DOCTOR'S CROSSING
CARPE DIEM PODCAST
TRANSCRIPT

Episode 33 - Top 4 Career Roadblocks

With guest Dr: Heidi Moawad

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HM: "But I think it's fine to learn. And I think it may be kind of a growth to try something you're not great at and to understand that you can get better at it, if you want to. I mean, if it's something you want to do, there's really almost nothing that a doctor cannot become good at. Maybe not an NBA player, but in the workplace, there's almost nothing that you can't learn to do and learn to do well.".

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. You're listening to episode number 33. Today we're diving into another one of my favorite topics, roadblocks. But before we launch in, I just wanted to give a shout-out to those of you who've left a rating or a review on iTunes. It means the world to me. It helps the podcasts get noticed and shared. So, a huge Texas-sized, thank you to you. If you're enjoying what you're listening to, but haven't left a rating or review, it would really help out and I send my thanks in advance.

All right, today. So yes, we're talking about roadblocks and specifically the mental roadblocks that get in our way when we're trying to make changes in our career. These are the thoughts in our head that cause us to worry of doubts and are typically fear-based to some degree. If we don't address them, they can keep us stuck in the status quo.

Even if we're very unhappy, literally years can go by while these thoughts play over and over in our head, like a worn-out cassette tape. Today, I have the perfect guest who is going to help us look at four of the most common roadblocks that come up for physicians at the crossroads.

My guest is Dr. Heidi Moawad. She's a board-certified neurologist who transitioned from clinical practice into medical writing, editing, and teaching. She is also the author of the very useful book, “Careers Beyond Clinical Medicine,” which she wrote to help other physicians with their transitions.

We share our insights and perspectives on these four roadblocks, and then give you an action step for each one that you can take on for homework if you like. My clients tell me that they like having homework, which always makes me laugh, but I guess that helped us become physicians after all. And I do think it's helpful to have some concrete action steps to take, especially when we're talking about roadblocks.

I'm putting the action steps for the four roadblocks as well as two bonus roadblocks with their own action steps into a cheat sheet, which you will be able to find at doctorscrossing.com/roadblocks. And I'll also link to this irresistible homework in the show notes on the Doctor's Crossing website. Now without further ado, let's get on with the episode as I can't wait to bring on my wonderful friend and colleague Dr. Heidi Moawad.

HM: Thank you, Heather. And it's nice to talk to you again.

HF: Yeah. I'm so glad we've gotten to meet in person too. So, this is really fun. I'd love it if we started off with you telling us about how you decided to write this book for physicians and what you started seeing about this topic of roadblocks.

HM: Sure. So, I am a neurologist. I started doing utilization review right out of clinical practice. It sort of grew out of clinical practice in my interactions with people on the utilization review end, and I really enjoyed it. And during those years I was getting a lot of sorts of unofficial referrals from friends who were telling me to talk to their friend who is a physician and wants to get out.

And so, I heard so many stories, so many people looking for direction, and I had always been interested in writing. And so, I decided to put together a book about nonclinical careers, careers beyond clinical medicine. I interviewed tons of physicians in all areas of nonclinical work from pharma to regulatory, to government work, to publications, and just compiled all of this advice and personal stories and put it together in a book.

So, throughout those interviews, I learned a lot about nonclinical careers, more than what I was doing myself in utilization review. And that fortunately opened the door to me for medical writing and editing, which is what I do now.

HF: Well, I have that book. It's right here next to me. I think it's a really lovely book. And it's also a very supportive and encouraging book.

HM: Thank you.

HF: While you were doing all these interviews, what did you start noticing about roadblocks?

HM: Yeah. Roadblocks are a big part of the transition. They're actually the hardest part of the transition. And in the website that I have now, nonclinicaldoctors.com a lot of people contact me who are looking for advice and who are facing roadblocks. And a lot of those

roadblocks are around issues of identity, fear of failure, concerns about income, all kinds of things as far as "How do I move forward? I know I want to do this in a kind of a vague way, but where do I start?" And so, that's a big problem for physicians who have a deep feeling that they want to get out of clinical medicine, but just aren't quite making that leap.

HF: Well, you did a bit of foreshadowing there because we are going to be talking about those specific things. So great. Let's start with the first roadblock, which is the identity crisis. Who am I, if I am not seeing patients? Would you like to take us there first and tell us what you have experienced?

HM: Sure. So that's a really big issue. When you go through all of the training and it's very, very difficult, obviously to be accepted into medical school and competitive residencies and to finish and everything, it can be very difficult to not see patients anymore. So, I personally didn't have this problem with identity, but I know that a lot of people do.

