



Episode 44 How to avoid a career wedgie
with guest Dr. Timothy Owolabi

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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 44. If you feel yourself getting into what I call a career wedgie, this podcast is maybe just what you need. A career wedgie happens when you're stressed out because you feel your next career step has to be the perfect fit for you, or that you have to “get it right” before making a move. Rather than having to hit a

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bullseye with your next step, I want to offer that it's fine to just get somewhere on the target.

Today, my wonderful guest is going to share with you his career transition process, where his first major move was hardly a bullseye, but it did help him start moving in the right direction. His career has progressed in a very intriguing way, and he's now in his third career transition after his initial start in clinical practice.

There've been a lot of lessons along the way. And he's going to share with you four key pearls that he has learned since he started the transition process back in 2011. I am incredibly honored to have on the podcast, Dr. Timothy Owolabi, a board-certified family medicine physician who has put in the hard work and commitment to create a truly personalized career path that continues to evolve. Without further ado, it is my absolute pleasure to introduce to you my long-standing friend and client Dr. Tim Owolabi. He joins us today from Greencastle, PA. Tim, hey there. How are you?

TO: Hi Heather. I'm so excited to join you today and I'm honored that you invite me to tell my story.

HF: Yeah. It's great when there are so many great lessons learned and I'm so glad you're going to dive into these with us.

TO: I'm happy to.

HF: All right. So, let's begin with you taking us back to 2011 when you first reached out to me. What was going on that even early on in your career, you are feeling like some changes need to happen?

TO: I would say the uncertainty began even before my medical career. Prior to going into medicine, I spent time working in research labs at the NIH, and at one point even

thought that I was going to go into basic science research. And it was certain experiences that really brought me back to why I wanted to go into medicine, which is to be able to serve and help others. And so, I kind of brought that uncertainty with me through medical school and residency. And there was uncertainty about what specialty I might go into, but the original draw to medicine is what landed me in family medicine.

And so, the experience in residency really validated that I'd made the right choice. I really enjoyed it. I enjoyed the bonding with my fellow residents and the difference I made in the lives of people. And by the time I was green and ready to go out into the world to kind of follow that mission, things really weren't what I thought that they would be as so many physicians get burnt out over the administrative burdens and some of the less fun parts of practice.

I learned pretty early that I wanted to do more than clinical medicine, even though that was really the original draw to medicine. But that's really the time where I started looking for alternatives and found the references, like nonclinical websites and things that would help me learn about alternatives. And I got some books and eventually I learned about coaching, and that was the time that you and I met.

HF: Yes. And I just want to share with the audience that you are a type 6 on the Enneagram, which as I mentioned before, it's one of the most common types for physicians. They make fabulous doctors. However, they do grapple a bit with uncertainty. And this is going to be a pearl that we're going to be talking about later. But I wanted to share that because it is common to have doubt, even when there's a lot of things that feel right to you to still question, "Did I make the right decision? Is this the right place for me?"

TO: Yeah, that's so true. And it was really enlightening going through that Enneagram exercise. And I think it's been very instructional as I've learned about myself that eventually I figured out that what drives me is that I'm a fixer. And the uncertainty, the



types of experiences is probably what causes me to have that tendency and fulfillment of fixing things, because that makes things a little less uncertain.

HF: Exactly. I love how you connected those dots. A lot of other physicians I'm sure relate to that feeling of being a fixer. It's a natural tendency for the type. **The first pearl we're going to be talking about is to look for opportunities where you're at.** So even though you were feeling like "I might need to do something else, that's something nonclinical, perhaps", how did you start exploring opportunities in your clinical practice?

TO: Well, I think it started with taking an appraisal of the things that I was good at outside of taking care of patients. And when opportunities arose to help the organization, I was willing to raise my hand. And so, one of those areas was in the area of coding and compliance. I went to a residency where there was a really great education in that space. And so, I was a standout by the time I was in practice, as far as my charts being audited.

I was approached by some folks in compliance who were wondering if I could share some of my knowledge with other physicians who maybe weren't doing as well in that area. And that eventually turned into a thing. I did some one-on-one coaching. I did some quality improvement projects. I eventually thought that it might be a direction that I would go into where I pursued a certification in coding and actually got a CPC. I wrote some articles. I did some speaking both locally and regionally. And so, it just started by the willingness to raise my hand and just kind of seeing where things took me.

