



## **Episode 14 - 5 Things to Do Before Leaving Medicine**

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RK: “The reality is the hospitals not going to love you back, the practice isn't going to love you back. So don't ever feel that you have to put the needs of your practice ahead of your own. You know they should be somewhat consistent, you should be contributing to the practice, and the practice should be contributing to your life.”

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 The Doctor's Crossing Carpe Diem podcast. One of my coaching mantras which I used on myself way back when is fix it up before you give it up. In other words, do everything you can to make things better before you decide if it's time to leave medicine. Today I have one of my dear clients joining me to share a story of how he did just that. My guest is Dr. Robert Kanterman, a board-certified interventional radiologist, who was feeling very burned out at the 20-year mark of his highly successful career. We're going to be talking about the five things he did to try and improve his situation before making this transition to give you some ideas of things to consider for yourself. It is my great pleasure to welcome Dr. Robert Kanterman to the podcast. Hey, Robert, how are you doing? Happy New Year!

RK: Great, Heather. How are you doing?

HF: I'm doing excellent. And I'm so excited to have you here because I think you have so many great pearls of wisdom to share with the listeners. So can you take us back to that time, describe what it was like when you're feeling really burned out almost six years ago?

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- RK: Right. I was in a very dark place both professionally and personally. That time I remember specifically the day and we're exactly where I was sitting. It was a double shift on Christmas Day. And I really was unhappy with my career. Now, on the surface, it looked like everything was great. I was a leader in my group and in my hospital, I was ahead of our interventional radiology service. I really, you know, sort of was at the pinnacle of my career or it would seem to be, but I was still very dissatisfied with my professional life and how that affected my personal life. And I was looking for a change.
- HF: And how long had you been feeling like something was wrong?
- RK: I wouldn't say that there was a thunderclap moment or something that happened very suddenly. But it was a sort of the gradual grind of work and disappointments, perhaps and maybe things not always having gone the way that I would have liked. And I think over time, there's a cumulative effect of those things. And it probably affects a lot of us professionally, where we can't say all of a sudden, something particular happens. But you wake up one day and you're like, "This isn't that great. This isn't really what I wanted".
- HF: It's kind of like that metaphor, which actually I don't really like, which is the frog in the water, you know, where he gets heated up. And it's this inexorable downslide, where you don't even really know what's happening for a while, it just seems sort of normal. That's just part of what you do.
- RK: Right. Well, my first tendency was to jump out of the water. And I think that in retrospect, probably would have been a mistake. And I probably would have jumped in some other pot of boiling water if I had done that. So I think we talked a lot over the first year or two about what to do next. And all the while, it became obvious that the first step was probably to start peeling off the things about my professional life that did not like including leadership roles, including a busy interventional service where I was on call every other weekend. And, you know, starting to focus on the aspects of work that I did like rather than, you know, having to deal with, with everything.
- HF: So perfect. That was a great entree to the first of the five things that we're talking about, which is, **number one, reevaluate your clinical focus.** So you did a number of things, and you've already mentioned them. But yes, please dive into that one.
- RK: Well, for example, my wife for years told me that I should just give up the interventional radiology practice, stop doing interventional, just become a diagnostic radiologist. And for years, I told her, there's no way, I just can't do that. And I think there's a lesson there too. And that is,

there's really nothing you can't do, you know, within the boundaries of the law and ethics and whatnot. But, you know, it was clearly that that responsibility and all the calls that went with it was part, or major part of the job dissatisfaction that I had, even though I think I was pretty decent at it most of the time. And I think my referring clinicians liked me in that role. But I always had this "No, I can't do it. No, I can't do it" mindset. And I think that is, to some extent, self-defeating to have that, and I think, I should I have, in retrospect, as my wife would tell me, I should have probably given it up years ago. And you know, who knows how my, you know, a career would have turned out. The other part, another major part was my leadership roles that I had. I was the head of my group, and I was on the senior staff at my hospital. And I had a role in our charity with the hospital board role. And well, I guess, on the surface, I'd liked doing those things. And there are elements that I like, but it was just too much. I had too much going on. And you know, whenever they asked me to do something more, I always said, "Yes, of course". Because that's, I think, what I was trained to do. That's probably the culture of medicine, in general, is when you're asked to do something, the answer is yes. And I think had I been selective with my yeses again, perhaps maybe I wouldn't have felt as overwhelmed as I did on that Christmas day about six years ago when I felt I needed to change.

