



EPISODE 52 Coping With the Emotion of Leaving Medicine

With guest Dr. Morgan Leafe

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ML: “I think I actually realized pretty early in my training that a lifetime of clinical medicine was not for me. I kind of remember being on my delivery room rotation as a resident. I'm a pediatrician by training and googling - what other jobs can a doctor do?”

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. 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 are listening to episode number 52.

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Okay, onto our topic for today. Recently, I posted a blog on my website that really resonated with a lot of you. And the title was "Five tips for handling the emotional side of leaving medicine". Such a great topic.

This excellent blog was written by Dr. Morgan Leafe, a physician who is board certified in pediatrics and clinical informatics. In this piece, she describes in very relatable terms, what it was like for her to be at the crossroads considering a transition away from clinical practice.

Then she went on to share five very useful tips for dealing with the inevitable emotional seaweed. That's what I call it. That typically arises for physicians at the white coat crossroads. Since her post was so popular, I thought it would be a great idea to have Morgan join me on the podcast so she can share these helpful tips directly with you.

Being the generous spirit that she is, Morgan immediately said yes to my invitation and it was a great pleasure that I welcomed Dr. Morgan Leafe to the podcast. Hey Morgan, how are you?

ML: I'm good. How are you? Thank you so much for having me.

HF: Oh, I'm excited to have you here. And I love this topic because I have trouble handling my own emotions. So, I really like that we're going to be giving the listeners some help here because it's real. And I don't know anyone who doesn't have some challenges with emotions.



ML: Absolutely. On a lot of levels. Yes.

HF: Yes. So, I'd love to start with your story. Take us to when you are at the crossroads and fill in the gaps to where you are right now.

ML: Sure. I think I actually realized pretty early in my training that a lifetime of clinical medicine was not for me. I remember being on my delivery room rotation as a resident. I'm a pediatrician by training and googling "What other jobs can a doctor do?"

HF: Whoa! At that time, you were already?

ML: I was. I was.

HF: In residency.

ML: That always kind of stuck with me. And I think probably a lot of people feel this way, which I dedicated a lot of time to thinking about what to do without considering how it would feel to do it. This is where this particular post came from.

Because when it came down to it and I found my path and I eventually got my master's degree in healthcare administration with an informatics concentration. And that led me down the path of becoming board-certified in informatics.

And then I found medical writing, which I fell in love with because I've always liked to write, which is ultimately more or less what I transitioned to. I still do some informatics consulting and work, which I really enjoy. And I teach informatics as an adjunct professor too, but it's really the emotional side of things that for me, at least, was the hardest leap to take in the end.

I did not plan for that side of things. I do so much planning for how you're going to handle your finances and what career you're going to transition to with many other more tangible points. I was just surprised by how difficult and how much it hit me to deal with that emotional side of leaving medicine.

HF: Well, that's very valuable that you bring that up too, because in part of our training, we have to put a lot of emotions aside. We may not have as much access to them or quite the agility that we'd like to because they've been relegated to a back closet somewhere. So, when we open that door, they can jump all over us and it can feel like we're a bit out of control.

ML: Absolutely. That's a perfect way of putting it. Especially because of the personality type that gets attracted to medicine. So many of us are sort of natural caregivers and attracted to the field because we like to take care of others or we had maybe a childhood that involved taking care of others. And it's very natural to put the needs of others before yourself and not consider your own feelings, emotions, needs. We are very good at not considering our own needs, how often we go without lunch and things like that. It just comes naturally, but then can really hit you I think sometimes.

HF: Yeah. And so, the circuitry can be rather fuzzy. And then when we start trying to reconnect that we can blow confusions. Like, "Whoa, this emotion is broadsiding me".

ML: Yes.

HF: Would you like to start with the first tip and then we can weave your story into these and how you deal with these things?