HF: I remember that when you got your certification and you were mentoring other physicians and you even had a part-time FTE for doing this work, so you did explore other opportunities. You found some, I think that helped somewhat, but in the end, you went on to **pearl number two, which was to try changing up the clinical setting. How did you do that?**



TO: Well, after a year of exploring some of the other areas that I was good at, I thought that I should look for other practice settings. And my initial setting was in just a traditional outpatient hospital-owned practice. And I found an opportunity not too far from where I started, that was located at a worksite.

It was not the typical kind of family practice and the payment model was different. It wasn't a fee for service. It was rather a value-based sort of arrangement where I was a medical director for this clinic that was actually at a worksite, providing care to the employees and their families.

And the goal was to improve the overall health of the population and to try to save costs at the same time. And I was the first medical director for that site. So, it was an opportunity to do something brand new.

I think getting back to the idea of being a fixer, I kind of like new challenges. And so that was a great opportunity to do something where really there wasn't something preexisting. And I had the opportunity to try to figure out how to do it.

HF: And I remember too, that job started out kind of dicey because it was a new program and you really had to dig deep to bring out leadership qualities that you had, you were managing some employees and it wasn't easy. I remember there was stress there.

TO: There was. And I think that what has happened over time is the impression I had is not how I see it in the rear view, because a difficult as these things are in the moment, I think all of those experiences are learning opportunities. Not to sound cliché-ish, but that's kind of how I've come to see things that didn't work out in the end, the way that I thought that they would. And it's not to say that that wasn't a positive experience or that it wasn't successful. In the end, it wasn't the best fit. But I think it gave me some new skills and helped me also to learn a little bit more about myself and my preferences and the things that I would be looking for in future opportunities.



HF: You bring up a great question I wanted to ask, which is, what did you learn about yourself in that still clinical job, but that it was different from what you were doing before?

TO: Well, I learned that I like the idea of quality improvement and population health even more than the clinical aspect, because that job was still mostly clinical. So, it was just a change in clinical setting, with just a little bit of administrative. But I learned that I would really prefer to get into a role that was more non-clinical and I think that such a great practice opportunity without the burdens of administrative paperwork and the types of things that were in the previous practice. You showed me that it's not just that it was the clinical setting. It was just my interests that could probably be better served in a different kind of work environment. So that was a thing I learned.

I was responsible for supervising and although I don't mind being a leader, I think that it just showed me that I would prefer not to be a manager of people. I think that I could find future opportunities so I've kind of kept that in the back of my mind. But, yeah, I think those are the things that come to mind as far as things that I learned in that role.

HF: I love this point about how something doesn't have to be perfect or a place you're going to stay for you to learn a lot about yourself, because you can't theoretically sometimes know if you like managing people until you actually are in that setting, or that you might like to do more things that have an impact on more of a population or using your skills in a different way.

So then after a couple of years at that job, you made another move. **And this is the pearl we're talking about where you can start finding your zone of genius.** And your zone of genius is using your innate abilities. And that term was coined by Gay Hendricks who wrote the book "The Big Leap". I like to think of it too, where there's an intersection of your personality, your natural abilities, and using skills that give you a lot of satisfaction



when you're using them. So, tell us a little bit about how this next step arose and how it led to you having a better sense of your own zone of genius.

TO: Well, it's interesting that the previous job was not established. It was a new opportunity to create something new. This next job was exactly the same thing. I went into a physician advisor role where there has not been a full-time physician advisor before. And so, I really had the responsibility and opportunity to define what that role would be. So, I first had to learn how to be a physician advisor and do what the bread-and-butter things were that a physician advisor would do.

But once I had that down, then I had a clean slate to figure out how I could contribute more to the department and to the health system. And this is where I pulled on some of that early experience I had in the NIH where I really developed an interest and really a passion for working with data, because where there's uncertainty, data can bring you a little bit more clarity.

