



Episode 29 - A Mid-Career Fellowship Sparks a New Direction

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HF: “You volunteered and wheeled that lady around. What was she doing? Did you catch her trying to steal alcohol from the grocery store or something?”

EB: Yes, she did do that once, stuck a bottle of wine under her long coat on her scooter. Yeah”.

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. Welcome back to the Doctor’s Crossing Carpe Diem podcast. You are listening to episode number 29. Often the quest to find a new career direction comes from a feeling of being out of alignment with one's calling. In episode 26, my guest was a family physician who felt out of alignment with the business of medicine and was told that she took too much time with patients and was too empathetic. She ended up finding a very satisfying new career direction in coaching.

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Today my guest is also a family physician and after almost 16 years of practice was similarly feeling out of alignment in her role. She was dedicated to being there for a patient, but there was something missing in the connection. From the outside no one, especially not her patients would have known. When she started the process of figuring out what would be a better fit, she had some thoughts about hospice and palliative medicine, but that seemed like a big climb to retrain and embark in a very different direction.

She spent a year investigating a range of nonclinical options, did a lot of soul searching and also had some interesting experiences, one involving an elderly lady in the grocery store.

In my interview, you'll hear the specific steps she took that ultimately led to her doing a fellowship in hospice and palliative care. And now this new area has brought a sense of true alignment and joy into our life. Even if you're not considering this type of change, if you're at the crossroads, I believe her transition story provides a great illustration of the process of figuring out a new direction. There are a lot of pearls that will be useful if you're trying to figure things out for yourself.

I know most of you are aware of what hospice and palliative care are, but for those of you who are less familiar with these terms, here's a short explanation. Palliative care is for any patient with a serious illness, with a goal of providing an extra layer of support to focus on quality of life. This can include patients with cancer as well as those with other medical conditions. The illness does not need to be terminal.

Hospice is a specific part of palliative care where the patient has a prognosis of six months or less. It sounds like a heavy topic, but if you listen in, I think you'll end up feeling very inspired.



Our guest, Dr. Emily Burns is double-boarded in family medicine, as well as hospice and palliative medicine. I'd like to give a very warm welcome to Dr. Emily Burns who's joining us from New Hampshire.

EB: Thank you. Happy to be here.

HF: We're so excited to have you. And I'd love for us to start down memory lane in 2015 when you first reach out to me. What was going on at that time?

EB: Well, I had been working in family practice in a hospital-owned practice. I started there right after residency and I really wasn't enjoying going to work and I was trying to kind of pinpoint "why", if it was just some of the usual things, just feeling a little overloaded with the electronic medical record and charting in the evening, if it was just sort of busy-ness or if there was something else going on. I wasn't really connecting with patients as well. I was feeling like sort of a cog in a wheel of just chugging through physicals. And so, just not feeling satisfied. I felt like I needed to make a change, but had no idea what direction to go. Just felt a little lost.

HF: How long had you been feeling that way?

EB: I think probably off and on I complained to my husband for probably several years, but had never really seriously given any consideration to making a change. Just figured I'll tweak this or tweak that and maybe it'll get better. So, probably for maybe a good year of really thinking like, "Okay, something's got to give, I need to do something different. Where do I start?"

HF: Do you remember if there was anything specific that triggered your reaching out? Something that happened with a patient or just a certain feeling that you were having?

EB: I think I was really starting to feel like I was going through the motions. I could do the job, I could get the job done. I think patients really appreciated what I was doing for them, but I was feeling, yeah, it was just kind of going through the motions and not enjoying it. So, there wasn't any one specific thing, but I sort of just knew if I'm going to put this much of my life into something, I should really feel like it's meaningful. And it just wasn't feeling meaningful to me.

HF: What are some of the things that you started working on and looking into to try to figure out whether you just needed to change things up and practice, or was there a whole new direction that was calling you?

EB: Yeah. So, I went pretty far down a lot of different pathways. I sort of started out thinking "I have all this training, all this knowledge, all this experience. Is there something else I can do in medicine or if not something clinical that I can keep using my degree?" Pretty early on the idea of hospice and palliative medicine came up for me, sort of in a very vague way. And I hadn't really talked to anyone about it.

Starting to look into it, I was just a little concerned about the steps that would take to do that. So, I sort of early on dismissed it and started looking at other things, mainly nonclinical. I went to a big conference where they went over lots of different options, looked at chart reviews, life insurance medicine, tried to shadow with people as much as I could in those fields.

And then also just started looking at nonmedical and just, is it really time to leave medicine? I kind of knew I wanted to work with older adults and started exploring, moving older people out of their homes and helping them to downsize and starting a business and things that sort of felt really, really crazy. But I knew I had to at least entertain them and explore them, just to see where different things might go.

