DOCTOR'S CROSSING
CARPE DIEM PODCAST
TRANSCRIPT

Episode 47 Locums, reentry, and a return to joy in medicine with guest Dr. Helen Rhodes

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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. I know I'm often speaking with physicians who have transitioned into a nonclinical career. Well, today the story changes a bit here with my guest, Dr. Helen Rhodes.

Dr. Rhodes is a board-certified OB/Gyn physician who left an employed academic position after 9 years due to frustration and disillusionment. She had also stopped doing OB and wasn't sure if she would ever deliver a baby again.

When she left, she really wasn't sure what direction she would end up going in. As many of you know, until the dust settles from the stress associated with practice, it can be hard to know where your heart is going to lead you.

In this episode, we learn how she was able to make the arduous return to OB after a 13-year hiatus and the role locums played in her reentry. We're also going to be talking about her journey from disillusionment to regaining her joy in medicine, her gyn-only private practice, and some practical advice on doing locum tenens.

Helen is joining us today from Kona Hawaii where she is currently on an OB locum assignment. I'm very honored to welcome Dr. Helen Rhodes to the podcast. Aloha Helen!

HR: Aloha Heather. It's great to be here. Thank you for having me.

HF: Oh, I'm so excited to have you here. And I love seeing you in this tropical environment. I expect someone to come in with a lei, believe it or not.

HR: It's a wonderful place. Wonderful people.

HF: Well, this is great. I will look forward to hearing more about this. I'd love to have us start at this time when you were feeling disillusioned and you had left this academic practice, tell us what was going on and how you started moving forward.

HR: It was about 9 or 10 years ago, and I had been in an academic position where I loved taking care of my patients, but felt the system was not healthy for me anymore as a professional person. And it coincided with a time in my life that I was going to be moving for personal reasons. And so, I left and started my own private practice about an hour away.

HF: Okay. And you had already given up OB when you were in academics, is that correct?

HR: Yes. Prior to joining the faculty, I had stopped doing OB because of the lifestyle. I had three teen teenage daughters and just didn't find the work life balance to be conducive to being the kind of parent I wanted to be. I had stopped OB because of the lifestyle.

HF: And what were some of the things that caused you to feel disillusioned in your role in the academic institution?

HR: I think there was, for me, lack of mentorship and feeling at times that there was a target on my back regarding things that were happening that I didn't really know I was doing incorrectly and it was like walking on eggshells. I just didn't like going to work every day.

HF: I've had other physicians say the exact same thing that they feel like there's a target on their back. They're very uncomfortable, walking on eggshells and not knowing what's going to happen next. It's a terrible feeling. You can't be your best person under those circumstances.

HR: You're definitely not your best person and you're not the best physician that you can be because of the stress. And then second guessing yourself about what you're doing and are you going to progress in your career as you had planned.

HF: When you left, did you consider leaving medicine completely or did you know that you still wanted to practice?

HR: I knew I still wanted to practice. At that time, I was a single parent, so I definitely needed the income. But I hadn't lost my love of taking care of patients and had been well connected before in the geographic area where I was practicing. I felt certain that I'd be able to find something that I could do without doing obstetrics.

HF: And we know from the intro that you did go back into obstetrics. Can you connect a bit the dots here for us?

HR: Well, that was definitely not my plan. At all. I'd never thought I'd deliver a baby again. I had started my own practice and was office sharing with two other women who were also doing gynecology only private practice. And I wasn't able to earn the income that I needed to earn at that time.

So, I started pursuing what we call side gigs. And there are a lot of things you can do other than your practice and locum tenens work is one of them. Almost every OB/Gyn locum tenens job requires obstetrics. And I couldn't get any work because I hadn't done OB in over a decade. And it's primarily because of the liability. The third parties have to incur by hiring you on as full scope OB/Gyn locum tenens, that you have to have had recent obstetrical practice.

I was able to find an ambulatory outpatient community health locums' job for gynecology only. And eventually one that allowed me to do prenatal visits as well as gynecology. So, it was a start.

HF: Yeah. Trying to get your foot in the door.

HR: Yeah. Trying to get my foot in the door. Absolutely.

HF: How recently were they telling you they did want you to have delivered a baby?

HR: Everybody wanted 50 to 100 deliveries in the past 12 to 24 months. And I would actually argue with them. I would say I have advanced laparoscopic surgical skills. I can deliver a baby and I can do a C-section. And they would say, we know, but these are our requirements and they're very strict.

