinoma, which which I saw a lot of in my internship because I did I did a lot of inpatient liver service when I was in internal medicine. So anyway, I had to start thinking about how am I going to present information in a clear, visually appealing way. I had to start thinking about that even you know, as I was applying for the job, and then I learned a lot more about that, of course, once I started the position.

HF: Yeah, that's an amazing story. And how was it? How did you like doing medical communications?

HH: So I will always look back on those on those days. Honestly, it was an adjustment, for sure. So instead of patients I had clients and our clients rely on us to know the literature on our drugs, on our disease dates, and we had to do that quickly. And we had to learn quickly so that we could write educational materials quickly. So I had to learn to present the information I had just learned in a clear, convincing, like I said, visually appealing manner. That was probably the hardest part was visually appealing. I had to learn a lot about PowerPoint very quickly.

HF: Oh, my gosh, a crash course.

HH: Right. And but I really enjoyed the new challenges. And I loved the people I worked with, I had more control over my day, I worked for a great company, I could work from home when I needed to, I had a wonderful boss. I worked with, you know, just really great, great people, some of whom are still friends.

HF: Oh, it sounds like a wonderful experience but listeners can tell you're talking about it in the past. Right? (Yes). Right. So can you continue along on your story, Hilary, what happened next?

HH: Sure. So a few months after I started that position, a lot of things happened at the same time. I had a couple close family members get really sick and admitted to the hospital into the ICU and in and out of the ICU. It was tough and I found myself back in this I found myself back in the hospital and a lot. (Oh my god). And surprisingly, I had this feeling, of course I didn't want to be there. The reason I was there it was because there was a lot going on with my family. But I realized that I missed this environment. I missed taking care of patients. I miss making these decisions. I miss knowing the ins and outs of patient care. I really did. And you know, I was also beginning to realize that I didn't enjoy my job in medical Communications, I was a medical writer. I didn't want to sit at a desk in front of a computer long term. I really, I miss doing things with my hands. I like to be on my feet, I like and I just I missed that part of it, too.

HF: And you mentioned that you miss making decisions. (Yes) even though they were tough. There was something about having a real part in a patient's journey that was powerful for you, even if it was challenging.

HH: It really was and I kind of figured out that that challenge that I guess in any, when you decide what type of job you want, you're deciding what kind of challenges you want to have. And I decided that I, those are the challenges that I want to have in my career.

HF: That's a huge change (Yes) but, you know, it sounds like you were going really back to what your truth was and what you were experiencing in internship. It was not really you in some regards, some way.

HH: I think it's a really good way of putting it in internship. I was, I don't know if it was maybe I didn't have a great way of dealing with the stress. But I don't think it was really experiencing my true nature. As kind of weird as that sounds.

HF: Oh, that's definitely, definitely what happens when we're under stress. We become someone we're not, almost unrecognizable at times.

HH: It's weird, because since, of course, I well, as listeners will find out I've had stressful situations for sure since and I don't know if it's time, I think it was the time away that I've been able to cope with it a lot better.

HF: And if we turn the page, so you're working in medical communications, but then you really started feeling and believing that you were meant to be back in patient care. So how did you get back?

HH: Well, this was, this was almost as tough as leaving, because I thought, well, I only left a year ago. So you know, have I, have I really devoted enough time to thinking about this, is this really what I want, but it really was and I kind of realized a lot of things at the same time. You know, as I mentioned before, I really



did miss participating in patient care and making clinical decisions. And as I was thinking about what I would do if I did come back to medicine, I thought about the fact that I, I miss doing procedures, I had actually loved the OR environment back when I was a medical student. And I thought well, though, you know, the kind of my favorite aspect of internal medicine was critical care and the field of anaesthesia kind of offers all of those things.

You do procedures, you're in the OR obviously, and you there is always the option of doing a critical care fellowship, which is not what I eventually did. But I knew that the option was there. I also had this funny realization that back when I was in medical school, when they were when the dean's office was compiling the Dean's letter, I think it's called the MSPE, that gets sent to all your potential residency programs as part of the application. So the strongest compliments in that letter were from my surgical clerkship, which (very telling) I think I completely ignored that the first time around and I don't know why I couldn't tell you that. So I looked at it the second time and I thought, Oh, this, you know, this actually makes sense. Like, I think anesthesia would be a good fit. And turns out that I did thrive in the OR environment. My takeaway was not that I should be a surgeon. I knew that that was not true. But I but again, just that I that I did well in the OR. So I you know, kind of wish I'd pay more attention to that before.

HF: But that's okay. You got there (right). You remember thinking at all or considering anaesthesia at all when you're in medical school?

HH: I did. It was one of the fields I considered. And you will not be surprised to hear that I didn't think that my application would be strong enough. I didn't think I was good enough. I didn't think that my scores would be good enough to apply for in anaesthesia, I didn't even try.