And so, I really brought those interests into this physician advisor role and started to do things with data for the health system that hadn't been done before and started to use tools that usually were underutilized, just because of lack of expertise or lack of interest. Like analytics dashboards.

HF: I'm going to interrupt you just for one sec. Can you tell us for the people who aren't familiar with the physician advisor term, because it's kind of confusing, what exactly your role was?

TO: Physician advisors primarily work in the utilization review department or in a care management department where they do one of two roles primarily. And really no two physician advisors will have exactly the same job description. But when I say bread and butter physician advisor work, one of the tasks that you do is review the status for patients that don't pass the initial screening that's done by one of the utilization review

nurses. They use a software to determine what's the appropriate status for a patient that needs to come into the hospital.

HF: Inpatient versus observation status.

TO: Exactly, exactly. And so, that's one of the roles is to review those cases and write opinions, and discuss those with the attending physician as needed. And then the other role is when these statuses don't pass the criteria for the payers, and the hospital gets a denial. The physician advisor will review those denials and determine which are appropriate for appeal. And they will do peer-to-peers with medical directors for the payers or write appeal letters.

And so, those are primarily the bulk of what physician advisors do. And like I said, there are lots of other sorts of tasks that involve educating medical staff about Medicare rules and regulations, or the requirements of contracts with private payers and education of nurses and the care management social workers and other members of the team.

And discussing issues with attending physicians, when it's necessary related to the status or related to a disposition like patients that have challenging discharge dispositions. And so, this gets into some of this quality improvement work where you're trying to optimize the length of stay, you're trying to prevent readmissions and you're working towards metrics that really are important for patient care, but also important for financial outcomes for the health system.

HF: I've heard it described as a liaison between the clinical staff and the administrative staff. So, you're sort of balancing between two different areas, and there could be some conflict in there, obviously. So, you have to have a pretty high emotional intelligence, I would say to do well at this job.

TO: You really need to be a diplomat. Yeah, I would agree.



HF: **How did you start discovering your zone of genius doing this work, Tim?**

TO: Well, like I said, the need to work on quality improvement to improve readmissions and length of stay, observation rates and observation length of stay, and these sorts of things, required the ability to know what's actually happening as far as these metrics of concern. And so, having good data and data that you can manipulate and be able to expand to see potentially what are the causes of outcomes that you're trying to impact.

That's really where I tapped into that previous experience, in basic science research, where I learned how to ask good questions and learn how to translate what you're seeing in the data into a story. And so that skill really came in handy in this physician advisor work. And I really was able to pivot from doing a lot of the bread and butter physician advisor responsibilities and to more of this process improvement and quality improvement as the program that I started expanded. And other physician advisors were able to take on some of the more frontline physician advisor roles.

HF: You were able to move more from looking at one patient at a time to really understanding what was happening by looking at data and crunching numbers and being able to create a story that was based on reality, and you could support it.

TO: Absolutely. And really a funny story. Another role I had was the chair of the utilization management committee. And prior to my taking on that role, what was common when data needed to be reviewed would be pages of spreadsheets would be leaf through and eyes would be glazed over, and then it would move on to the next agenda item. And so, when I came into this role, I stopped showing spreadsheets, but started showing visualizations. And one of the things that my supervisor said, it was like someone flipped on a light switch suddenly.

HF: Yes, you can picture it.

TO: Absolutely.

HF: I just want to make a note here. Think of this for yourself. As we listen to Tim's story, there are things that energize you, that you're naturally drawn towards, and that is a sign that you're entering your zone of genius. Even if these details may not be your story or what your preferences are, you have your own zone of genius. So, think about the things that you really are naturally drawn to, and that's the path you want to follow and let other things fall away.

This is sort of the big umbrella over this whole story, which is letting the things go that you're not as thrilled about and keep focusing on the ones that you are drawn towards, that you stay up late at night for, whatever it is.

You did this work for a while, you got really good at it. You started focusing more on the things that you really liked, and then you started a master's in healthcare analytics so could really hone in on this data crunching problem solving skill. And this has led you to where you are currently in this new area. So briefly, do you want to just tell us a little bit about that?

TO: Yeah, I'd be happy to. I now work with a health insurance company with an analytics team, with the aim of figuring out how data can be used to improve patient outcomes.