HF: Okay. Then what did you do when you were getting all these "No's", the doors were being closed, it sounded really discouraging?

HR: I didn't give up. I was pretty persistent. I had gone back to school for a masters and met some very innovative healthcare leaders in the state of Kansas. And that was the first time I thought about going out of state. They had indicated that they needed help in rural Kansas. And so, that led to me choosing to get my Kansas state medical license. And eventually my first OB/Gyn locum tenens job on a weekend. It wasn't with the people that I met, but it was through a recruiter.

And because I had obtained my Kansas license, my name popped up as someone who would be eligible for this work. And it was a small rural hospital. I couldn't believe I got the job. And so, in 2017, after looking for several years, I was finally able to go do full scope OB/Gyn again.

HF: Oh, my God. Tell us about that first baby. What was that like? Were you scared?

HR: I was terrified. I was absolutely terrified. I was staying in a hotel. I had gone through orientation. I had made rounds. It was a quiet night, so I thought. And then at 04:00 in the morning, the phone rang and it was the nurse telling me that a patient was in labor and delivery and she was eight centimeters dilated and it was her third baby.

I jumped up out of bed. I literally ran around the hotel room. My heart was racing. I thought I was going to pass out. I threw on my scrubs. I drove as fast as I could in the dark, in the middle of nowhere to go do this delivery. I was literally shaking and it was me and the nurses and the patient. And I had to jump in and do it.

HF: Oh, that's a Hollywood moment, for sure. And how did it go?

HR: It went great. The nurses were so wonderful. I hadn't let them know that I hadn't delivered a baby in over 10 years, but they walked me through it. Of course, the mom knew what to do. It was her third baby. And it was her third girl. She named her Madeline. And I have three daughters. So, it was very special to me. The parallelism between this patient and my own daughters.

HF: Yeah. Well, you couldn't have written a better script. You had to take a risk. You took a personal and professional risk. The hospital did too. Unwittingly, the patient did. What do you think enabled them to take that risk on you?

HR: I guess they just believed in my CV and I had to go through an interview process with the recruiter. I had to go through credentialing and have peer references and they needed help. And I was willing to travel on the weekend to help this hospital.

HF: I just wanted to back up for a minute. Did you get this Kansas license because you thought it could give you an opportunity to potentially get OB locums in Kansas?

HR: Yes. I met these folks in my program at this one hospital and they indicated that they would have a position for me. And that's why I got my Kansas license. It was in anticipation of that work, but that fell through and subsequently I got something else.

HF: I see. And one of the reasons I'm digging in a little bit here is for physicians who are thinking about reentry and they may be talking themselves out of it. And it is not easy to do. It can be very expensive as well if you go to one of those programs. And I know from talking to you, you approached the KSTAR/UTMB program. But at that time, they didn't have OB as an option.

HR: Right. Well, they had the program. I actually interviewed for it, paid for it and was accepted and I was the next one scheduled to go through the program. And then it folded for, I can't remember why.

HF: Yeah. It's been temporarily closed, with a couple of other specialties that they offer. So that's one, I just want physicians to know about. The KSTAR/UTMB program does have a mini three-month residency for a lot of different specialties. It's about $20,000 between the full assessment and then the three months there, but it is a possible track.

Let's talk a little bit now about locums in general. If a physician is thinking about this option, what is a good way to explore whether this could be a good fit for you?

HR: I would recommend going to the job boards of several of the locums' companies and exploring the options that they have available for your specialty and jump right in. Apply even if the posting isn't exactly what you're looking for. It's not necessarily what the end result will be through negotiation. So, that's how I would start, is going to the job boards.

HF: If a physician is maybe a step earlier than that, they're not sure whether locums is something to try out or not. What are some pros and cons of doing locums?

HR: The pros are that financially the compensation is on par or actually a little more than what you would make per hour in conventional practice. It gives you the opportunity to "test drive" a particular opportunity before you commit to it permanently. It allows you to explore different hospital systems in different locations, whether it's rural, suburban, or urban. And you definitely are autonomous in terms of continuing with the particular locum's job that you try out or walking away from it.

HF: And how long does it take from the time you see a potential opportunity to when you might be actually working? Because I know some physicians think, "Oh, it'll just take a month or so then I can get a job". But apparently not necessarily.

