



Episode #21 A Surgeon Faces Retirement and Finds the Way Forward with Dr. Sue Zimmermann

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SZ: “I was glad I had a pension, but I also felt like it was kind of like having a stone around my neck that was keeping me in that job even though I was unhappy.”.

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 Doctors Crossing Carpe Diem Podcast. You are listening to episode number 21. Oh my gosh. We have had quite the week here with snowmageddon in Austin, Texas. You probably heard about us on the news, and I know a lot of other states are suffering too, but we've never had this blizzard or single digit temps in my 35 years here. Luckily my power has stayed on, we did lose water and I went out and shoveled snow and brought it in the house to melt. And I had no idea how long it takes snow to melt, but we're doing okay. My Peruvian apple cactus though, that's 15 feet tall and has Christmas lights around it, it's melting and slowly dying. Luckily, I harvested some of its limbs and they're in cold storage in my garage. So hopefully I can transplant it when the thaw happens. I'll keep you posted how it does.

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Anyway, on with today's episode - Physician retirement. How do you approach this time of life when you want to slow down, not be on call, shift gears, and have something that's meaningful for you and you don't want to feel like you're put out to pasture. We can only play so much golf and most of us don't play golf anyway.

Joining me today is one of my lovely clients, Dr. Sue Zimmermann, an orthopedic surgeon who has found a new purpose and a lot of satisfaction in her life after being a full-time surgeon for 25 years. We're going to talk about some of the common issues physicians face when considering retirement and share some ideas for approaching this time of life in a proactive fashion.

Dr. Zimmermann is also going to talk about her own transition and the interesting array of clinical and nonclinical pursuits she is doing now after retiring from surgery. Let me offer a very warm welcome to Dr. Sue Zimmermann, who is joining us from Massachusetts. Hi Sue! How's it going?

SZ: Hi, Heather. I'm good. I'm really excited to be on the podcast and thank you for having me.

HF: Oh, my gosh. Thank you so much. I just am really, really looking forward to this and I know you have a lot of good stuff to share. Why don't we start with you telling everybody what was going on when you contacted me about five years ago?

SZ: Okay. So, I had been working for a multi-specialty group. I was an employed physician, doing orthopedic surgery. It was my first job after residency. So, I had not done anything else and my organization had a pension plan. I was a little less than four years away from being able to retire with a full pension. So, I was planning to retire and I was trying to think of what I was going to do after retirement, what would be the next phase of my life. I had thought about doing non-operative orthopedics, but no way, shoot me. Surgery was what I love to do. So why would I do my job without doing surgery? I really



was looking at nonclinical jobs. I just said after I retire, I don't want to do anything clinical anymore.

And my job had been great when I started. I was very happy there. I really liked the organization and the philosophy, and over time things changed. I was getting very unhappy in my job, but I felt like I only had four more years. I was going to stick it out, just like we're all used to doing. You make it through residency. You make it through that call weekend. You make it through that rough week and you just keep going. So, I sort of felt like I'll stick it out till I retire. And then I can find something that I really love and be happy.

HF: A lot of physicians don't have a pension and they're trying to figure out if they have enough money to retire. If you hadn't had that pension, what would you have done?

SZ: I would have left. I would have left my job. I was glad to have a pension, but I also felt like it was kind of like having a stone around my neck that was keeping me in that job, even though I was unhappy. I would have left and I would have found something else. Either clinical or nonclinical, but I would have still had to work. I may have been able to work for less money because I had some savings. I am divorced. I went through divorce, about 12 years ago. So that did cut into my retirement planning, but I had been pretty good about saving and planning.

But the other issue is benefits. So, once you're not employed anymore, you have to find things like health insurance and dental insurance. And so, I would've looked for some other employment. And so, that's another reason for looking into nonclinical careers.

HF: Now, you said that the job had changed. You had been happy at first, but as we know, so many things have changed drastically. And also, it's hard to be a surgeon and be on call and stay up all night doing surgeries and come in and work the next day. Aside from the

job and the stress that is there, did you feel like it was keeping you from living the kind of life you wanted to have outside of work?

SZ: Yes. I have to say, I love what I do. I love my career. I love being a surgeon. I didn't love my job. And I did feel frustration in not being able to do some things I like to do. For example, spending time with my daughter. I usually was able to carve out time to be with her, but I did miss bedtimes. I did miss just, times hanging out with her. I found being on call very stressful. And as I got older, I think it got more and more stressful, both mentally and physically. And I think that by the time I contacted Heather, I was counting my weekends on calls that had left.

