



Episode 36 - Having doubts as a med student or resident?

With guest Dr. Andrew Tisser

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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 36. Whenever I talk with a new client, I'm always eager to hear their story. I want to understand what made them decide to go into medicine. I'm curious about how medical school and residency were. And what's going on currently that made them reach out for help.

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One of the things I'm listening for is, was there a specific time when they felt medicine wasn't a good fit for them? Sometimes it's clear that early on, there was “trouble in paradise” that even during medical school, there were doubts. Question marks can come up or continue in residency as well. It's also not uncommon for the transition to being an attending, to bring up some serious concerns when that full weight of patient responsibility is felt.

If you're questioning your career early on, how do you deal with it? We're often told “It'll get better, it'll get better. Just hang on”. And sometimes it does, but not for everyone. There is a lot of pressure to keep going for various reasons, both internal and external. And it can be scary and lonely to be feeling different than your peers and wondering if you've made a big mistake.

Today, I have a great guest, Dr. Andrew Tisser to dive into this topic with me and give you a lot of support and practical advice for addressing exactly this situation. Dr. Tisser had serious doubts about his career choice in his second year of medical school. He already had significant student loan debt and felt he didn't have a choice except to go on. People kept telling him “It will get better”.

I'm going to let him share the details of a story that eventually led to his work as an emergency medicine physician and career strategist for early-career physicians. In addition to his work as a physician and coach, he has the great podcast “Talk2MeDoc”. I will link to the website andrewtisserdo.com and the ways you can connect with him in the show notes of this episode. It's my true pleasure to welcome Dr. Andrew Tisser to the podcast. Hey, Andrew. It's great to see you and great to meet you.

AT: Hey Heather, it's great to meet you as well. Thanks so much for having me.



HF: Yeah, I'm really excited about this because I haven't specifically addressed medical students and residents who are having questions. And when I heard your podcast, I thought, "Oh, I've got to have Andrew on". Would you like to begin by telling us your own story and how you found your way to where you are right now?

AT: Sure, thank you. Well, I think like any story there's thoughts of bumps and bruises along the way, but I grew up quite humbly in New York City, no physicians in my family. And I went to college. Actually, I started in college, which I don't think you know about, but I decided early on that medicine seemed like a good career because I was pretty good at science and it was interesting and it seemed to be pretty well-respected and they always have stable careers.

So, I worked as an EMT in college and a volunteer firefighter and I decided I wanted to be a physician. So, I started on the pre-med path and then I went to see career advisor people in college, probably my junior year. I think somewhere in my junior year. And I was like, "I don't know about this medicine thing. I don't know if this is for me, after shadowing some people". And then they're like, "Well, what else are you going to do?" And I said, "Oh, I don't know. That's why I'm here to see you". And they're like, "Well, it's just pretty hard right now, but it's definitely going to be worth it. So, you should just continue down that career path".

I was like 19, 20 years old. I'm like, okay, sure. So I did that. So I got into medical school. And then I did my first year of medical school. And it was a pretty lonely time honestly. I didn't feel very relatable to my colleagues. And that's a different conversation for a different day, but that was fine.

And then I got into second year and I was like, I really don't like this. The material was fine. I'm not here to brag, but I didn't have trouble in medical school. The medicine came easy, but I found it quite boring. And then when we started doing some, we had shadowing opportunities and things like that when we were early in medical school.

And I was like, "All these people are miserable. I don't know if I want to do this". But at that point I was like a hundred thousand dollars in debt or whatever it was, something absurd. And I was like, "Well, I got to do this. I got like \$6 in my bank account. I know that there's something I could do. So that's where it started really.

HF: It is hard when you're feeling different than your peers. I definitely hear that a lot and it is lonely. What do you think was making you feel different?

AT: It's probably multifactorial. I had really, really good friends in college. And they were all, I don't know, I want to say like me, like we grew up similarly. Everyone was fairly intelligent, but everyone was like, grew up pretty either like low income or very like moderate income. No one had any real high-end professionals in the family. And I just had a great group of friends and they're still my friends to this day.