HR: Yeah, that's a very good point. You have to be very patient. Their credentials can be quite time-consuming. And I would say that from the time that I get accepted, in what they call presented, for a position with a hospital system, and I'm actually working, I would give myself at least two to three months to go through the credential process. Because not only do you need to credential with the recruiting company, you also have to go through credentialing with the hospital system.

HF: Yeah. I hear that the paperwork is pretty onerous and you have to be organized and you need to be in good communication with your recruiter and the company. Since you've done a number of different locums' assignments, do you have any tips on picking a good company or a good recruiter?

HR: There are large companies and small companies. I was lucky in that because I practiced in the Houston area. There were actually some third parties in the Houston area that just did locum tenens assignments for the hospitals in the Houston area and the community health centers. So, that's how I started.

If you live in a bigger city, I would strongly encourage you to network with your local recruiters in parallel with networking or looking at the job boards for the bigger recruiters. But I definitely think having five or six recruiters working for you at one time is a wise way to go, a wise approach.

HF: That's a good tip because some physicians might think they need to just have one and be exclusive with that recruiter.

HR: I would not do that because there are different opportunities with different job boards. And you'll see that when you start looking at the different recruiting companies. And you can just Google "locum tenens" and you'll come up with all the different recruiting companies for your specialty.

HF: You had mentioned negotiating a little bit earlier. Is this something you can negotiate in terms of the amount that you're paid or call or schedule or number of patients?

HR: Yes. And I didn't know that in the beginning. I thought that the job description was the job description, that there was no negotiation. I've been able to negotiate higher rates of pay. I've been able to negotiate different schedules.

An example of that is I really can't go for more than a week at a time because of my private practice. And a lot of the positions are moving to a hospitalist-type schedule where they would like you 10 days to 14 days at a time.

And I used to ignore those postings. But now if it's an opportunity that I'm interested in, I'll go ahead and put my name in the hat. And then when we start talking about schedule, I'll say to the recruiter, "I really am not available for 10 to 14 days at a time, but I could do" and I'll tell her or him a long weekend or I could do one week, but I wouldn't be able to come once a month. Then I might come every 8 to 12 weeks.

And so, I think that we're not really good as physicians at knowing how to negotiate. And I would strongly encourage you to get your foot in the door first even if the job description isn't exactly something you could do and then negotiate once you get your foot in the door.

HF: Great advice. We hear this a lot that we're not good at negotiating. Whatever we're taught or whatever we get practice in, we can knock it out of the park. We can do anything. If you can do brain surgery, deliver a baby after all these years and do complicated gynecological repairs, you can negotiate a contract. Nobody's going to die

HR: Remember, the hospital system that is looking probably needs you more than you need the job. And you have to keep telling yourself you're in the driver's seat. Everyone is working to help their patients have adequate care from physicians at mid levels. So, pat

yourself on the back. You are a desired, I hate to use the word “commodity”, but they need us to come help. Especially during the pandemic when they're losing their resources.

I've gone to some pretty crazy places that I would never go to permanently, but it was a stepping stone. I always knew that I eventually wanted to do locums or longer lengths of time in places that I would consider living part-time once I get closer to retirement. So that's been a goal of mine in all of this.

HF: Yeah. That's a great way to scout out an area. I want to shift gears a little bit here. When you left your academic job, you were disillusioned. I know you don't like the word burnout, so I'm not going to use it. But you've been under stress.

HR: Yeah. I was burned out. I was burned out.

HF: You knew you still wanted to practice, but let's just say for physicians, because a lot of them, because of this stress, they don't even know anymore if that love is still there and they may have a good week and they tell themselves, “Oh, I think I could do this”. Then the next week is really bad and they're saying, “Get me out of dodge yesterday”. Is there a way you can help them think about if that love is still there, how to figure that out?

HR: I think that really asking yourself, “What is it about practice that is making me feel this way?” We're all in this system that is so fractured and it's not the people. I'm convinced it's the system. And it's that feeling that you don't have any control of the system, I think leads to this disillusionment and burnout for so many of us.

But when you're one on one with a patient and you're taking care of them, if you feel anything in your heart about what you're doing, I think that's a good sign that you still love patient care. If it becomes that patient is the enemy or “Ugh, I have to see another

patient" and you just don't feel that joy, then that's a good sign that clinical medicine is probably not right for you anymore.

HF: Do you think it could also be that they really are very burnt out and everything's gone gray and maybe they need some time away perhaps even to take a break and do locums so that they're not having to go every single day and see patients and have all this charting at night so they never can reconnect with their heart?