ML: Sure. Yeah. My first tip is to come to terms with your decision before widely sharing it. And this was a lesson that I learned through my own trial and error. I would say that I



was surprised by the different reactions that people had to my deciding that I wanted to leave medicine. And they're extremely variable.

I guess being a pediatrician by nature based out of my pediatricians were pretty supportive people. And so, by default I was kind of expecting support, but I came to realize that some people have almost angry responses when you say you're leaving medicine, which I think are for a variety of reasons.

Some people I think are very unhappy in their jobs. And so, when you tell them that you're moving on, they sort of project their own emotions into that. Maybe they wish they could leave. Maybe they feel like they can't.

And along the same lines, I guess some people also really are of this mindset that because you were given the gift and the privilege to go to medical school, and I absolutely do still believe that's huge privilege that I was able to do that and work as a physician, that you are obligated to then give the rest of your life to clinical medicine and that you are sort of snubbing the opportunity that you were given that others weren't if you leave.

And I understand that, but it was difficult to hear in the moment when I was grappling with so much. I came to realize that it wasn't helpful to me to get those reactions from people. So, I learned to be a little bit more selective with who I would talk to about this.

HF: When someone did have an angry response to you, did it tend to be someone who knew you well? Or was it more of an acquaintance?

ML: That's a good question. Probably more acquaintances or work acquaintances versus personal friends in my life. Yeah, definitely. I hope most people have a sense of the folks that are closest to them who are supportive. Parents are a mixed bag.



HF: Yeah. They are on the spectrum. They run the spectrum. Yes.

ML: They're always good to have, their own hopes and goals for you. But others, hopefully, siblings, spouses, close friends, whoever it is for you in your life is somebody that has probably already recognized you if you're unhappy.

And hopefully you have those close people who will be supportive of whatever makes you happy. And it can be a little tougher though, to start sharing it in the professional realm. Even if you've reached the point where you've made a decision and you're ready to go and you're ready to leave. I think it's something to mentally prepare yourself for when you inevitably tell people that you're leaving.

HF: You made a really great distinction here that when people have responses, it's really more about where they're at and what this is bringing up for them. Like you said, maybe they are unhappy too. And if you are bringing a real possibility that change can happen, it might just frighten them. And so, they respond with anger. Because they feel vulnerable at this moment.

One way, I like to think of this to help people get a little distance from other people's responses is to imagine if you're in this auditorium and there are a couple hundred people in there and you come up on stage and you tell your story and what you want to do. And they have buzzers and they get to vote on what their opinion is. And then they show those results up on the screen. Well, chances are it's going to be a bell curve.

ML: Yes, absolutely.

HF: And just to accept that. I know that there's a portion of those people that you're doing something that's really meaningful for you is giving them permission to look at their own life.

ML: Yeah. That's a great way to say it. Absolutely. And along with being caretakers, I think a lot of us are people-pleasers. That's another emotion in yourself that you learn how to cope with, which is you can't please everyone. And that can be tough to come to terms of if you've been doing that for your whole life.

HF: I second that emotion too. I have that same struggle. Maybe this will weave into our next step, because it's a little bit different in terms of talking to people. What's the next step that you have?

ML: Yeah. Step number two is talk to everyone you can. And by everyone you can, I specifically mean folks who have made this transition already are often the most helpful to talk to.

I found that reaching out to people, most people are very happy to loop to a nonclinical career. They knew that that's what they needed and did that for themselves. And they're very happy to talk to you about it. I now talk to lots of people who reach out to me because I want other people to share in that happiness. And I like the advice that Emma (Hitt) Nichols, who offers a writing course for medical writers, which is to try not to just take when you reach out to people, see if there's something that you can offer.

It may not always be the case, but if you have something to offer that can be helpful. Or even if you can't, I think a lot of people understand the struggle. And I reached out to somebody that I read her story in one of your newsletters and said, "Hey, can I talk to you?" She was so gracious. Absolutely.