For a long time, I couldn't understand why many people had such a problem and I didn't. And I think I mentioned to you that during this COVID pandemic, I discovered this Myers-Brigg personality test. And it was so interesting for me because I had not encountered it before. And I saw that there's these different personality types and that my personality kind of makes assessments based a little more on intuition rather than labels and sort of external factors.

So that's why I think it was easier for me, but a lot of people really need that label. So, I think people need a title that everybody can understand and can make that jump to something where it's a lot more relatable to everybody around them. And there's nothing wrong with that. But I think that in making the transition, it's important for physicians to acknowledge if they need that. And then to just stick with options that will fulfill that need.

HF: Yes. And do you want to share what your Myers-Brigg type is?

HM: Oh gosh. Well, I looked at this thing and I think it might've changed during COVID because of the isolation, but I was between the ENFJ and INFJ. So, I think I'm sometimes really extroverted and sometimes sort of introverted and I can't figure out which one I am, but either way it was this intuition and feeling and sort of judging around you rather than looking for more validation.

HF: Right. So, the intuitive versus the S - sensing.

HM: And I get the feeling from what I saw is that a lot of people who are more on the S spectrum are really needing that label. And so, may have more difficulties with the identity.

HF: I think that's a valid point because we are wired differently. So, if someone else doesn't have a problem, but you do, don't judge yourself. That could also be a helpful thing because it might be, "I very, very much identify with being a physician. This is who I am to my core". And that can actually motivate you to say, "I'm not giving that up. I am going to find a setting that works for me".

I have a funny story to share of identity. So, when I left dermatology, I had just decided I wanted to do coaching, but I hadn't really established practice. And as I've mentioned on the podcast before, I love going to personal development workshops. And I was signed up for this weekend workshop where it's about personal growth and transformation. And when it starts, instead of giving you a name tag, they give you a label.

And part of the idea is I think they break you down, your identity, and then you rebuild yourself. For example, there was one woman who looked like a model. She was gorgeous. Her label was empty plastic.

HM: Oh my gosh.

HF: So like, these were snarky. And she was aware that as her name was Empty Plastic. I wouldn't do this. I don't recommend this. So, there was another woman and she had this perfectly quaffed hair. She had makeup to the nines and they gave her the name Fake. Well, guess what they gave me?

HM: I'm very curious now what they gave you.

HF: Yes. So, my name was Clueless.

HM: Clueless? I don't think that's a good fit though.

HF: Well, I think they were vibing off of, "Oh, she decides to be a doctor for nine years and now all of a sudden she throws that away and now she's thinking she's going to be a coach. She's clueless".

HM: That's funny.

HF: What I would say is if you are at the crossroads, you don't know what you're going to do, you feel lost, you're not clueless. You are in process. And there's a quote by Katherine Woodward Thomas, and I'll paraphrase it, but she says sometimes you have to let go of who you think you are and be in that uncomfortable space to figure out who you're becoming.

And to me, identity is really about alignment with who you really are. What we do is really informed by who we are. And so, sometimes we're out of alignment with our "who" in what we're doing. So, we have to take that time to really figure out who we are so we can figure out the "what" that's in alignment with it.

A lot to unpack there, but what I was going to give you guys is an action step for each of these categories that you can do. And I'm also going to have a download that I'll mention at the end that you can get from the show notes, but also linked to it, is some homework where you can take each of these roadblocks. There's going to be this action step. I'm going to add in two bonus roadblocks with action steps for you.

So, your action step for the identity roadblock is to do a 20-minute writing exercise, set your timer with a prompt "Who am I and what is important to me?"

HM: That is a great idea. And I love the idea of the timer because then it's really what it means to you rather than overthinking it.

HF: Exactly, exactly. So, let's go onto the second roadblock, which is fear of failure. What if I try something else and I fail?

HM: Yeah, that is a big thing too. I think a lot of physicians have been really great at everything for their whole lives. And so, it's really difficult to imagine possibly trying something and not doing awesome, hitting home runs right from the start. And so, I get a lot of those kinds of emails and I've talked to people at conferences where I've gone to speak, who have said "I don't know if I'm going to be good at this" because people just aren't ready to not be great at something.

So, I think we had talked earlier, Heather and I told you, I'm not really a natural at anything. And I did a lot of things where I have become good at things that I started off terrible at. I don't think I ever started off great at anything. So, I think I'm just more comfortable with that arc because I just don't have that experience of being amazing in stuff.

So, I think it can be a little harder for people who are amazing at everything they try, but I think it's fine to learn and I think it may be kind of a growth to try something you're not great at and to understand that you can get better at it, if you want to.