- HF: Interesting. So there was some self doubt there. Maybe a little bit of that disconnect between reality and what you're perceiving. And where are you currently, what are you doing right now?
- HH: So currently, I am a Cardiothoracic Anesthesiology Fellow at Temple. I did a residency in anesthesia at UMass and then I applied to cardiac anesthesia and I matched at Temple and I'm very glad I did.
- HF: Yay Hilary! Give her a round of applause seriously. This is a such a beautiful story. I'd love for you to help us understand the difference between when you're really doubting yourself and now you have all this confidence and you're in an environment where you're probably handling much sicker patients even and you know, on a more regular basis. And like you had mentioned before there, there's boredom but there's moments of sheer terror (yes) on your job, or on a routine basis.
- HH: Right. So, this would be surprising to anyone who knew that I left internal medicine. It would be very surprising to anyone who knew me when I was in PGY-1 in my first residency. And I think there was always a part of me that knew that I would enjoy the fast pace of the OR environment and having to make decisions quickly and under pressure. But I just hadn't fully admitted that to myself. And I wasn't in a place to admit that to myself until I took some time away and I actually stepped back from medicine.
- HF: You found the time away to be very helpful and that sounds like to reconnect with your true self, and not the false self, which was operating a lot in internship. What else was going on during that time away, that shifted you and allowed you to connect more with who you really are?
- HH: So I got to know myself better. I think that's the simplest way of putting it and I had the time to do that. And that was because again, I had made that decision for

myself, which I think was the first decision that I did make for myself. And in that time away, I talked with a lot of people who knew me really well. And that brought me eventually back to a place where I felt more comfortable thinking about what would I do if I returned to clinical medicine?

HF: Ah, I think sometimes you do have to go away to come back or to have enough perspective to really see what's going on. Do you have any advice for a resident or an intern who might be questioning their path and their decision?

HH: So I would say the first thing is only you know the best decision for you. Like I said, my decision to leave my residency was not a popular decision. Pretty much everyone around me disagreed with it. But it was something I knew I had to do. Talking with you certainly helped me with that helped me clarify that it was the right thing for me to do. So, you know, first I would say, know yourself and know that you're really the only one who knows what is the best thing for you. And then secondly, there's time to make that decision that that decision doesn't have to be made right now that. You don't have to make that decision until you are 100% perfectly comfortable with it. And I think giving yourself time to think is probably the most important thing to do.

HF: And I know that will be helpful for others to hear, they won't feel like they're the only one like you did. And I think it's really true that there is a right decision for each person and the people around you love you. But they don't walk in your shoes, they don't feel your feelings. So they don't have really the best information to guide you. They can be a resource.

HH: Right. And when I said that, that was not as you know, it's not that the people around me didn't love me or weren't supportive. But like you said, they they don't feel your feelings, they don't know what you're going through. So it's impossible for them to really to know what the best thing for you is.



- HF: Yeah. Is there anything else that you would like to add that we haven't talked about? Or that you remember from the journey you'd like to share?
- HH: I think I would just say that, that it's important that every step to really trust yourself. And that's something I wish I had done a lot sooner in my career. Learning to trust yourself and know yourself and finding a way to become competent in the decisions you make for yourself is very important.
- HF: I love that and also, I think it's a great message in general since so many physicians have the personality type, the type six, which often does look to other people for validation, and really tries to meet those expectations. And there are great things about that. It makes someone a wonderful employee, a partner, a friend, a committed individual. However, if it's used to excess and it's not balanced by really knowing what you need and want, that can take you in the wrong direction.
- HH: Sure. And I think I never meant to imply that kind of that I was pressured into going to medical school or pressured into medicine, but I kind of had this idea of what I thought people were expecting. And that can be completely wrong, too. So I think you can also fall into this pattern of operating under false pretenses. Most of the people around you just want you to be happy. And unless you have the confidence in yourself to actually to voice your own opinions, even to yourself, you can't even talk to other people if you don't even know your own, your own truth first.
- HF: Yeah, I'm glad you found your truth. And I'm glad I found you again. Yes, see what amazing work you're doing. And you just sound so happy and connected to your work. And like, you just really found the right direction. And I'm sure you're, you're an incredible physician for your patients and your colleagues, too.



HH: Oh, thank you. It's very kind of you to say. I do enjoy my work. And I love it. And I am at the point now where I'm, I'm glad that everything that happened led me to this place. And that really did start with reaching out to you. So thank you.

HF: Oh, my pleasure. This is what I live for so. All right. Well, thank you so much again, Hilary and maybe we'll check back with you after you become a full attending and are out there in the world doing your thing.

HH: That would be great.

HF: I love that. All right, guys. Well, thanks so much for listening. Stay tuned for the next episode. And don't forget to carpe that diem. Bye for now.

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