



EPISODE 13 - A Surgeon Decides It's Time to Leave Medicine

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TP: Personally from a happiness perspective, I just decided it was time and I just couldn't do it anymore.

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 nonclinical 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, hello, and welcome back to another episode of The Doctor's Crossing Carpe Diem podcast. You know, it's a big deal to consider leaving medicine. This is a major life decision, no matter what your situation or specialty. But there's even more pressure often if you're a surgeon and you know that if you do leave, it may be very hard to go back and also require retraining, or if too much time passes, the door could be closed shut. Today, I'm honored to have my wonderful guest here, board certified bariatric surgeon, Dr. Tracy Pitt. Dr. Pitt had been in practice for about 12 years when he reached out to me because of burnout. He ended up deciding to leave medicine and transition into a role in drug safety. He's here today to tell you his story. I want to add that shortly after he made his transition, he reached out to me saying "I want to help other doctors who are feeling trapped. My life is so much better now. How can I help?" I love that he said that. I felt really that I wanted to take him up on this opportunity. By hearing this story today about this big change you made from being a physician who does surgery on patients into a nonclinical role keeping them safe, there is a lot that is helpful in seeing that a big change is possible, and then also getting to know how it all happened. So without further ado, I'm very eager to welcome Dr. Tracy Pitt to the podcast. Hey, Tracy, welcome! How are you?

TP: Hi, Heather! How are you?

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HF: Good. Good. Good. Thanks so much for being here.

TP: Thanks for having me.

HF: Absolutely. So I'd like to start by reading the email that you first sent to me. This was back in March. *Hello, Heather. I was looking at your website and wanted to reach out. I've been struggling for years with health care dissatisfaction. To be blunt, I'm sick of it. The problem is I don't know what else I'm qualified to do and how to go about making the changes. I almost just want to quit and make a change but I'm petrified I won't figure it out. If I leave, I am not coming back.* So, Tracy, you captured what so many physicians out there are feeling as they know a change needs to happen. But, you know, unlike medicine, when we could see the steps clearly, it's like bushwhacking. Can you take us back to that time when you sent me that email?

TP: Yeah, Heather. You know, I've been becoming increasingly dissatisfied in clinical practice for, you know, a multitude of reasons. Administrative, you know, all these rules and regulations, you know, spending hours on an EMR for, you know, just writing it for the attorneys in the event that you get sued and, you know, challenging patients just, you know, a lot of these types of things just started to increasingly wear on me to the point that a couple of years ago, I started thinking, you know, I need to do something different. My initial plan was to make it to a certain age and I started to realize at that point that I wasn't even going to be able to make it that long. So I started kind of pondering things and then, you know, earlier this year, and it wasn't necessarily COVID related, but just everything about clinical practice and the negativity and the negative impact on me personally, from a happiness perspective, I just decided it was time and I just couldn't do it anymore. So then I started putting in some efforts, one of them reaching out to you to make that change happen.

HF: Now, I'm really glad you reached out, and are you able to quantify like how significant your dissatisfaction was? So on a scale of zero to 10, if 10 is you're really happy with your career and zero being very dissatisfied. Where were you?

TP: I'd probably say in a two to three range. Yeah, so it's a little hard to say. Yeah, I mean, operating was great. You know, and I did enjoy operating. But unfortunately, that's actually a smaller part of what I did on a day-to-day basis, the rest of it was very low.

HF: Well, if it's, you know, very low, like a two, that is just not sustainable. I think a lot of doctors are enduring significant burnout. Can you describe a little bit more of what that stress was like, and also, especially from a surgeon's perspective?