HF: And for physicians who are listening and wondering, "Well, how do I decide what to say yes too and what to say no too?". How would you help them answer that question based on your own experience?

RK: Well, unfortunately, it's retrospective. And I'm not sure that I could prospectively say what I should do or shouldn't do, or wouldn't make the same mistakes again, but I think you have to understand yourself and continue to reevaluate what you yourself want. And I know you talk about this a lot, alignment with your true self. And I still actually have some of the stick figures that we drew.

HF: The cartoons? Yeah.

RK: Yes, yes, I do. Because I think now I know to go back to "Hey, what does Robert really want to do?", not "What does, you know, the outside want Robert to do?". And I think you have to continue to ask yourself that. And I think if you're not sure, there's nothing wrong with trying a new role on. And if you don't like it saying, you know, after six months or a year, whatever, the appropriate time frame, "Hey, this isn't for me, you know, somebody else can do it?". Or, you know, I think none of us are really all that indispensable, though maybe at the moment we think we are and I think there's no harm in trying something new. And I wouldn't say failing, but just saying, "Hey, this is not a great fit and moving on".

HF: Yes, Robert, you make some really good points for this first item that we're talking about, which is reevaluate your clinical focus, which can also be some of the nonclinical things that you're doing, which is a question of, "If I say yes, why am I saying yes? What's in it for me? And what's my motivation?". And then it's okay to consider saying no to something because no can mean a new opportunity for you.

**Let's move on to number two, which is change your schedule, if possible.** And what I just want to say one thing here that I bring this up a lot with my clients, because they often think they can't ask or it's not a good time or a doctor just left. But I have had a situation where a physician had just left the practice and she really thought she couldn't ask for changing her schedule. But she had a mother who was having some issues, and she just had a new baby. And she went in there really thinking that she was going to be thrown out of there for asking. She was actually replied to favorably, like, "Yes, we can work with it". So I just want to preface this number two with never saying never that it's not possible. So I'd love to hear how you handled this.

RK: Well, I think in my radiology career, most of the time, most practices have probably been at least a little bit understaffed. So there really is never a good time for somebody to go part-time. But it would be even worse if somebody left, so I think in many cases, you have that leverage if you have the ability to leave if you can find another job. But I think for the most part, most people in your practice, you know, at least in the private practice setting, want, you know, everybody to be as content as possible. And I would say thinking more generally, I think we have a lot of loyalty to our practices, to our hospitals. And, you know, the reality is the hospital is not going to love you back, the practice isn't going to love you back. So don't ever feel that you have to put your practice above the needs of your practice ahead of your own, you know, they should be somewhat, you know, consistent. You should be contributing to the practice, and the practice should be contributing to your life. And same with the hospital.

HF: That's a really good point about, you know, they may not want to change the schedule, but they also don't want to lose somebody.

RK: Right. I mean, point six of somebody, if you're shorthanded is better than zero of that person, if you can't find somebody. So, most of the time, I think it really works out that when people want to work part-time, they should be able to work part-time. And on the other part of this is that somebody who's burned out and unhappy, working full-time, maybe shouldn't be working full-time. You know, maybe it's not good for the practice, maybe it's not good for patient care, and quality and safety, and all of those other things. You know, it's probably beyond the scope of this conversation. But it's probably good that people recognize when they shouldn't be working full-time. And that should be supported.

- HF: It's so true. Because there's this tipping point between doing something and enjoying it, and doing too much of it, and really starting to get burned out. It's just like you could love cooking. You could love your hobby. But if you were doing it too much, then the satisfaction diminishes exponentially.
- RK: Absolutely. And I actually found that when I went part-time, I'd like to work a lot better than I did on that Christmas Day. And whenever that was six years ago. I was starting to like work again, going part-time.
- HF: And I've definitely heard that from physicians who are able to free up some time because it also leaves some bandwidth to use a new part of their brain. And that can really help. Another thing I've seen happen is that they may ask initially, and they're told, no, we can't do this. But they keep revisiting that question in a respectful way. And then it can happen later on, even if it doesn't happen right at this moment.
- RK: Yeah, that seems reasonable.
- HF: Great. **Okay, let's go to number three, which is to consider changing your practice setting.**
- RK: Well, I was continuing to evaluate and reevaluate where I was with my career. And I have some friends from residency that I've been in touch with over the years, we're all still very close. And they had an opening for a very desirable location in their practice. It was extremely desirable. It was probably, we were joking, it was probably the best radiology job in America. And I had this skillset for it. And so I thought I would give it a try as a traveler, and I did and I really enjoyed working alongside my friends in this what is arguably the best radiology practice in America. I say that jokingly. But there it is a terrific practice, it's very well run. It's a large practice. And my location was very desirable. And I can, I really enjoyed that a lot. I enjoyed going there and meeting the people and doing the radiology work. It just got to a point though, I decided that I, even though things were better. And I've tried all these other things that I just did not want to continue doing radiology work.
- HF: I think that was a great test because it's often an idea we have in our mind is, if this were better or different, or the wallpaper was prettier.
- RK: The grass is greener, right?
- HF: And you tried it out. And when you try something out, you get concrete information. It's no longer theoretical. One thing I've seen people do sometimes is they may have a couple of different clinics, and maybe they're commuting to a number of clinics, and they can minimize