And then at the same time, I was just trying to get a little deeper to understand what was my heart telling me, where was this lack of meaning coming from? So, I did a medical mission. I went on a yoga retreat, just trying different ways, kind of figure out how am I going to sort of match what I'm doing during my days with what my heart is telling me I want to be doing.

I started volunteering locally and taking older people to the grocery store and having this lady and her scooter kind of like banging down the aisles. And I had this kind of laugh and just said, "What am I doing? I don't know what I'm doing. I'm just going to take whatever experience and go with this". And I was just trying to talk to as many different people as I could who were doing different things, who were working in nonprofits with older adults, just trying to kind of get out if any of that resonated with me.

HF: It came to mind that you were doing a career: *Eat, Pray, Love to some degree*.

EB: Yes, right.

HF: You did a lot of the classic kind of investigation of the nonclinical careers of life insurance medicine, chart review with utilization management, other things that you could use with your medical degree. And then you also were trying to connect with your heart and see where that might lead you. You did the retreat and the medical mission. You volunteered and wheeled that lady around. What was she doing? Did you catch her trying to steal alcohol from the grocery store or something?

EB: Yes, she did do that. She kind of stuck a bottle of wine under her long coat on her scooter. Yeah.

HF: I love that you're bringing this out Emily because it's often a process. And when physicians are so burned out that they just want to get out of dodge yesterday, it's hard

for them to do all the things that you did to try to find your alignment. You also did a writing exercise. Do you remember that one that you did?

EB: Yeah, I know. We were trying to explore. I originally became a doctor because it felt like a call to serve, to serve someone. And so, I was just sort of reflecting on what that call is and how do I hear it again now to give me some direction.

HF: When you did that writing exercise, what came up with that?

EB: I think the ability to connect with people in a different way. I wanted to connect in a sort of deeper, more intimate, maybe quieter way. And I know the things that came up or just sitting with someone, just holding space for someone, holding their hand, rocking a baby, very quiet, but intimate thing that sort of gives you that human connection. So, I think I felt that was what was missing in my work and that I needed to feel satisfied.

HF: So, after you did that exercise and did a lot of soul-searching and also really looking at practical things too, how did you narrow it down into palliative care and hospice?

EB: Part of it has sort of been a little bit of a busy frantic sort of journey where I was doing so many different things and exploring and having fun with it to some degree. But then ultimately just needed a little time to just let everything sort of marinate and gel. And I remember, I just didn't think about any, I just was quiet and didn't think about any of it for a week or two.

And that original thought about hospice and palliative just kept bubbling up. And I just felt like this is not the time for me to leave medicine. I still have a lot to give, I want to use my degree. And it just sort of clicked that this is something I need to look at further and it hadn't gone very far down that path, but I knew I needed to. And my first step, I reached out to our local hospice. They have a freestanding inpatient hospice unit. And

just asked if I could go and shadow. And really instantly after that one day of shadowing, I knew that that was work that I could do and that I could really find meaning in.

HF: I love that part of your story, because it often is true, we need to get closer to experiencing what it is that we're curious or interested in to feel into it, to feel if it's right. And so, it stops becoming just something that's analytical and that we're imagining. It sounds very, very immediate for you.

EB: Yeah. I sort of just knew that it was going to be a good fit. I was still a little concerned about, "Well, how do I do that? How do I actually make this jump into a new field?" It was still very much on my mind that in order to be board certified, you really need to do a one-year fellowship. And so that was a whole other obstacle to look at and see if that was something I could actually do.

So, I didn't sort of jump on that right away. I was fortunate enough at this local hospice to have a training role where I could work a day or two a week in a per diem training role and kind of just dip a toe in. And do the work and see if I really did enjoy the work. And I did that for about a year while I was sort of simultaneously deciding about fellowship.

HF: That was so fortunate that you were able to still practice, do the hospice palliative care one day a week, and still test the waters. Then you made the decision to do the fellowship. And could you give us an idea of what that was like for you?

EM: Yeah, I started just making sort of a list, which was a pretty short list. I knew I didn't want to be too far away from my home base. I wanted it to be driving distance. And so, it was really just kind of narrowed in on the handful of programs where that would work. And there was a match for that fellowship. I was hoping to avoid that and just do something on a more rolling basis. And so, I found a program where that was possible. I had to kind of write my little personal statement and that helped me to just sort of gather my



thoughts and really pull together where I see myself going in this new field. And then fortunately they had a spot for me to start that summer.

HF: So, it began. You had to travel a bit to get there.

EM: I did, it was a three and a half-hour drive. So I went back and forth. I kept a little apartment near the hospital up there and drove back and forth every weekend, listened to a lot of good books on tape, and just kind of made the best of it.