HR: I think that's a great idea for me. One of the factors that led to my disillusionment and burnout was just this sheer volume of work and not being able to spend enough time with each patient to feel like I was doing the best job for her and for myself.

And one of the things I've loved about being in private practice is my ability to control my own schedule. Now, unfortunately, with our fee-for-service model of reimbursement, quality is not reimbursed, quantity is reimbursed. But I absolutely refuse to put too many patients on my schedule every day, because then you're back where you started from.

But stepping away and doing locums would be ideal because you could work one or two weeks a month and then have one or two weeks off and have a break. And while you were there, you could decide, "Do I really like clinical medicine again?"

HF: And since we're speaking a little bit of stepping away to recover, some physicians might have children and they might not be able to do locums so they're thinking, "Well, how long can I be away and not having to go through what Helen went through to get back?" Having been on the other side, what recommendations would you make to a physician who is sort of on that fence, but they don't want to lose the ability to go back?

HR: Definitely try to keep your foot in the door within a two-year timeframe. At the two-year point, it gets really hard to go back to what you were doing before. Even if it's just

volunteering at a community health center or doing shifts for sporadic weekends every few months, keep your licenses up to date, keep your board certifications up to date so that if you decide to go back to something more permanent, it's a lot easier to get back in. But two years is the magic timeframe for when I feel it becomes much more difficult to get back into it after you've stepped away.

HF: Yes, that is a number that we hear a lot. And for some specialties, some surgical specialties I've even heard one year it can be harder. So, you could even check with locums' companies to say, "How recently do you want my practice to be based on my specialty?" You can also check with your board, your licensing board as well, because if there are some things you can do that help prevent being difficult and expensive later on, it's well worth just trying to do a little bit in advance or preemptively.

HR: Absolutely. And definitely keep your licenses current, your state license especially.

HF: Yeah. That is very helpful. Are there any last thoughts that you have, because we've been talking about reentry, locums, love of medicine, burnout, that you'd like to share?

HR: I've always been an out of the box thinker and refuse to go with the flow. It's gotten me into trouble but I also feel like it's opened up opportunities that initially seem very idealistic, but they can be realistic. If you take a risk, figure out what you really want to do and try something new and different, knowing that it may work out and it may not. So, take chances and throw many lines in the water because you never know how many fish you're going to catch.

HF: I wish people could see your beautiful smiling face like I can see it. When you said you're an out-of-the-box thinker, I love that. And so many physicians say to themselves "I am not a good out-of-the-box thinker". We feel like we're good at algorithms, but we're not that creative in terms of how our mind expands to problem solve. But I really want to challenge that.

If you're telling yourself that and saying, “Well, I'm not like Helen”, I think we all have that in us to be creative thinkers. I think human beings by their nature are creative or problem solvers. So, don't put that label on yourself. Just say, “Here's a problem. I'm great at solving. Let's see what we can do”. And you'll surprise yourself, I think.

HR: Absolutely. We are used to solving problems. I told my daughter. My youngest daughter is a medical student. One of the things I love about being a doctor is that we solve puzzles every day with every patient and it never gets boring. And if you have what I call a hybrid career, which is what I feel I have, you get to do a lot of different things in a lot of different locations and it keeps you fulfilled professionally. And we know how to juggle a lot of things at once. When we're residents, we have to do that to get through the day. So, we have it in us to do this.

HF: Yes, lots of great imagery here. Doing puzzles, juggling at the same time, multitasking is multi-creative. And you brought in here this hybrid career, which is like a portfolio model. I think that's another great antidote to the burnout is to diversify. Just like your stock portfolio. If you can diversify your career, it helps to be sustainable.

I want to thank you Helen so much for taking time while you're in Hawaii on call 24/7 to talk to us and share your story and inspire us. I have a feeling you're going to help some physicians decide to get back into medicine and others to help find ways to still love taking care of patients.

HR: I hope so. And I'm happy to answer questions that anyone might have of what I've done with my career. I can be reached on LinkedIn.

HF: And I'll link to your profile in the show notes.

HR: Thank you.

HF: And I'm also going to put a link to a podcast episode I did earlier about re-entry and you'll hear about some different physician's stories. I've seen physicians re-enter after 12 years and after 20 years. My guest on that re-entry podcast, Dr. Rob Steel said, "I've never seen the door completely closed yet on a case we've had". So, I'll link to that and also link to one on maintaining your licensure.

Thank you so much for listening. I want to just encourage you to find the path that works for you. And don't forget as always to 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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