the commute time. They can also ask to change their setting if there's someone toxic in their environment, and then other physicians may try to find another clinical job that can be changing your practice setting as well. How long did it take you to realize that when you would change setting that still wasn't going to be the answer?

RK: I would say that it didn't take very long. I mean, I was still content doing the work, but I still had the feeling inside me that I need to be doing something else. And you know, I was at the time as of maybe a few months ago is still content to doing it indefinitely because I was, you know, happy enough doing it. But I knew that it wasn't going to be for long. I'm 25 years into my career. And I didn't see myself doing it for another five years, maybe one to three more years. I could have continued to do it, but I wasn't, you know, completely happy doing it and I was still looking for something else.

HF: Is true that feeling doesn't thoroughly go away, the voice can get a little quieter? But it's often still there, if that's what the ultimate truth is.

RK: Yeah. And that's what I found to the voice. The voice was still there. I was still questioning the decision to continue to work as a radiologist. And it made me continue to look for other possibilities.

HF: Exactly. And that brings us to **number four, which is to explore nonclinical options**. And I just want to say that these aren't necessarily sequential steps, they can be done concurrently, which is what you did. Would you like to tell us about how you explored options?

RK: Right. Well, there were probably two categories of nonclinical options that we looked into. And the first set was what I call the Fantasyland options, trying to turn my hobbies into jobs. And when I look back at it, I laugh because it's so ridiculously unrealistic. But we still entertain them as they were, they were, you know, serious possibilities. And I guess for some people, you know, jumping into something, making your hobby into a new career is probably, you know, a legitimate and reasonable thing to do. But I think what it comes down to for me is I'm really not that creative. I'm really not that entrepreneurial. I really do like working a job. So you know, starting my own travel business, or opening up an ice cream shop or other things.

HF: I love those! We talked a lot about gelato and going to do research in Italy.

RK: We talk way too much about ice cream. And I still love ice cream very much. But I don't want to make a career out of it. And in fact, one of the things you had me do, I don't know if you remember this, but you suggest that I try to find somebody (Yeah) that left a professional career and started an ice cream shop. And I did. (Yeah, I remember) There was an engineer who had

this blog, and I ended up reaching out to him. And, you know, he wrote me a very lengthy response. And he was like, "Are you crazy", you know, "You have a great job and you're going to start this 27/7 365 job, where you're going to make a small fraction of what you're earning now and have all kinds of stress". And it was really, you know, when you think of, and I think this goes back to my childhood, where I did work at an ice cream store, I think you think of the ability to give somebody pleasure for, you know, for a living, and instead of medicine, where you're often dealing with people and some of their deepest, darkest times, and it seemed very attractive, happy.

HF: It seemed like a happy thing to be buying ice cream.

RK: It probably is superficially very happy, but to have to make a livelihood out of it. You know, it's grueling and grinding, just like.

HF: Yeah, you can kill, you could kill your love of gelato.

RK: I didn't want to do that. So you know, at some point, we did abandon the Fantasyland categories and moved into more realistic ways to take the experience and contexts that I had to try to find something in the nonclinical medical healthcare space, which is ultimately where we end up and I was able to obtain some nonclinical jobs, including a medical directorship for a national imaging center company, and some side projects and guideline development. So it gave me a taste of what the nonclinical side of medicine could look like. And it also probably, you know, help with my resume, having, you know, had these sorts of experiences and activities.

HF: And you also did something which I think can be really helpful is you didn't just keep it theoretical in terms of getting a job. You interviewed for a benefits management company with an imaging company, which really helps you when you interview get even closer to that decision and how did that go?