- TP: It was an extremely high-stress level on a day-to-day basis. Yeah, I mean, it was just non stop all day, you know, people contacting, you know, the nurses call in, you know, people from the office call in, you know, this happened, this happened, you know, or whatever. And, you know, and dealing with those things, and trying to take care of the issues that were immediately at hand. And then, you know, someone's on their way to the emergency department at six o'clock at night, and you know, that you're getting called up to 12 in the morning, and you have to spend all day wondering if it's, if it's as severe as it sounds, and you're going to be operating from two in the morning till six in the morning, and then working all day, the next day. And ...
- HF: That's hard. You know, most people don't have to do that in their day-to-day jobs. That's very taxing.
- TP: And then just the administrative burdens started to get overwhelming as well, you know, and that could be a whole another podcast. But, any physician listening understands what I mean by the administrative burden,
- HF: And how was it affecting things at home?
- TP: Oh, you know, I was always stressed. So you know, at home, you know, I just wasn't as happy and I wasn't as available for my family, as I am currently. And what I mean by that is, even if I was here, you know, my wife could be talking to me, and I could be thinking about two other things and kind of not hear a word she said, or vaguely hear it. And, you know, just even outside of work, even, you know, you're on call that, we were on call all the time. So, you know, you just constantly got that impending doom, phone call, to the point that every time my phone rang, I felt nauseous. But you know, and it just was more easy for me to get a little hot under the collar. You know, it just wasn't the person that I am.
- HF: And that's something that I mean. I talked about in my story about how I became, you know, someone that wasn't really me. And under stress, that does start to happen. And sometimes we don't even recognize it, because it's happened over time. And unless other people give us some feedback, it might not be so clear to us. How far gone we are. I'm glad that you listened to yourself and took a cue to start exploring what were your options. When we started working together, do you want to tell the listeners a little bit about how you explore different options?
- TP: Yeah, so when I started working with Coach Heather, it was an attempt to figure out what I was qualified to do. Because initially, you know, I just felt trapped and that there, there was nothing, nothing that I could do other than practice medicine, or, or go back and do a residency in a different field or whatnot. And, and again, with most of the what I call negative aspects of

clinical practice, are ubiquitous for every, every field of practice. So that didn't seem very interesting. So I started working with Heather and, you know, she started giving me some guidance on different tools and techniques that I could use to try and identify the potential career for me. And probably the things that I found the most helpful were, you know, recommendations of certain books and podcasts. And so I started investing quite a bit of time and, you know, reading these, as well as reading the book, reviewing the podcast. And what I would do is, as I read them, I would mark zero to 10 for every different type of field and kind of helped hone in direction a little bit. And I tended to gravitate towards the pharma industry job descriptions, and that seemed like the ideal course for me.

HF: Did you have any background in clinical trials or research?

TP: I mean, I had a little bit of research history. I did a master's in graduate school. So I, you know, I did some bench research in immunology and molecular biology at that point in time and then after a surgery residency, I did a research fellowship before a clinical fellowship. So I had some exposure to research and writing grants and things of that nature. So I did have some experience, but I did not have any extensive research experience when in clinical practice.

HF: How did you actually then find this job that you're in right now in drug safety, where you're working for a contract research organization?

TP: You know, I started to optimize my LinkedIn profile and sort of working on that. And within LinkedIn, there's an option to get job alerts and they actually post, I didn't know this until recently, but they post a lot of job offers and opportunities on LinkedIn. So you know, I was watching those come through and, and after a couple of weeks, there was an interesting contract research organization position opening up. And it was local for me which made it even more appealing. So I did some research, discussed it with Heather. She kind of helped me finish up my resume that I had been working on, and did some interview practice. And while I'd sent my application, and of course, and then we started doing these activities, and, you know, got called in for an interview and that was that.

HF: I know, that was a really exciting time because things started happening really fast. You saw this job, it was in your city, there was this appeal because it was a pharma job. And then, I think, maybe the next day or something, we did interview prep. And you did really, really well, because, in a short period of time, it's possible to go from not knowing exactly how you're going to answer potential questions, to really feeling comfortable about how you're going to connect the dots for someone that you're a good fit for this position. Can you describe a little bit about

what this actual job is that you're doing? And how you did make that case of "why now? why you?" for this job?