Acquaintances, friends of friends, anyone that you can take 5 or 10 minutes of their time, take an hour of their time. I'll ask them to meet me for coffee, which takes even more time, but it depends on the chat. I'd love to hear how you did this. And most people will comply. And not only does that give you helpful advice, but it also normalizes



the process, especially if you are in your everyday life, surrounded by folks who still work in clinical medicine.

HF: Yes. And there is a [podcast](#) (#43) that I did with Laura McKain on networking, which gives you some tips about reaching out to others because I know it can feel like you're taking, like you said, so a lot of doctors just don't do it. They're uncomfortable. And they're afraid of being rejected or looking stupid or not having an understanding of what they're even asking. There are different ways to prepare for those conversations and also to ask for them. And then don't worry if someone says no, because that's fine. And then you move on. For the noes that you get, you'll get a lot more yeses.

ML: Yeah. And of course, it probably doesn't need to be said, but I had somebody reach out to me by email. I don't even know how he got my information. He didn't say, maybe from LinkedIn. And he asked me questions and okay, I wrote back and I said, good luck. And then he wrote me more questions. And okay, I wrote back again. And he did not even say thank you.

HF: Oh, yeah. That's rude. That's not good.

ML: Yeah. Be gracious with people. I definitely listen to that podcast about networking because networking sometimes sounds scary to us. It sounds like going out and just talking to strangers that you don't have any connection to.

And what I'm really suggesting more is finding folks that you have maybe a remote connection to, or something to talk about. Maybe you went to the same medical school. Maybe you went to the same college. Maybe you have a mutual friend and start from there as a jumping off point. And you obviously have something specific to talk about. We're not talking about schmoozing in the sense that Hollywood agents sense.



HF: Right, right. We don't need to schmooze in networking. You really don't. You just connect. And I love how you brought up this. Find a personal connection because you make it a warm connection. Alumni connections are powerful. I'm all over that. So that's a really great tip.

ML: Yeah, absolutely.

HF: Okay. Would you like to go to number three?

ML: Yes. Number three is don't be afraid to ask for help. And this is probably a little related to the prior point of talking to everyone you can, but you'll need some help along the way and that's okay. We all need help sometimes. And that help may come in the form of a coach. It may come in the form of somebody to write your resume. If you're going into a field that requires a resume rather than a CV. It may come in the form of a therapist.

HF: Yes, yes. It does.

ML: Whatever it is. I think you don't need to do all this on your own. There are many aspects of it. You can solicit help with whether that is the career coach of the life coach, a therapist and a babysitter to watch your kids so that you can dedicate your time to what you do. Help is very important. And along the same lines of talking to people, find out who helps them along the way, because I can almost guarantee you that very few people, I won't say nobody, but a few people probably made this leap without somebody mentoring them or assisting them.

HF: Yeah. And I know for me, and a lot of you, we like to be DIYers.

ML: Yes.

HF: I've done so much of my business as a DIYer. And there's great things about that, but I also know when I let myself get help and started building a team to help me with my business and get some even business coaching. It accelerated the process exponentially. My business kind of went along steadily, but slowly because I was doing everything.

But then when I started getting help and now it's easier to get targeted help than be very strategic because of so many online resources that once I did it was such an accelerator and it enables me to do the things that I can do and I love to do, but not be doing a bunch of other things that really slow me down.

ML: Yeah. 100%. Yeah. I'm talking to a couple of close friends right now who want to move into a nonclinical career and the making of your CV into a resume is a huge tumbling step for them. I'm like, here's the names of people who would do it for you and just pay them. It's worth it then. And all of these steps as you know provide accountability.

And I even include a therapist in that as well because a therapist provides accountability in helping you deal with the emotions associated with this. I wouldn't have even been able to articulate anything in this post without the help of my therapist that I have been seeing for years. He's just been maybe the most helpful person in my career transition by helping me feel comfortable with it and just come to terms with the emotional side of things.