RK: Right. That was a few years ago, I did an interview with an RBM company. And, you know, I don't know why it didn't take at the time. I don't think it was a particularly good job fit for me. I don't think that the number of hours they were offering was going to keep you busy enough. And I don't know that I was ready at the moment to completely leave the practice of Radiology. So I was trying to find a way to straddle, you know, one foot on the clinical side and one from the nonclinical side. And it's at some point I said, you know, for all the effort to do this, I'm better off just working halftime and radiology and you know, keeping the options open. And that's what I decided to do.

- HF: I love that you did this exploration, and it is something that I bring up with my clients who are feeling strapped because what often happens is in their mind. It's a mental exercise of if I did something else or this particular job, they think of the things that could go wrong, such as I might not be happy, I might not be able to do the work and might not be enough money. They can't move forward because they get trapped there. But when they give themselves permission to do what you did, which gets closer to the answer, it's kind of like dating around like, as you would normally do that in a marriage. If you're questioning your marriage, go on some dates and see, but it's kind of like dating around on your job, right? To get closer. And it helps you make a decision and then make some further choices.
- RK: Right. Actually, up until late last year, I really had two clinical contract jobs. And I had two consulting roles, all, you know, going on at once. And frankly, I wasn't even all that busy. It sounds like I was very busy. But I was as busy as I wanted to be.
- HF: Alright, Robert, you say you made the determination at that time that you were going to stay clinical, but you made some changes that really helped. And concurrently you were also doing **number five, which is the personal development piece of work on yourself**. Would you like to talk a little bit about that?
- RK: Well, I think yeah, that's a good area because, at the time that I really wanted to make a change and wanted to be in a new role, I was probably unhirable, because it was pretty obvious that I was desperate to get out of what I was in. And I think I did actually have a kind of an informational interview for a pretty big job and one of the RPMs and it didn't go anywhere, as in retrospect, I would have expected just because I wasn't in a good place to be considered for it. And I think, you know, working on your own person to make yourself better, not just clinically, but just, you know, personally, give yourself more confidence, establish boundaries, align your interest with your true self. There was one of those cartoon drawings that we did together, included my father, who's 88 years old, and still has certain expectations of me for my career. And, you know, how he, you know, what he would have to approve of, and what he would not approve of, and I think being able to, discard him from my life at the age of 55, at least from influencing my career.
- HF: Or put it in proper perspective.
- RK: Yeah, right. Not to have undue influence over me, you know, at age 55. I think is important, you know, having confidence and maybe reducing some of the anxiety that goes along with both the work itself and how you view yourself and your relationship with your work.



- HF: Yes, and this is not an inconsequential thing of making decisions based on other people's expectations. And parents, even though we're grown up, we still want that approval from our parents or peers, our colleagues, and it's powerful.
- RK: Absolutely. And I was fortunate in that my wife all along was very supportive of whatever I wanted to do. She wasn't thrilled about being, you know, the wife of an ice cream entrepreneur.
- HF: She didn't love that idea.
- RK: She didn't love that idea.
- HF: All the free ice cream she could ever want to eat.
- RK: Not thrilled about that, but she was extremely supportive for, you know, giving up intervention radiology. In fact, she encouraged it for years before I was willing to do it, and going part-time and trying different practices, including one that had me traveling out of town. So I think, you know, certainly family support can be very helpful. But family expectations can be damaging and detrimental. And I think you should recognize, you know, where the support is coming from and where the negative energy is coming from.
- HF: Very good. One of the pieces of this last part, which is to work on yourself, goes along with this quote that I like, which is, "Wherever you go, there you are" meaning if there are some issues that you're having in your job, partly because of the way you're showing up, which could be not having good boundaries, like we talked about, saying yes to too many things. Also, having self doubt, anxiety, maybe being a little compulsive with charting, because of the anxiety and "what if" thinking, it's very possible that when you go to another job or career, you take those things with you?
- RK: Absolutely. Yeah, I think that, you know, I think it's hard to escape who you are. I guess that's what you're trying to say. And maybe making yourself a better self. You know, being more comfortable with yourself more confident with yourself is going to make you better no matter what you do. And if you do nothing at all, so it makes it easier for you to stay where you are and to go somewhere else or just, you know, be at peace with yourself.
- HF: What you're talking about is really, if you're going to leave, leave from a place of strength, and I think that's a great way to think about this as your job your current setting. You can use that as a container, in a sense to work on the things that would be beneficial to work on, knowing that when you address them, if you feel like you're a stronger person for looking at these things,

when you do go, you've really benefited from that wisdom of no escape. I'm not just going to run away, I'm going to look at not just the external setting, but what's internal to me.