HF: Right. And four years, that's a long time to be counting calls. When I speak with physicians, I do hear this pretty often that they might be asking themselves this question. Should I just put my head down, grit my teeth and buckle under for the next 4 years, 5 years, 10 years, even 20 years to retirement? Well, how did you end up answering that question for yourself?

SZ: Yeah. So, at that time I really didn't see an alternative. I said, okay, I'm just going to stick this out, get through it. And then I can do something else. Of course, hindsight looking back, I think about all that I would've missed during that time. I think that is really a long time to be unhappy, even a couple years. And especially now with the pandemic, I think of "Boy, I would've retired six months before the pandemic hit". And I would have only had six months to just start living my life. And then my life would have been turned upside down. I have friends who've been diagnosed with cancer or committed suicide. And I think that sometimes it's hard when you're in a situation to think about your own emotional wellbeing and are you really happy. But I think that is one thing that working with you made me really think about is what makes me happy, what brings me joy and what do I want to be doing.



HF: I'm glad you brought this up because those are such good points. When we're doing financial calculations about how much money we need to retire, we don't factor in the value of the quality of life and the things that we could be missing out on. And also, asking that question of who do we want to be as we're going through this life? What happened next Sue, with the job?

SZ: I had been working with Heather for about a year and actually had tried making some changes. We had talked about things, focusing more on areas that I was interested in, like pediatric orthopedics and bone health. I started sort of trying out some other nonclinical pursuits, such as volunteering, doing teaching, doing some medical writing. So, I have to say that that for me was very helpful just because it sorts of gave me a light at the end of the tunnel. It gave me a sort of something to look forward to and something to work toward.

So then after, I'd been working with you for about a year, I suddenly got laid off. I have to say it wasn't a hundred percent shock because they were laying off physicians, but I'd never thought it would happen to me. And so, all these plans I had all of a sudden were up in the air.

HF: And that is such a hard thing, I think, for anybody to go through. I've had a number of other physicians that's happened to. How did it end up making you feel?

SZ: Well, I was, I mean, shocked. I felt adrift especially because your whole work is such a big part of your life as a physician. And especially as a surgeon you really identify as an orthopedic surgeon and suddenly, you're not anymore. You are, but you aren't right. You're not doing surgery anymore. You're not doing what you do. And so, I felt unmoored, I felt adrift at first.

I also was angry at the organization. I felt very undervalued or devalued that they were able to just cast me aside like that. And then there's also the sense of being ashamed

until I found out just how many other people that happened to. I felt very alone, but it's actually not that uncommon.

HF: Well, you had been there your whole career. In some ways, it probably felt like your family and you were just sort of booted out of the family. When they did it how did they do it? Was it done with compassion?

SZ: No, it was done very poorly, I thought. Basically, I was called into a conference room for a meeting and I figured whenever you're called into a meeting, it's usually not a good thing. But they basically just said, you're terminated as of two weeks from now. And we'll give you four months' severance pay. This is for 25 years of work. I think that if they had they had approached me and said, "We will offer you early retirement, we'll offer you a good package" then I think that would have been much more compassionate, much more acceptable.

As it turned out, I did seek legal action and I got a much better severance package and I was able to take early retirement. I was still able to collect my pension. It was reduced from what it would have been, but I was able to keep my health insurance, which was huge because unfortunately health insurance is still tied to employment. It actually turned out to be very fortunate because now I could have health insurance and not have to get a job right away.

I think that another thing is when you get laid off, you think, "Oh my God, I have to find a job right away. I need to be doing something". And there's so much pressure from yourself and from others to start doing something right away to fill that void. And another thing that you helped me with was just "Hey take some time. Don't take the first thing that comes along. Figure things out".

HF: Yeah. And thank you for sharing that, Sue. I think it will be helpful to others to hear about your experience and know that they're not the only ones. And this has been

happening a lot, especially with the pandemic. You make a good point of seeking legal counsel if there are some issues that you really need and want to address. And then also this point of don't feel like you have to be reactionary and just go and get something. Because sure, we can feel unmoored. Like we've lost an identity and we may need to just sit with those feelings and realize that that is not our identity. It's what we do, but it's not who we are. Would you like to take us through some of the things that you started looking at after you left this job and we're exploring?