I mean, if it's something you want to do, there's really almost nothing that a doctor cannot become good at. Maybe not an NBA player, but in the workplace, there's almost nothing that you can't learn to do and learn to do well.

HF: I like that reframe that it's really about learning. And I heard this quote by Marie Forleo and she said, there's not winning and losing, but there's winning and learning. And when you look at so many successful people, they have a lot of failures. They have things that didn't work out and I like to kind of reframe it as not failure, but you're getting information about what isn't working.

When physicians say that to me, which is quite often, like, "I'm afraid that I could fail at this". And then I ask them, well, when you look back on your life, where have you failed or what do you see in terms of your ability to learn new things? What they often then see is, "Oh, I've actually done a lot of things". And maybe there were some failures, but usually it's more, they're successful at setting a goal, doing the hard work to learn what they need to learn and moving to the next stage. It's not this plastered history of a bunch of failures.

HM: Right. It's an ongoing story. You're not done just because you didn't absolutely do awesome at something. There is always trying it again.

HF: Right. And sometimes it's good to fail. There's what they call in medicine, the success disaster, where you can become a doctor, but it's not really what you're meant to do. And because you can do the work, you keep succeeding, but it probably would have been better to fail early on.

HM: Well, that's true, for some people, yeah. Some people who don't get what they want, definitely find it awesome as plan B.

HF: One way to think about this and it's going to lead us to the action step is when there's fear, there's fear-based thinking. So, we're focusing on what could go wrong versus what could go right. And fear-based thinking tends to keep us trapped, our perspectives narrow. We tend to get stuck in a loop, so we're not referencing other information.

So, for the action step, what I'd like you to do is take a piece of paper, divided in half with a vertical line. So, on the left side at the top, put fear-based thinking, and then on the right, you're going to put trust-based thinking. And on the left side, put all the fears, like what could go wrong. Like I could not get this job. I won't be good at it. I cannot learn fast enough. It could not be a good fit. I'll just fall on my face and then I'll be homeless. Those fears.

And then on the other side, when you look at that situation, whatever it is, when you're coming from a place of trust and confidence in yourself, just believing that you can figure it out, what's the different story? That you could learn, that other doctors have done this besides me. And so, if they can do it, why can't I? And I want to give myself this chance, I've done a lot of hard things. So, it's a totally different perspective. So that will be your action step.

HM: That's great.

HF: All right. Let's go on to number three, which is this roadblock fear of "I'm going to jeopardize my income if I do anything different".

HM: Right. This is a really important one. And this is why the process does take planning in terms of you're making yourself a good candidate, making sure that you assess every job offer carefully, and don't just necessarily take anything that comes your way. I personally

would not have left clinical medicine if I were going to take a pay cut. At that time, I did earn a lot more money in nonclinical work than in my clinical work. And I didn't hate my clinical work, so I wouldn't have left unless that was the circumstance for me.

Some people are very, very burned out and maybe have a really, really high income and an intolerable work-life balance and are willing to make that change. But I think for most people it's better to just make yourself the best candidate you can be, apply to a variety of jobs, look at what they have to offer. And don't just take the first thing that you're offered. If possible, negotiate. Better off to really wait until you get multiple offers so that you can be in that position to make a decision wisely and don't burn your bridges. Stay where you are doing what you're doing until you get something that's very appealing.

HF: When you were writing the book and interviewing people and also what you're doing right now, do you see situations where people may decide to take a pay cut because it's actually going to lead them into a better situation and it could have more upside potential with time?

HM: I don't see that very often because I don't think it's a realistic lifestyle choice.

So, what I see more often is that physicians either have done a combination of clinical work and non-clinical work as they're making themselves a better candidate. So, it's not necessarily a pay cut. It's often work in addition to the clinical work without losing the clinical work until they can get a nonclinical job offer that is not a pay cut.

So, I see that a lot. I do see people who are at a fairly senior level sometimes who get offered more of a leadership role in a nonclinical position that offers either a pay increase or equivalent. I'm sure there are some people who do take a pay cut. And I think that that just is a very personal decision, but I don't know if it's the most common route.

HF: And I also think it's very specialty dependent. Obviously.

HM: Obviously, that's true.

HF: What I see frequently is that primary care physicians often increase their salary and their quality of life at the same time. Many of them are maybe even making under $200,000 and a lot of the nonclinical jobs have a range of from $170,000 to $300,000 and there's bonuses and there's often stock options depending on the company. And it's not just the total dollar amount. It's also the number of hours that you're working.

HM: That is also a very important factor for many people.