I grew up in New York City and I wanted nothing else, but to leave New York City. And then the only medical school I got into was on Long Island. So, I get torn back, right? And I get torn back to somewhere where I really don't have any friends. I had a couple of childhood friends. My roommate was an interesting guy. He was like an ex-lawyer that decided to become a doctor. I don't know. He was a fun guy.

But anyways, I just didn't make a lot of friends. I didn't feel relatable to a lot of people. A lot of people come from multi-generational physician households, obviously not everyone. I met my wife in my first year of medical school and she was a good friend of mine before we started dating. But I felt like everyone was so excited to be there. And I was just like "uh".

HF: Right. You didn't find your tribe. That can be lonely for sure. You didn't identify with the other people. We're going to be coming back and looking at this situation when you're

not sure in medical school, but let's continue with your story. What happened after you had these doubts?

AT: Well, I just kept going. What else am I going to do? So, I got to third year of medical school and I was like, "All right, I got to find a field that I don't hate. That's like ideally. I got to find something that doesn't suck". But I tried to go with an open mind. Obviously, I had experience in emergency services because of my EMS and fire. But I was like "I know what that's like, let me try to find something else". And I couldn't. I hated everything. Like surgery, I just couldn't deal with the OR, and that eliminated a lot of specialties for me. And I like pediatrics, but I liked them when the kids were healthy and fun, but I didn't like sick children.

I ended up actually really liking anesthesia, but that was late in my fourth year. And I had already made my decision, and then I got to emergency medicine and I was like, "Wow, this is like an old hat. This is what I know, what I've always known". Schedule's not too terrible, which has a footnote, but that's what I thought at the time. And I got a lot of time off. So, I would make pretty good money. You got some time off, you don't bring your work home with you, which is also a misconception. By process of elimination, I said, this is probably the least egregious career.

I wasn't really a downer, like depressed all the time. I was just trying to make really practical decisions based on where I was at. I thought that if I didn't have to be in the hospital that often, if I made a fairly good income, then I could try to find other things that I like down the road. And everyone was like, "Oh, wait, once you get to third year, it'll get better". And then it was like, "Oh, wait until you get to residency and then you're really going to be a doctor. It'll be hard, but it'll be better". Which is kind of a theme throughout this.

So, I decided to go into emergency medicine. And I matched into emergency medicine. My wife was my fiancé at the time, but she did internal medicine. And when we



matched about two hours apart, which was not great. And then I started residency and I was very unhappy, which continued. And I tried, really. I was like, “Well, I'm here to learn. Once I get good at this, then I'll probably like it more”. And again, and not as a humble bragger or anything, but I was very good at it. I was very good at emergency medicine and it was so boring. It was just so boring. And this is like one of the most exciting specialties, right? Like the joke is we are the most interesting 15 minutes of every other specialty. Like life and death and traumas and crack and chest and chest tubes and all this stuff. And it was just so boring.

And I talked to my mentors and they were just like, “Oh, well, you're a resident. Of course, it sucks. Once you're out there as an attending and you were on the show and you're making the big bucks and this and that, then it's like so much better. Don't worry, it's just residency”. So I had that to cling to, and also again, the distance from my wife and I did a lot, a lot of driving. And so, there were a lot of confounding factors and I said, okay, that's reasonable.

And then I got done with residency and I got out. And what I decided to do is take a whole bunch of locums and part-time jobs to see what kind of practice environment I'd like to work in. And we were living in Chicago for two years, because my wife was doing a fellowship and I worked at little tiny hospitals and huge hospitals and teaching hospitals and non-teaching hospitals. I worked everywhere. Any kind of practice environment, inner-city, suburbs, everything. And it was all just so boring. And it was just a fast track to burnout.

I mean, I was working a lot. I was working probably 140 - 150 hours a month and I was making really good money. In some of these places, I had to see three, four patients an hour, which is not sustainable either. And again, I was very good at it. And people liked me, the patients liked me. I got to give medical care. Like I was good at the job, but I had no fulfillment from it.



HF: I just want to interrupt you here for a second.

AT: Yeah, please do.

HF: Because I listened to your podcast this morning, where you're talking about how when you would see patients, you would go and sit on the garbage can in the room. And that made them really feel like you were there to listen to them. And you said, "Well, I was just doing it because I was tired, but it gave me really high patient satisfaction scores". That was a neat story.