SZ: Yeah, sure. So, I figured, okay, I'll take a few months off but I'll look for things. And so, I did look for other orthopedic jobs. I really didn't feel like I wanted to start over, start over full time in a practice doing surgery in another setting. I felt like that would be just too much to do because then you're the low person on the totem pole. You have to take more calls, et cetera. I looked into a couple non-operative clinical positions, but they really didn't excite me. I looked into medical writing. I took a medical writing course. Before I got laid off, I had started writing for a board review company, writing board questions for the question banks. So, I continued to do that.

I had been volunteering doing teaching and I started looking into teaching opportunities because I really enjoyed doing the teaching. So, I wanted to do more of that. And I know that one of your previous interviewees had talked about networking and how as physicians, we're not really used to networking, but I did a lot of networking. I really forced myself to be comfortable doing networking. So, I approached people that I had worked with before, people from med school. And I was amazed how many people were really helpful and how many good connections I had. That was how I ultimately got my job that I have now.

HF: I really like Sue, how you talked us through this decision-making where you visited that question of, "Should I get another orthopedic job?" and even, "Should it be non-operative?", but you decided no, that wasn't for you. And then you started looking into some nonclinical opportunities. Can you talk a little bit about the teaching?



- SZ: Yes. So, I'd just seen a request for volunteers to teach medical students in small groups. So, it was once a week doing case-based learning. So, I had started doing that while I was still practicing. And I found that I really enjoyed it. So, I actually had met with one of Heather's former colleagues who is now the head of a physician assistant school. And so, I spent a couple of days with him and talked about what he did. And he suggested that I just start cold emailing schools and see if they needed someone. And it just so happened that I cold emailed a med school that had a PA school near me and the woman who was the head of the school was an OB-GYN, whom I used to work with. And she said, "Yes, we need someone to teach orthopedics".
- HF: That is so lucky! I mean, what a coincidence.
- SZ: Yeah. So, it just kind of fell into my lap. I just approached several people and she emailed back and said, "Yes, we'd love to have you". So, I spent several months developing the curriculum, making up talks, making up slides. And then I taught the course. It's not a full-time job. It's really just a couple of weeks a year for me, but I've been doing it now for the last four years. And I love it. Really, it connects me to students. It connects me to what's going on. And I get a lot of joy out of it. Again, it's not a full-time job, but I think that it's definitely something that makes me very happy and I look forward to every year.
- HF: This is a fantastic example of one of the things that you can do when you're "retired". And I think for many physicians it's not retiring, but rewiring. Sort of rewiring what we do. Because many of us still want to be purposeful and even use the skills that we train so hard to learn. So, I like that. If we connect the dots, Sue, is this correct, that you started networking and you did some cold emailing, so it wasn't just comfortable, which led to you doing the mentoring for the medical students and the connection there led to you creating this curriculum and teaching PA students and getting paid?

- SZ: That's right. Yeah. I do think there is some luck involved, but if I hadn't networked with those people, if I hadn't contacted people, I certainly wouldn't have been able to do any of those things. So, putting yourself out there it's not something I think we're used to doing as physicians.
- HF: No, because we don't have a problem with doing really difficult things. We do them all the time, but usually someone's created the framework and the steps. When you're in a situation like you are in, it feels more like bushwhacking. So, it can be hard to figure out, "Well, how do I even figure out what I could do? How do I get a job or an opportunity when it's not cook bookie?" But if we retrace your steps, we see that there is a logical process to take you in new directions. You may, you didn't know where it was going to lead you, but if you just say, "Hmm, what's the next logical step for me to take to start moving forward?" Then at the next juncture, you just take the next logical step. You don't have to know them all ahead of time.
- SZ: That's right. And I think that we're planners, right? We think about all the possibilities, we plan ahead. But sometimes you can't really plan ahead. You have to just kind of see where things go.
- HF: Amen. That is so, so true. It's so true. And you can plan to be a bushwhacker that works too, and still find opportunities. What are some of the other things that you're doing, Sue? I know there are more.
- SZ: Another networking thing. Actually, even before I got laid off, I was contacting people that I used to work with, people I went to med school with, just to learn about what they were doing. For example, I have a friend who works in pharma. I have another friend who does consulting for health care systems, both physicians who are doing completely non-clinical work. Another physician I used to work with is now the medical director for MIT medical department. And, so just a quick background. MIT, they're self-insured, they have their own health plan and they care for the student population, faculty, staff,

retirees, families of employees. So, they have really a much more comprehensive health system than most colleges or universities.