RK: That's absolutely right. In fact, that RBM job that did....

HF: Can you just define RBM for people?

RK: I'm sorry, (radiology benefit management), that, yes, that radiology benefit manager job, that pretty big job in the organization that I thought I wanted five years ago or so that I in retrospect, was a lousy candidate for. I think I would be actually a pretty good candidate for right now. But I'm not even sure I want it. There was a lot of travel. And there are other things about it that I don't think I would like to do now. But you know, I think at the moment, I was just looking for the escape, and I was not may be patient enough to understand that I had to work on myself a fair amount to make myself a candidate for whatever the next opportunity would be.

HF: And kudos to you, Robert, you did that work. You really have. And where did all these things bring you? Where are you now? What happened?

RK: Well, I have accepted a job doing appeals level utilization review for a big national health care company. And it came to me because of a professional connection that I have, a personal professional connection. And lesson there, obviously, and this is something I've preached for many years is next to your clinical acumen. Your second greatest asset in your career is your professional network. So I really encourage people to continue to work on that. But so a professional friend contacted me and said they were looking for a radiologist for his team. And would I be interested and I was good timing for me, not maybe not perfect timing, but good enough timing. And I went through the interview process. And I was offered the job about a month ago, and I accepted it. And I'm moving forward with taking it, and I have six clinical shifts left until I start my new job.

HF: Wow.

RK: But who's counting? Right?

HF: Congratulations. Thought is, you know, a great story about really not being reactive to your situation, hanging in there to change it up and do what you can to improve things. So when you do make a decision, it feels like the right decision.

RK: Right. I think it's very tempting to you know, if you feel the ship is sinking, it's very tempting to want to jump out into the water. And I think that's probably usually not the best course, at least find a lifeboat for goodness sakes, right?

HF: That is so true. Sometimes we just need to jump into that lifeboat. And there's nothing wrong with that, so, whatever it is, that is going to be best for you. Don't let anybody try to tell you what you're doing is wrong if you know, it's what you need. We're just laying out different pathways here for you.

**So I want to just review those five things. The first one was to reevaluate your clinical focus. What are you doing now? Is there a way you want to change it up? Number two, see if you can change or modify your schedule. Number three, change your practice setting or move to a different practice. Four, explore nonclinical options. And five, work on yourself.**

All right, Robert, this has been a wonderful conversation. I think you've brought so many good points out. And before we wrap up, is there anything that you'd like to add or emphasize before we say goodbye?

RK: I think that we, to some extent earlier, talk down the idea of doing businesses or having entrepreneurial ideas outside of medicine because it wasn't for me, but I know that physicians are very smart, hardworking, and creative people, many of us.

HF: Amen. Amen. They are.

RK: So I think that people should not necessarily, you know, avoid doing things outside of the healthcare sphere. And a lot of physicians have been extremely successful in nonmedical non-healthcare areas. So I would say don't be afraid to explore those areas. But also be realistic and understand yourself and how you would fare doing those things. And I and I recognize pretty quickly that I would not do well in the ice cream business. So, you know, we moved along. But you know, I know there's a very famous designer of fashion shoes that is a physician, and she's doing extremely well. And I think there are a lot of other things that physicians are doing that are well outside of the medical realm. And so I would say not to be afraid to explore those.

HF: That is a fantastic final point to make. Because, you know, as part of my story to me when I wanted to do coaching, my dad was like, "How are you going to make a living at that?". And he rarely weighed in on anything. Do also add to what you just said, one of my clients started a desert franchise, and it's knocking it out of the park. Alright, so this is wonderful, Robert, I can't thank you enough. And I want to wish you all the best in your new career.

RK: Thank you, Heather. I really do appreciate your help over the years. And I hope we continue to talk, you know, as I start my new role, my new job, and I wish you the best of luck in the new year too.



HF: Oh, thank you. I would love that.

Alright guys, so I want to let you know about a freebie. It's the Physician Transition Starter Kit. And in that starter kit, I talked about some of these different things that you can do to make it great, fix it up before you leave it or consider leaving it. And you can find that at [doctorscrossing.com/freeresources](https://doctorscrossing.com/freeresources), that's [doctorscrossing.com/freeresources](https://doctorscrossing.com/freeresources) free resources or just go to my website and hit the free resources tab. All right. Now don't forget to Carpe that Diem. Bye for now. See in the next episode.

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