AT: Yeah, that's true. I actually got an award in residency for patient satisfaction and I was like, "I'm just tired".

HF: Just sitting on the garbage can. You should try it. If you want to boost your scores up...

AT: Sit on the garbage can. And it'll just be better for your whole day because you get some rest.

HF: So, here you are. You've tried all these different settings. You're bored to tears and it seems so paradoxical because what do they make those TV shows out of? ER physicians, because it's exciting. There's a lot of drama. One thing I'm curious about is why do you think you were so bored?

AT: I've thought about this a lot. And I still think about it a lot. I think a lot of what we do and not to dumb down the field because emergency medicine is a very complex field, but we're not treating emergencies a lot of the time, right? Like a lot of the time, we're dealing with a lot of social issues and primary care issues. And the really sick patient, that's a really, really sick patient is interesting. And I find that interesting and I like taking care of those patients, but it's not hard per se. It's intellectually stimulating at the time, but it's still a lot like "If then, that".

So, I hate trauma. I very much dislike trauma because it's a do not pass go. Fix the A, fix the B, fix the C, et cetera, and then get them to surgery. There's very little thought when it comes to emergency trauma. And so, complex medical cases were somewhat interesting to me, but again, they weren't challenging. I didn't get the adrenaline rush.

I've never gotten an adrenaline rush from emergency medicine. Not that I'm seeking it, I've never been an adrenaline junkie unlike many in my fields, but it's just, "Okay, well then I do this next thing". And again, sometimes it's very complex management, but I just didn't find it interesting.

And I've thought about this quite a bit over the years and why. I don't know. I still don't know why it's so routine for me. And I feel like bad saying some of this stuff because I'm not discounting the fields at all. And it is very complex. It's just that I personally don't find it stimulating or interesting.

HF: That's something I see with a lot of physicians that we don't want to admit is that medical care can get very routine and it can also be boring, albeit stressful. And often it becomes like Groundhog's Day, or it can also sound like to some degree in your case that there's a bit of a mismatch between how you're using your skills and how you want to connect with people and how you want to engage, that's not really working for you.

AT: And I never really felt like I was helping people, which is weird. Because clearly, I am. But I just never felt like I was doing any good for people. Like "Oh, I'm here. I do this to help people". I truly want to help people. I love helping people. But in my day-to-day emergency medicine job, I never felt like I was helping people.

HF: Oh, well, you're not the first person I've heard say that before. Would you like to catch us up to the present and what you're doing now? And then we'll go back and look at these different phases.



AT: Absolutely. Again, I was quite burnt out as an attending. I started just going online, like people do in searching for, “What can I do that isn't medicine?” And you get the same three responses. It's utilization management, pharma or medical writing. And none of those appeals to me.

HF: Right, the top big three.

AT: So, I started looking around, I started talking to some of my mentors. I got a coach on my own. And we started helping me craft a career that I would be happy with. We moved back to Buffalo, New York, and then I kind of went forward and made some of those things happen. I have an interest in administrative work as well as I started my business with career strategy and a podcast and was able to cut down a bit clinically at work. So at the present time, I do a lot of other things, which all the other things make me much happier with my clinical practice.

HF: So, you stuck with it. You didn't leave medical school. You didn't leave residency. You didn't leave when you were finding emergency medicine boring, and you found a way to divert the pie of what you're doing and make it work for you.

AT: Yes.

HF: Let's go to medical school. And actually where we have a hypothetical medical student, we can also reference your experience. If they start questioning at that stage, what are some things they can do to start to address these doubts?

AT: Sure. I think it's really important to separate just the day-to-day burnout and stress from truly questioning this as a path. Because there's a lot of people if you get down and you have a conversation with them and say, “No, it's just really hard right now”. And not that,

“Oh, yeah, it'll get better” that's your solution. But for some people it's just the day-to-day stress. And they wouldn't want to do anything else.

I think the most important thing always comes down to what matters to you and what your values are in life. And they change over time. But I think doing some exercise and figuring out what's important to you, will help you decide whether or not staying or going is the correct path. And I never want anyone to just stay in a career because they should, or they don't know what else to do. That's not a good reason to stay unhappy.