- TP: So the company I worked for is a contract research organization (CRO). And what they do is sponsors or biotech companies, smaller pharmaceutical companies will contact our company, and they hire the company to do various aspects of the research trial. For some companies, they ask us to do everything. For some, they ask us to maybe just monitor the safety, or there's various aspects that are probably less important, but the main thing is the company helps the sponsor who's running the trial to help oversee it, and help run it. There's a lot of different roles for physicians. My role is in drug safety and the primary focus of that is to monitoring the safety of the trials. So, you know, a lot of what I do will be evaluating the reports of, you know, adverse events and looking for potential trends of safety concern. Similarly, there may be trials that have a drug that has a risk for liver injury or liver toxicity, you know, so there's a lot of labs that would be coming through, and you have to monitor those and, then make sure that the drugs are managed appropriately, according to the protocol by the site that's actually doing the trial. Similarly to evaluating the adverse event reports, you know, on a periodic basis, we can do reviews, cumulative reviews of safety data. And there, too, you're kind of looking to see, is there some trend that could indicate some type of safety concern. And then additionally, you know, in my role, I'm still a little bit newer into the field but over time, you know, some of the Docs in my role also assume other roles that are more involved in other aspects of the study as well. So that's kind of something that I'm looking forward to.
- HF: Once you get into pharma or working for a CRO, there's a lot of upward growth opportunity, and opportunity to do different kinds of jobs. When you had your interview, was it hard to connect the dots for the recruiters about why you wanted to make this a big change?
- TP: No, I don't think it was difficult at all. You know, everyone, not everybody, but most of the people that I interviewed with and particularly the first interview leading into the second interview, most of those individuals are physicians or people who've worked with physicians for a long time. And, you know, for every one of them when they asked me why I wanted a career transition, why I wanted to leave surgery and I told them, everyone said, "Yep, that's, that's what we hear every time." So, you know, so all the Docs that make this transition kind of have the same experience. And, you know, most of the Docs that I work with have been in the pharmaceutical industry for 10, 12, 15 years. So even at that point in time, people were looking for something different. And, you know, once they got into medical practice, realize that maybe this wasn't the way they wanted life to be.

HF: Right. So that's a good point. It was just, it's just not recently, but doctors are being useful in many different ways and have been for a while more than in addition to patient care. If a physician is listening to this podcast and wondering, could I do this work? What are some of the qualifications or requirements for going into drug safety?

TP: Yeah, usually, they require the medical degree, in my company, I have to maintain my state medical license, board certification is not necessary. I'm still deciding what to do about that. At this point, I'm working on keeping it up. But that one's still yet to be determined, and varying degrees of experience sometimes, but it's not always that you have to be in pharma for 10 or 15 years. You know, and like, you know, my company understands that people got to start somewhere.

So, you know, like I said, I was able to secure this position and didn't have any pharmaceutical background. And, you know, in my particular company, I think that that, to some extent, may have even been a positive in that, you know, I'm coming in, I'm trainable. You know, they know, I've been a surgeon for 10 years. So they know, I'm, you know, committed and dedicated, and I'm gonna work hard. And, you know, so they're not worried about that, at least in my opinion. But I don't come in with any preconceived notions, and I get trained in the way the company does things. So I think it may be, not a huge positive, I think it was even a little bit of a positive.

HF: Yes, and you're right. And I've heard that for other types of nonclinical jobs, too, and the health insurance sector where they don't necessarily want you to have prior experience for certain jobs, because you're right, they can show you their methods and their ways. And I remember you were saying, when you interviewed, they told you don't worry, for the first six months, you're not going to know a whole lot of what's going on. And you're going to learn as you go. And I think that's very reassuring for physicians to hear because they will often look at job descriptions that say they all require prior experience. And yes, a lot of them will say two to three years, five to seven. But I think drug safety is a great entry-level point because they often are willing to train the right physician. And you're using your clinical knowledge. So you don't have to have prior clinical trial experience.

TP: Yeah, Heather, you know, I haven't looked at it in a long time. But if I remember correctly, I think the job description for the position I have requested, I think they said two years preferred or something like that, where it was kind of vague. Yeah. Like, that's not big, but it was, we had like someone that has some experience, but they weren't as such that you know if you don't have experience, you still give us a holler.