HF: It's interesting as well too, because some sub-specialists who are making $300,000 -$400,000 - $500,000 even $600,000 - $700,000 there are some examples where maybe initially they do take a pay cut, but they increase their quality of life. And then some things can happen where they actually make more than in their work.

HM: That can definitely happen as well as you become more experienced and more valued in the nonclinical area that you're in. Because when you think about it, when a physician is doing a job for a while, whether it's clinical or nonclinical. The more experience you get, the better you become at it, the more really uniquely valuable you are. And it's really hard for a company to let you go if you're offering a lot of value to them. So that can be one of the reasons why incomes will continue to go up after several years of working in a nonclinical job.

HF: Absolutely. And it can be tied into the stock options, which can be very significant if the company is doing well, that can be more than your income. And there are a couple other things that can happen whereas let's say you're working at a job, it's more 09:00 to 05:00, you have more headspace, right? So many doctors are getting into passive income

with real estate, or they might start another kind of side business. And that is bringing in way more than they ever imagined that they could get through their salary.

HM: Right. That's true. And another thing is that in nonclinical work, physicians are really paid for all the time that they're putting into it. Whereas all that you hear a lot about coming home at night and charting after the kids have gone to bed. I mean, we see that a lot on the Facebook groups, the physician Facebook groups that people are catching up with all the charting, and that's not really separately paid. That's just part of your daytime job, you have to catch up for a couple hours in the evening. And so, that whole thing is not really a big part of nonclinical work, those extra hours that you're doing just to finish up the work that you didn't finish.

HF: And yeah, so there's a high cost that you're not being compensated for your time. And then there's the cost of which I think it will be helpful to put a dollar value on this, the cost of not getting to spend time with your family. Coming home and you're irritable and you're a crab cake. That's not who you are.

HM: That's true. That's definitely a big part of many doctors' jobs, not everyone, but many doctors have that complaint.

HF: If we were lawyers and we could bill for all this time that's not really compensated, the system would change overnight. It would change literally overnight.

HM: Absolutely.

HF: So, this is a big part of compensation that I want you to think about. And this is going to be the action step is to think about what is the cost of all these things that you're not getting to do and be because of your job.

For example, what's the cost of your marriage being compromised, not having the relationship that you want? What's the cost if your children are having difficulties or not being able to spend the time you want with them? What's the cost of not being healthy, not getting able to exercise when you come home or you're eating junk food or just microwaving stuff? So, what is that? Is that $10,000 for you to be able to be healthy or $100,000 if your marriage fails? These are priceless, but we often just look at the paycheck, that dollar value.

But to help make this more real for the homework, the action step is to do a cost-benefit analysis and put in the benefit that you're getting from your salary or compensation, all those perks, but also put in what's the cost to you and try to put a tangible value on it. Because you may find out you are paying like $100,000 to go to work. So that's a way to look at when let's say you were to do something different and you were even to go down maybe $30,000. Well, you might actually go up $100,000 if your life changes in a way that these things that are really important to you actually can be honored. So that can be a big bonus.

HM: That's a really interesting way to look at it. Yeah, I like that.

HF: So, this brings us to the fourth and final roadblock for the episode. I am feeling stuck because I can't see the steps forward. And we know that in medicine, it's a really tall staircase. There are many steps, but we can see them. We know what comes next. And it's just like getting on that conveyor belt. And if we can hang onto the conveyor belt, it'll take us to the endpoint.

When we're looking into a nonclinical job, it feels like bushwhacking in the jungle at night without a compass. And there are scary things that are around the corner. So, it does paralyze people.

HM: Right. That is a huge, huge problem. So, I get questions about this all the time when I go and speak at meetings or when people contact me through my website, that people just don't know where to start. And I think it's really important to take a few preliminary steps. And basically, the first step is to really figure out what you are interested in, what's out there and what your strengths are and where you might fit in.

But some people kind of want to throw darts and not be prepared. And for instance, I will sometimes hear from people in meetings "What does each nonclinical job earn? And those are the ones that I'm going to apply for". And it's like, well, you really can't apply for something just because it earns more money. You have to also like it. You have to also think it's worthwhile to build yourself up, to be qualified for it and to spend years doing it. So, you should have some interest as well.

And then take the time to learn about the people who have gotten into that field. What were their qualifications? Look at job openings, what are they looking for and make yourself a better candidate. And that is more time well spent rather than just applying and applying and then just getting ghosted. Because if you're not qualified, you're not going to hear back. No one is that desperate for a doctor that they're just going to take anybody who sends a thoughtless application without preparing. So, do what you have to do to make yourself a great candidate and then apply. And then you have much higher chances of getting what you want.