HF: You have a family that you were leaving.

EM: Yeah. Yeah. And that was a huge decision. Does that work for the age that my son was, just starting high school? We had to think about a significant decrease in salary, for me, and fortunately we had kind of saved enough that we could swing it for a year, to be able to do that. So, there were a lot of really serious considerations, but once I sort of knew in my heart that I had a good direction, I sort of felt determined to make it work.

HF: That reminds me of the book title that I really love, which is “The Answer to How is YES”. That once you made that commitment to, “Yes, I’m going to do that fellowship”, you figure out the “how”.

EB: Yes.

HF: What was it like after being a very established physician, being an expert in your field, going and being a learner again in this fellowship program?

EB: It was initially very intimidating. I think I had enjoyed being a generalist because I never really wanted to be sort of an expert in something. So, I had to just kind of get over that, get over myself and just be able to interact with my mentors, interact with medical

students, get back into the hospital. I hadn't been working in a hospital setting for a long time and just be really open and be able to say "I don't know what I don't know, I'm just here to learn and we're all just kind of learning together". And it turned out to be a fantastic experience.

A lot of this field is just learning how to have conversations. So it was great to have mentors that I could just sit and watch and see how they did these conversations, what kind of tools they used to get through it.

HF: Was there anything that surprised you after you'd been doing some of this work that you hadn't really anticipated going into it?

EB: I guess what surprised me ended up being what I now like most about it. There's sort of not a lot of dancing around topics. There's sort of you meet someone and pretty quickly you really have to dive right in to some really tough things for them to talk about. But you sort of learn these skills of how do we do that. So, it was kind of a surprise, I think just from family medicine a lot of it is just the way you connect with your patients and sort of in a more social way. And you don't necessarily get into all the meaty stuff with every patient. And you're pretty much diving right into a lot of heavy stuff with people, which is actually now my favorite part of it is that I feel that much deeper connection, much more quickly with patients and their families.

HF: That was what you were looking for.

EB: It was. And I think now I sort of approach a work day because it has more meaning, because at the end of the day, just feeling like the people that I've met today, I have really connected with them on a very deep level that's made all the difference.



HF: Can you give us an idea of some of the different things that you would be doing as a hospice and palliative care physician and then some of the different settings that you work in?

EB: Sure. So, most hospice agencies will have home patients that they're following, nursing home and assisted living patients. And then some will do some outpatient palliative care, either going to homes or in an office setting. And then there's palliative care in the hospital setting, which many hospitals are still building and growing those programs. But, I think it is a field that's just going to continue to need practitioners who want to do that kind of work.

HF: There is something interesting that you said when we were talking before the podcast, is that a lot of people say to you, "Oh, that must take a really special person to do the kind of work you do". What's your response to that?

EB: Yeah. I can see how from the outside and thinking about, "Oh, you're dealing with illness and death all the time and that must be so difficult". It's interesting I don't find it difficult now. I feel because it's such a natural fit for me, I think the conversations that I'm having are meaningful. I think I'm really contributing something to patients who are going through a really difficult time. So, I don't feel like it's really hard because it feels so natural.

HF: I wanted to share something that you wrote in that writing exercise about your call to serve, because it was something that really speaks to who you are. You were answering this question of if you really do get to work with the elderly and connect in the way you want to, how would it bring you joy? And you wrote, "It gives me joy to know that it is enough to help one person in a small way. I enjoy allowing for the slowness and quiet moments that allow for a connection to be made for something pure to be present without agendas getting in the way". I love that. It was so beautiful and it was

foreshadowing of where you ended up going and who you ended up becoming in this role.

EB: Yeah. And I think I do try to stay focused on that part of it. It's still a medical field, so there's still schedules and charting and busyness. That doesn't all go away. But I think I'm able to remind myself that the opportunities that I get, sometimes just sit quietly with someone and really not say anything and just hold a face for them to express the emotion they need to express, or to absorb something that they didn't want to hear. I think that's what does now bring me the most joy as I hoped it would.

HF: Well, it's obvious that you really are cut out for this work and you found something that it's really a calling for you. And I know you've now been working in this area for almost three years, right, after your fellowship?

EB: Yeah, yeah. And this is specifically just hospice. So, there are other sorts of aspects of palliative care that I'm not doing now, but that I anticipate adding on in a different position, more palliative care in the hospital, outpatient palliative care. So, using some of those other non-hospice skills that I learned.

HF: So, it obviously was a great fit for you. If someone's listening and they're wondering, should I go and do a fellowship and take that pay cut and potentially be away from my family for a while, all these things, how would you help them think through that decision? Obviously in a short space of time?