HF: Yes. You've been continually narrowing this focus. And how does it feel in terms of the skill set you're using now compared to what you were using when you were in practice after residency?

TO: It feels closer to where I feel most comfortable. It's still not perfect. I still have to contend with being an introvert and having to work in a complicated environment and navigate the different stakeholders and that sort of thing. But I get to really focus on that

skillset of asking questions and figuring out how to solve problems. And so, in that way, I'm really much closer to what feels more natural.

HF: And does it feel like you are solving problems that you like having an impact on more than say other kinds of problems?

TO: Absolutely. It's really been great that I'm able to focus on problem-solving and doing something that I think will impact many people and work from a place that feels more natural. So, it's really been a joy in that way.

HF: Well, that's lovely. And Tim's career transition is an example of what we call a portfolio career. Because we all know an artist's portfolio when you open it up, there's not just one painting in it. There are different pieces that the artists have created. So, your career doesn't have to be painting on just one canvas. You can paint on multiple canvases and your life can be an evolving work of art. Think your career is a work of art. And I like to end with **our last pearl that you have for us, which is learning to manage the uncomfortableness of uncertainty.** So as a six, how have you been doing this? Because you said you still have uncomfortableness, but you're managing it better.

TO: Well, I think the way to think about it is we show up in different ways, depending on the circumstance. We are different people at work than we are with our family, than we are with our friends. And so, we have many different people in us. One of those people for me was an inner critic whose voice was always very loud. And what's happened over time is, I've learned what my preferences are and learned more about myself. Just that inner critic's opinion mattered less. And so, I think that's what helped me to feel less afraid about making mistakes and less afraid about failure and more willing to just lean into uncomfortable situations and look forward to the potential.

HF: Those are great words - *to lean into these feelings and don't be afraid of failure.* It's really learning. So, I'm sure you've had some ups and downs in this progression. The



downs help bring relief to the ups. We can't feel the ups if we don't have some of those downs.

And I think another thing I've really noticed in you is trusting. Trusting in yourself, which is a great antidote to fears of uncertainty and just trusting in life. You have a confidence and a grounded-ness that is really blossoming. As you see, you can make these moves, they don't have to be perfect, but they're leading you in the right direction.

TO: Absolutely. It's taken a lot of time and effort and pausing to look at what's happened in the past to realize what's possible. And I think that is what allowed me to feel more trusting about the things that are uncertain.

HF: Well, I'm so appreciative of you coming on the podcast because we have a lot of stories of people in their first iteration of a transition, but you're really bringing in the truth that it's not a "one and done" at all. It's not "one and done".

Any last final words for a physician who might be feeling that pressure to get it right in their move, before they move, before they feel like they're jumping off the trapeeze and there's no safety net?

TO: The best thing is to not have expectations. Other than that, any change that you're making is an opportunity. Because the more expectations you have, the more it's possible that you'll be disappointed.

One interesting side story, one quick story. I had a coaching session with a professional executive coach who heard a lot of my complaining and talked about how we all have favorite negative emotions. And it turned out as I was pressed to think of what my favorite one was. I realized it was a disappointment. And so, once I realized that, I was kind of sheepish at that moment, because as I realized that myself, I had to admit it to the coach. I realized the importance of having gratitude and trying to shift to be more



optimistic. I would encourage gratitude as kind of a way of thinking and trying to be an eternal optimist. I think that can really shift that inner fear and uncertainty.

HF: They think gratitude is the most healing emotion. I don't know how that could be proven, but I know it brings me a lot of peace of mind whenever I feel grateful. So that's a beautiful note to end on. I'm really grateful for you coming on the podcast. Thank you. And maybe you will be back for the fourth iteration.

TO: Thank you so much. I'm grateful for knowing you and the work that I've done with you. And I congratulate you on everything you've done with this podcast. It's really a wonderful resource.

HF: Oh, thank you. Well, it's a pleasure and I'm honored to have such great clients and guests who come on and share their wisdom and stories. All right, guys, let yourself paint on canvases that inspire you. You don't need to limit yourself to one, and carpe that diem. I'll see you in the next episode and bye for now.

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