Whatever that means to you, to get help, I highly recommend it. I know it can be daunting from a financial perspective sometimes, but along the same lines of physicians not taking care of their emotions, not taking care of ourselves, not eating lunch, it might be a good idea to take a step back and think about prioritizing yourself.

HF: A lot of my clients have therapists at the same time that they're coaching. So, it's not even necessarily mutually exclusive.

ML: Oh, absolutely.

HF: They're complimentary. One thing here about the emotions is that you're processing something big. So, if you're thinking about leaving medicine, that can be like someone has died, like a dream has died and you have to go through the five stages of grief.

And there is a reason why, and it's kind of a good thing too, that you can't just easily jump out of clinical medicine into a nonclinical career. You can do it, but I'm kind of glad that it does usually take time, because it takes time to move through these stages of grief and come to acceptance or whatever it is you're dealing with.

Often, I see situations with physicians where they've had trauma in their past. There are patterns that started in childhood that even in some ways led them into medicine. I've talked about this before. And so, they're coming up in their work. They can be coming up with having a narcissistic boss, with having boundary issues, with over giving, overdoing, perfectionism, imposter syndrome. And so, if we don't clean up the seaweed, it's going to tangle you up, and going to trip you up when you're trying to make changes. You either take it with you or it keeps you stuck where you're at.

ML: 100%. And in retrospect I think it felt maybe frustrated at the time, like why can't I move on? Why can't I just quit the job one day and do another job? It's a privilege to have the time to work through that because we certainly have colleagues who have very abrupt ends to their careers, from a disability or something. And that is very jarring, I think, to not have the time to process and move on. It's a sudden shocking change in your life that maybe you didn't even want. So even though it can be very difficult to work through this, there is a privilege to it to be able to do that and take the time and wait until you are ready, whatever that definition is to you before you make the leap.



HF: Yes. Beautifully said, so true. And sometimes that can even mean taking six months off, even a year. These things are accumulated over a lifetime often. You can't just go into a phone booth, twirl around and come out like Superman.

ML: Exactly. Exactly. We don't give that enough credit, I think. Yeah.

HF: Okay. We have two more. What is number four?

ML: Set aside dedicated time to work on your career transition. This also has a little bit of overlap with some of the ones we've already talked about, but I know this happened to me and from friends I've talked to, I think it happens to a lot of people. It's very easy to put this on the back burner consistently, because it doesn't feel urgent.

Whereas buying groceries and taking care of your kids and taking them to soccer and going to work and doing all the day to day things that just have to get done obviously, it's very stressful and needs to be done. And it can make this sort of fall consistently to the bottom of the list.

But that I think just leads to a vicious cycle because the longer you stay where you are unhappy, the more unhappy the outcome and you may even lose your motivation a little bit to do this. And you don't really want to get to that place.

The best thing to do is just find a very specific way, make a plan. Say I'm going to get to that this weekend or I hope to get to that next month, but figure out the "how". "How" is that I need to get up an hour earlier in the morning. If the "how" is I go to the gym five days a week, but maybe I'm going to cut back to three days to do this two days a week instead. I'm hiring a babysitter on a Saturday, even though I'm going to be home so that I can just sit down and do X, Y, and Z steps that I need to do.

Put it in your calendar, make it real, make it tangible. And know if you have a spouse, hopefully get your spouse on board with that or whoever else you need in your life to



hold you accountable and to help you out because unless you really set aside the time in a dedicated way it may be at the bottom of your list forever.

HF: Yes, yes, yes. You're very articulate. All my guests are so articulate. I love my guests.

ML: Oh my goodness! I don't know if I'm articulate. Thank you.

HF: I have the best guests ever. Now this makes me think of something by Stephen Covey, who wrote "The 7 Habits of Highly Effective People" or whatever it was, where he describes putting your rocks in your container first. Because they said that we typically put them in the sand, which is all the other things, but then we try to get the rocks in, but we can't, and the rocks are the things that are most important to you. If that's your career, put them in your container first, figure out how it's going to fit it and then you can add the sand in.