EB: Yeah. I would say definitely reach out to whoever is working in your area doing hospice or palliative work. More likely than not, they'll be very happy to have you tag along and just learn about it as I did. And even if they can't, just chat on the phone or have coffee and just hear what they like about the job, what they don't like about the job, what their pathway was to get into it. I think that's probably most important to try to dip a toe.



There are both national and state hospice and palliative organizations that are doing different education, not just for physicians, but for the community. Try to investigate those in your area. And then just starting, you can always start to look around and even just in your area, what types of programs are available, and reach out to talk to them and just see what kinds of fellows they're attracting and what their other fellows, what their experience has been.

HF: Right. And I think you had mentioned that they can potentially check out the American Academy of Hospice and Palliative Medicine. We talked about that before we got on the call.

EB: Yes. And you can become a member, or just use some of their resources. They do have an annual conference, virtual recently, but that really is a great conference in person when it's happening.

HF: Those are really great recommendations. One thing that I think would be interesting too, to hear is we learned how it's changed what you're doing, what you're doing as a physician. I'm curious how it changed you personally by changing the alignment of your work?

EM: I think overall because things don't feel as forced that I'm like struggling and trying to get through the day. I feel like I've been able to just relax more into it, look forward to my work life, not feel so drained by work but really feel more lifted up by it. This field in particular, one of the best parts of it is that you generally work in teams. And so, that's just a huge plus for this sort of tough work that we do, that you've always got a team around you, nurses and social workers and chaplains and volunteers, all there to support each other and ask how you're doing and ask how some of the tougher stuff went and make sure that you're all well. And that doesn't always happen in medicine. So yeah, I think I've been able to just in general relax and feel energized rather than drained by what I'm doing in my work life.



HF: That is such a great point because probably most people, the things that have you're working with the death and dying, you're not going to be uplifted and energized. It's such a paradox.

EB: You would think so. Right?

HF: Yeah. That's so fascinating Emily.

EB: Yeah. I think being able to help people through a lot of that and focus on what's important to them, I think it helps you to learn a lot about yourself and your own life and what's important to you and what matters to you and finding that alignment. So, it really can be joyful.

HF: That's profound. That's a huge pearl to come out of this conversation and something I think really most of us aren't thinking about that, this part of life, which sounds so dark and grim and sad and depressing, there's joy in that. I can see how it makes you feel more alive just to be around this transition part to be reminded of the preciousness of life.

EB: Absolutely. Yes.

HF: There are two things that you also said that I just don't want to lose, because I think so many of us as physicians feel isolated. We're in a room by ourselves as we're with patients, but we're isolated from our peers and our colleagues that the teamwork sounds very attractive to be able to be sharing in this care. And you also said that you help support each other for dealing with these challenging times and patients' experiences. Because so often in medicine when patients die or there's a mistake or there's a bad outcome, or there's something very stressful, we don't get a chance to

process it. It's almost like you just go on. The patient gets covered up and wheeled off and you don't talk about it.

EB: Yeah. I think it's nice to have that sort of built in that you have some of that space just to think about how did all that go? Did we do everything we could? Were there other creative things that we could have done to help this person? And how do I process sort of what was my part in their care and what can I learn from that and take onto the next patient. And how do you go home and not just feel all that heaviness and sort of share it with the team.

HF: It sounds like there's the approach that we all thought that we might have when we become physicians, this more holistic way of treating patients and caring for them and also caring for ourselves. So, we're getting close to time here. Is there any last thought you'd like to share, especially for a physician who might be considering this path?

EB: I would say think about where you might like to go with it. There are probably more opportunities just in the hospice world for not doing a fellowship and not doing lots of extra training, but potentially helping out and learning on the job, as I did. So, there may be opportunities like that, that you can move into this work without doing a fellowship.

Again, I think feel open to just exploring and talking to everyone that you can. And then also, I just had to be really patient. I did want the quick answer, and for me it was about a year, start to finish of having no idea to kind of then having a direction and just really had to be patient during that time to let things simmer and not rush into something where I would feel like I was just running away from something instead of really running towards something that felt right.

HF: Well, you did a fantastic job, Emily, and I really appreciate you coming on the podcast to share your story and leave so many wonderful pearls along the way for those who are trying to figure it out.



EB: Absolutely. It's a pleasure.

HF: All right. Well, I encourage you to keep in touch with us. And I know you have a new job that you'll be going to, I'm really excited about that for you. I look forward to hearing about that.

I just want to say to the listeners that when you find your alignment, it is so valuable. So, even if you have to take a pay cut, maybe even take a big drop in salary to find something that ultimately will be a great fit for you, that joy that you can hear from Emily in the work that she's doing, it's priceless. I just encourage you to do whatever you need to find what's right for you. And always, don't forget to carpe that diem. Thanks for listening and I'll see you in the next episode. Bye for now.

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Podcast details

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