HF: Yes, yes, yes. And the dart throwing, it can come back to bite you because you could get granted an interview. And what I've heard happens sometimes is they fall down in the interview and sometimes even get the feedback, "Hey doc, you really are not ready to do this". You're burned out. You don't really know what you want. Go back, figure it out and come back later.

HM: Yeah. And that's much better use of your own time. It's to figure out what you want, figure out how to get there. There are so many resources online. There are awesome

coaches like yourself. That's the thing. There are different ways of doing it. You can just look online to the free resources and potentially figure it out that way. You can look at physician groups, you can get books, you can get coaching.

So, depending on how much help you want, there's different ways you can prepare yourself and really invest your time to be a good candidate, rather than just kind of randomly applying and then being very disappointed, potentially.

HF: Absolutely. And I love that you brought out that it's not one size fits all. You figure out what works for you, your budget, how you like to get help and or be a DIY. I love that. Now, one way I like to think about this is that there are actual steps. And because I've seen physicians go through this process so many times, I created the Carpe Diem process because of what I was seeing. And I'll just say real briefly.

So, the C stands for commitment. You commit to what you want going forward. You don't have to know what you'd be doing, but what do you want for your life.

Then A is the assessment phase. That's where I do personality testing. We look at all the nonclinical options and you rank your interest level on them. We look at your skills, your values, your work preferences. So, we find out about you.

Then the R is research. I call this a Lewis and Clark phase. You're exploring, you're exploring these careers. You're doing informational interviews. You're listening to podcasts. You're reading books like Heidi's book because you don't want to make a decision without doing research.

Then P is preparation. So, that's converting the CV to a resume, if that's appropriate. It's doing interview prep and maybe taking a course to boost your knowledge in an area.

And then E is execution, making the change.

And I'll put this in the cheat sheet. And it's also on my website. If that helps you feel comfortable to know these are pavers. You can go to Home Depot. You could buy some pavers. We can put the carpet on it or whatever the steps are. And then you can feel lost.

HM: Yeah, that research part of it is so important because you don't want to reinvent the wheel. People have done this before. They've done it right. You want to figure out what works and then follow those steps. Although they're not as rich and stone as in medical school, but there are still steps. And so, if you just skipped them, that can be the failure, skipping steps that you should've taken.

HF: Exactly like no hopscotching, right? So, the action step for you is to create what I call a priority pyramid. And it's super simple. You just draw a triangle on a piece of paper, and then you put some horizontal lines across the triangle. So, you have levels, maybe four levels. So, you ask yourself at the top of this priority pyramid, what is the number one thing that's most important to me? And it could be having that family life that you want to have, having flexibility, to be able to do stuff with your kids. It could be being healthy, loving your work, feeling like it's meaningful, whatever it is.

So, once you have that, then go down to the next level. What's the next most important thing to me? And then the next and the next, and do that four times. Because before you even decide what direction you want to go in, you have to know what's important to you. So that's your homework. And like I said, I will link to this cheat sheet, but you can also find it at www.doctorscrossing.com/roadblocks. And I'll add two additional roadblocks as bonuses for you with some action steps for you.

Heidi, this has been a ton of fun. I'd love to see if you have any final thoughts for our lovely listeners.

HM: Well, it's great talking to you and I always love talking about nonclinical careers. I've done quite a few myself and learn so much about them and the concerns that people have. I think really the key is don't be scared, figure out what others have done. And then it's not necessarily, create your own path, but make it right for you. Figure out what is out there that fits you and what your needs are, and then make it happen for yourself.

HF: That's a beautiful pearl to end on. Because it's not about what anybody else is doing or what you think they want you to be doing or what you should do. If it's right for you, then you're going to go in the right direction. If someone else has your wheel, they could be turning it a few degrees off, and then you're going where they want you to go. So, trust yourself, listen to your own guidance and carpe that diem. All right, Heidi, thanks so much for coming on.

HM: Thank you!

HF: I look forward to having you back on the podcast.

HM: Thank you, Heather. I look forward to it. Take care.

HF: Okay. You too. Bye.

HM: Bye-bye.

HF: You've been listening to the Doctor's Crossing Carpe Diem podcast. If you've enjoyed what you've heard, I'd love it if you'd take a moment to rate and review this podcast and hit the subscribe button below so you don't miss an episode. If you'd like some additional resources, head on over to my website at doctorscrossing.com and check out the free resources tab. You can also go to doctorscrossing.com/free-resources. And if you want to find more podcast episodes, you can also find them on the website under the podcast tab. And I hope to see you back in the next episode. Bye for now.

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Podcast details

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