And so, she had left to become the director of the MIT medical. So, I met with her actually, even before I had been laid off and she gave me lots of good advice about networking, and about contacting people. And then after I got laid off, I reached out to her again and said “Do you have a need? I can do orthopedics. I can do bone health”. I was even interested in lifestyle medicine. So, we kept in touch and then it just so happened that they had a mid-level provider who was doing orthopedics full time and he decided to retire. And so, they said, “Hey, do you want to come work for us part-time? And again, it sort of seemed like it fell into my lap, but it wouldn’t fall into my lap if I hadn't done the work for it. So, about a year after I got laid off, I started working there two days a week, doing outpatient orthopedics, non-operative. I do some very small procedures, but no surgery. And it's such a different environment. I really enjoy it. It's an incredibly supportive environment. Nobody tells me how many patients I have to see. I get a half an hour per patient, which is such a luxury. So, that's what I've been doing now.

HF: I love that story, Sue. When you tell your story, it makes it sound like it just happened. And I think that is a false impression listeners can get, but I remember you had to be very, very patient for this MIT job. And some of these other things that you were doing, they did not just happen overnight. And you're so right, they did not just fall into your lap. You worked for them.

SZ: Right. And sometimes I feel like that too. It's like, “Boy, I just really lucked out”. But then when I think about it, there was probably some luck, but a lot of it was preparation and just not being afraid to contact people and put myself out there.

HF: Are there any other things that you're doing that you want to mention?

SZ: Well, I'm doing some volunteering. That is another thing that it's really been nice to have time to do that now. We all think that we want to volunteer more. I've always been very interested in mentoring. So, mentoring medical students, and other people. I joined a program called ACP - American Corporate Partners that connects veterans with mentors. And right now, I'm mentoring a man who's retired from the military and trying to get into PA school. So, that's been really rewarding. And then I also volunteer at the MIT museum. That's a lot of doing things with children, teaching them about science, doing fun activities. And so, the fun thing about volunteering is it's not like a job. You can kind of sign up to volunteer. And if you don't like it, you can just say, "Okay, I don't think this is for me". You don't have to keep doing it. I mean, you do have to make the commitment.

HF: Suffering is optional when you're volunteering.

SZ: Right. I mean you can try out things. And so, I tried some different volunteer activities and found some ones I really liked. So, having time to volunteer has been great. And then again, the teaching is a few weeks a year. And then the writing for the board review questions that is sort of intermittent, it's more kind of a flexible type thing. And then just having time to do things I like to do. Travel, spend time with my daughter, who's now in college. So, I can't see her now, but normally I would be visiting her a lot. Just catching up with friends, just doing things that you didn't have time to do before. And I also just feel much more healthy. I don't think I realized how stressful things were when I was trying to stick it out.

HF: Yeah. Medicine is a very stressful career. No, it's no joke when you're responsible for people's lives and the way the system is right now, it so often doesn't give doctors the balance (and other healthcare workers) that they really need to have a well-rounded and enjoyable life.

As I'm listening to you, I'm thinking you're not retired. You have a portfolio career that has a lot of different elements to it, including volunteering. But I think that's one of the reasons why it works. You get to use different parts of your brain, have different

relationships with people, keep learning things, keep growing. And I think that's something we want at any stage of our career. Yeah, we're getting close to time here. And one of the questions that's coming up for me is for the listeners, when should they start thinking about retirement?

SZ: So, I think it's different for everybody, but if you feel like you're not happy, or you want to be doing something else, I think it's never really too early. I would say start trying things out now. Do a volunteer job, do a side gig, do something. Something different, something that makes you happy. Also think about is it worth it? Is it worth it to stick it out if you're really miserable? If I didn't stick it out, I would have missed things like my daughter graduating and going off to college. I would've missed traveling to Ireland with my mom for her 80th birthday. I wouldn't have not done those things if I had stuck it out. You never know, but think about what you would rather be doing and maybe start doing some of it now and start thinking about how this is going to affect you. Is it really worth my mental health, my relationships for people to just stick it out for however long until it's really time to retire?

HF: Those are some really great questions for people to ask themselves. It's never too early. And it just may mean you need to change things up where you're working currently and don't necessarily need to leave. But if you don't take a step back to figure out what's really working and what's not, then time just goes by and we never get that time back.

Well, Sue, this has been a lot of fun. I'm excited to have this podcast out for other people to enjoy and learn from. Any last things that you want to share?

SZ: No, just thank you for having me on.

HF: All right. It was so great to have you, continue to enjoy these things that you are doing. You earned it. All right? Okay guys, thanks so much for listening to this episode. I will see you next week and don't forget to carpe that diem. Bye for now.



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Podcast details

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