So, I think it starts with some inner work, some soul searching as to what you like, what matters to you and whether or not any kind of medical career is aligned with those values. Because if you're misaligned with your values, you'll always be miserable, no matter what you do.

HF: Yeah. That's a really good point because it is a very individual choice and everybody has a different way of solving this problem. One of the things that I hear from medical students who are probably not on the right path is they will say when we get to the wards and we start seeing patients, after we do rounds, my peers want to go talk to Mrs. Jones or they want to go see that patient again and follow up with them. And they will tell me, I do not want to do that. That was just the last thing on my mind. They feel it and it makes them feel really bad and they don't even want to admit that, but that's actually helpful information. It may mean that that is not a relationship that works for you for whatever reason.

AT: Yes. Agreed. I certainly felt that way. I wanted to get out of there as soon as possible. So, I just want to make a quick point about mental health as some of this dissatisfaction and disinterest and apathy really comes from true depression. And it's important to prioritize yourself and your own mental health all the way through. And I think every professional should see a therapist personally, but that's just one point I want to make, because it

might not be that you're not interested in this as a career. It might just be that you're depressed. And that's an important distinction to make.

HF: I'm glad you brought that up because when I talk to medical students who are having these challenges and doubts, they often do have some depression and anxiety and it could be the chicken or the egg, but it's important to figure out what it is. I've seen students take time off. Sometimes that's helpful to reevaluate whether they want to continue.

But one thing I think to be careful of is I've seen the students' health get very compromised by continuing. And that's either in medical school or residency where it's creating dis-ease and it's really not good for them, their family or others may be telling them "You really should just finish. Just go ahead, get your certification". But it's going to do a lot of damage. And that's something to be very, very mindful of. It's not just a matter of pushing on for some people, it's actually the worst decision they can make.

AT: Right. That's why we see so much suicide and stuff as well, unfortunately. But I think so much of it's like, what would my family think, et cetera is really troublesome, like sunk cost fallacy, and all kinds of things we could talk about. But honestly, you have to make the decision for you because this isn't a "What am I having for lunch?" This is the rest of your career.

So, I think you need to do a lot of souls searching there, but I think you're never wrong to leave. You're never wrong to leave medical school. You're never wrong to leave as a resident. You're not wrong to leave as an attending early, mid or late-career. You're never wrong. But sticking in a situation, sticking it out for it'll get better, it's not the right decision. And sometimes it's just restructuring, which is what I did. I was able to buy down time doing other things.

And some of the people I've worked with do the same. They don't necessarily leave, but it's an important point to talk about that we have this shame and we feel this terrible pressure on us that, "Oh, well, I went through college and I did all this stuff and now I'm in medical school and I hate it and I want to leave". And it's just continuing down a path where you may develop depression, anxiety because of your dissatisfaction with your career as well. It's just not correct either. So, I think it's important to have these conversations and to talk to people about these things because I didn't tell anybody about it.

HF: Yeah. It really is helpful to get some outside input, but also still be able to ultimately make the decision yourself. So, another common question that comes up is when they make it through medical school, Should I just do some residency because then I might be able to have a license and I could have a better earning income potential while I'm figuring out plan B? Or maybe should I at least get the residency, so I can say I finished up certification and have something to get a salary from while I am doing plan B?

AT: Well, I don't think there's a right answer to that either. Well, my roommate I told you about earlier, he did one year of residency and never worked as a doctor again. And all he does is full-time expert witness work. But I think leaving residency is a very difficult decision and you will never get good advice. I think if you talk to your attendings, everyone will tell you to just stick it out. No matter what. And that might not be the best move for you.

That's a difficult decision. Should I stay a year so I can get a license? I don't know. Maybe you should. Should you stick it out? If you really hate it and it's not just the individual residency. So sometimes people are just at a really terrible residency where people are really mean and horrible. And that's a big contributor. I think it's important to talk to others in the field.

So, let's say that you're a gynecologist and you were in a very malignant program. You can reach out to your community gynecologist or reach out to people online and say, "Hey, this is what I'm feeling. What does your day-to-day look like?" as just doing some experiments. I think it's very important to do experiments because we're scientists. We're all scientists.

So, if you were talking about your career, why would you not develop a hypothesis and test it? And there's many ways to do that. My favorite way is just talking to people. But should they stay or should they go, should they stay a year and then leave? Should they just finish? This is a very personal decision. And again, I don't think either decision is correct. It's all very situational.