- HF: Yes, and I'm so glad you said that Tracy because these are not written in stone. These are often wish lists, these job descriptions. So don't let them deter you if you don't have even half of the things that are on there. Because if someone has all the things on the job description, they're ready for the next job. So let's talk a little bit about the compensation because some physicians may be wondering, well, if you're a surgeon, are you going to necessarily go down in income? And is, is that a deal-breaker when you switch careers?
- TP: I mean, if I went out and found a bariatric surgery job right now, I would probably make quite a bit more money. But I'd be miserable. So. So to me, it's just, it's just not worth it. You know, the compensation, I was pleasantly surprised for this role. And I do not think it was that big of a hit. And, and I'm very happy with the compensation.
- HF: And there is a high cost to suffering. But just the number of when you quantified your career satisfaction at a two. There's a huge cost to that. And it takes its toll. Where would you say your career satisfaction is at this point with this current job?
- TP: Oh, right now, I would say I'm in a seven or eight but I would need more time because I still have some growth and learning and you know, not quite there yet. So I expect it to get even better. But it's I think it's still going to take some more time.
- HF: Yeah, you're kind of in that growth phase and there's a lot more to come. Now for anyone listening out, there who is curious about compensation. Now I often give the range for pharma and this is also a lot of other nonclinical jobs is it's often between \$180-\$180,000 to \$300,000 when you're coming in at entry-level, with an average of around \$220, to \$240, and that does not include sign-on bonus or regular bonusing, that might be happening, in addition to stock options. So that can really round out the compensation package. And as you advance in your career, you're going to go up in salary, typically, and also the benefits can increase, the stock options can be very significant. We're getting close to time here. But if there's a physician out there, and maybe it's a surgeon, perhaps, who's trying to decide, like, should I stay? Should I go, I feel kind of paralyzed? What advice might you give him or her?
- TP: Well, I mean, I would suggest that they look at their options, because, I mean, if you're feeling that miserable, and that paralyzed, it's obviously not a good situation. So I mean, it's worth taking the time to do some research and investigate these other options. Now, one of the things that I found difficult was, you know, trying to do this, while I was practicing, as a surgeon, you know, big long day, case runs late, you come home, the last thing you want to do is spend an hour reading about this or that or you know, what I mean? So I found it kind of challenging to do it in that setting.

But you know, making that commitment to look at your options, I think is a key and having that heart to heart with yourself, your family, and trying to decide what's best for you. And, and that's what I did a lot of evening discussions with my wife about where I was and what I should do, and this is the direction I ended up heading.

HF: When you had those conversations with your wife, and you were trying, and you're having your heart to heart with yourself, what was sort of the fundamental truth for you?

TP: That I needed to do something different, that I wasn't going to, I wasn't going to make it and practice for another five or eight even years. And, that's not retirement age. So, you know, I just knew there was no way I was going to make it. I was going to, I don't know, I was going to snap.

HF: Yeah, I'm glad you heeded the call. You sound much happier now. And what does your family say about your transition?

TP: They're very happy with it. I mean, I'm available for them. I'm more interactive, I'm happier, just, you know, better able to do things with my family. I mean, I've been golfing more, take my daughter to golf, and more, you know, it's just this summer, I'm excited about this summer. We're going to spend lots of long weekends at the lake, so, you know, a lot of those things weren't as doable in a surgical practice. So, I'm happy about that, and, they're just happy that I'm a more enjoyable person to be around.

HF: Your wife gets her husband back, you get yourself back. How has this transition changed how you feel about yourself?

TP: You know, I mean, I feel a lot better about myself, I, you know, I feel a lot less stressed out, I feel a lot more able to be available and involved with my family and outside activities. And I feel much better.

HF: Well, that sounds worth it to me. And I'm glad you got to the other side of this decision. Have you had any, any regrets or thoughts of maybe, maybe I would go back or I really miss surgery?

TP: Like, I think I've said this, you know, I do miss operating. But that was actually a smaller percentage of what I did on a day-to-day basis, or the things that I had to do on a day-to-day basis. So, you know, one of my surgery colleagues was talking to me about this, and he's like, aren't you going to miss operating? And I said, Yeah, and that's about it. So yeah, you know, it's just, it's just natural that you're going to miss something that you did for so long on occasion, but you got to take the good with the bad. And I'm not willing to deal with the bad.



HF: Well, it sounds like you're very happy with your decision. I'm happy for you. Is there any, are there any other thoughts you'd like to share with the listeners before we say goodbye?

TP: No, thanks. I appreciate your time and listening. And if you need assistance, ask Heather.

HF: Alright, well, Tracy, that was really wonderful. And thanks again for your generosity and coming on here. Maybe we'll check back with you later and see how this job's going and where the path is taking you.

TP: Sounds great.

HF: Yeah. All right. Wonderful. So guys, if you'd like to learn a bit more about pharma, I have an insider's guide that you can get at www.doctorscrossing.com/pharma. It's the resource guide that's also connected to episode number nine with Dr. Ruth Namuyinga. But if you didn't get it, you can get it now. And that's www.doctorscrossing.com/pharma to learn a little bit about drug safety and the other areas that are open to you in the big wide world of pharma. Alright, thanks so much, guys. Don't forget to Carpe that Diem and I'll see you in the next episode. Bye for now.

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Podcast details

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