HF: Well, the truth is I've seen every single permutation pretty much done of these scenarios and their individual choices, I've seen it work out. You leave after medical school, you do a year or you do two years, you finish residency and then you leave after a couple of years.

One of the things I think is helpful is if you are at this crossroads to have a conversation with someone like yourself or other people to find out what options there are. Because that is one of the biggest question marks. It's "Well, what can I do if I don't do this?" And it can be challenging to build a whole new career path, but it's totally doable. And once you talk about it, you see there are options for everyone.

Now, most people don't go to medical school and they create careers out of so many different things. And we've all done college and we've all done medical school so we have those options.

We are running out of time here and I just wanted to briefly touch upon that transition from being a resident to an attending and when that really can bring up some sort of fear and doubt and shaking in the boots over that responsibility.

AT: Yeah. There are a lot of emotions that come up when you finish. I think the first one is always happiness and relief. And then after that, you're like, "Oh boy, now I got to be the boss". There's that meme when you realize you're attending and you look for the attendee or attending, that comes being early in your career.

I also think there's just this loss as well, because you're going from being a college student and you're trying to get into med school and then you try to get into residency and then you try to get a good job. And then you're like, "Well, what now?" There's this sense of not working towards anything anymore, which really causes a lot of people crisis because they're like, "Oh, well then I just have to do this for 40 years or 50 years. This is it. There's nothing else". And obviously that's not true, right? Because there's always something else that you can work towards. But I think that causes a lot of trouble. I think a lot of the burnout early in the career comes from that. And people don't talk about it enough.

But I didn't have any real anxieties, honestly, going into being an attending. I did a lot of moonlighting and I don't know if I was overconfident, but I didn't feel that. I just thought it was an extension of being a third-year resident into the rest of my career just better paid.

HF: Well, I'm glad you didn't. And for those of you who are experiencing that, it's super common and it definitely can be worked with. It's usually not a reason to leave, but it's definitely something to address and get help for because it's going to significantly cloud your experience. And we don't want anxiety to be in the driver's seat and drive you out of this career. We can put it in the passenger seat and that let's you find out really what's true for you.

AT: That's the point of imposter syndrome, right? It never really goes away. You just kind of deal with it. I see it as like that guy on your shoulder. It's just like, "Oh, hey there" and

not listening to it anymore, but it's a big problem for people early in their career, very big.

HF: That's a big problem. So, this has been really interesting. I'd love to keep going on, but are there any particular thoughts you'd like to leave the listeners with?

AT: Well, I think the big one that you just touched on is that there are always options. There are endless countless options. Whether that be a hybrid of clinical and non-clinical work like I do myself, whether that be leaving medicine. And it's not just the top three, right? There are so many things you could do because the MD and DO degree is the most marketable degree there is. There are millions of things you can do.

So, my big thing is, it's not, "Should I stay or should I go?" always. It's "How do I design a career that I'm happy with and what does that look like?" And as you know and as I do with my clients as well, it just takes a lot of work.

HF: Right. And in a way, that could be a silver lining to having some doubts, because you might look at how I can diversify this work as a physician so, I'm using different parts of my brain and have more variety and challenges. And that could also make it more sustainable than maybe your peers who are just narrowly focused on clinical medicine. Not that there's anything wrong with that, but it could be an interesting way to solve a problem.

AT: Absolutely.

HF: Yeah. The portfolio career.

AT: Exactly right. It's a hodgepodge of different things, but if it makes you happy, then it works.



HF: Yeah, absolutely. Well, how can people get in touch with you?

AT: Well, the best way is to visit my website, andrewtisserdo.com. I'm on all social media as either my name or Talk2MeDoc which is also the name of my podcast. But I'm very responsive to messages everywhere so please reach out for anything.

HF: Well, thank you so much. And I'll look forward to having you back on the podcast down the road.

AT: Thanks Heather.

HF: Okay, take care. All right, guys. So you heard the message. There's a solution to any situation that you may be experiencing. Don't feel like this is going to be a deal-breaker for you. If you're having doubts, just get some information, get some help and create that path that works for you. Carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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