ML: Absolutely. Absolutely. I completely agree with that.

HF: Yeah. I like your idea of saying, put it on your calendar, find the time and maybe just make it 20 minutes. If it's too long, it's going to feel too daunting. But if you put in 20 minutes, you'll probably spend 30 or 40 if you can.

ML: Yeah. I take on a particular task. It doesn't need to be like Saturday, find a new career. It could be Saturday, work on transitioning my CV to a resume or work on my LinkedIn profile or apply to these job listings I saved up during the week. Something more concrete might be less intimidating.

HF: Yes. Yes. And if you'll indulge me, I'd love to make a plug for my Carpe Diem resume kit.

ML: Absolutely. I used the resume kit to make my resume and I found it extremely helpful. People are definitely in different camps, from wanting to do it themselves versus



wanting somebody else do it. And I wanted to give you my resume myself and I just followed step by step the Carpe Diem resume kit. And I actually made two different versions of my resume. One for medical writing and one for informatics. And I've been using them ever since. And I've got jobs!

HF: Thank you. Thank you for that Morgan. If you're interested in this kit, you can just go to the Doctor's Crossing website. And at the top that says products, you can find a link for it there. And my course on how to do your LinkedIn profile and network on LinkedIn should be out within the month. So that'll also be under the products tab when it's ready and has short videos that'll walk you through doing everything. I can't wait to share that with you. Sorry for that interruption, but let's go to your fifth and final tip, which I love. What is it, Morgan?

ML: My fifth tip is to keep the faith.

HF: Amen, right?

ML: It's a very winding road with a lot of ups and downs to move to nonclinical work. And it's so different from what we're used to. I guess, especially for myself, I didn't work before I went to medical school. I went from college to medical school, to residency, to being an attending. And we all know that that path is quite often, obviously, you don't get every job you apply for, but it's often very prescribed and very matched and you go here and this job here is about you and you reach out and you go to that job. And it is not quite the interview process that most folks go through in a more business type of setting.

There can be a lot of rejection along the way. I think a lot more than we experience in clinical medicine. And that is part of it. And it can feel very deflating. Especially when you have to go through a lot of effort to apply.

HF: Yes.

ML: You also need to write writing samples for them, specific writing samples for the job, in addition to sending in your resume and then you have an interview and there can be a lot to it. And then you get a job that you felt so qualified for and ugh, you really...

HF: Oh, no. I've seen that like the hours and hours of prep to apply. And then they just send you this "Dear John" letter. They don't even thank you for all that effort you put in. It's humiliating, I think, and deflating.

ML: Very, very. And it's frustrating because you are trying to do all this on the side while still working your job and you're even wondering if it's going to work. And I just had somebody that is also trying to get into medical writing I was talking to the other day and they say, "Is this even worth it? Should I keep doing this or should I go back to medical medicine?" It will work out but I understand that it's really hard to hear.

HF: Yes.

ML: If you're in a place where it's not working out at the moment, but if it really feels like it's not working out for a sustained amount of time, you might need to go back to the other steps and think about asking for more help to figure out what is going on. But it really does require some thickening of the skin and some anticipation. I think of more rejection than we are used to in our field. And knowing that that is totally normal and not something personal.

HF: Yes. And I love this quote that says "Rejection is redirection". And sometimes like you said, you need to keep persisting, but maybe build your platform a bit more. And sometimes it means that there's a new direction for you to pursue. And that's sort of the wisdom to figure out what that redirection is.

ML: Yeah, exactly, exactly. And you find things down the funniest path. I can think of so many jobs that I applied to "Oh, I'm so qualified. I'm sure I'm a good candidate for this" and I

didn't get it. And then the most random connection through which I got jobs, like people I met on Facebook.

HF: Yes, yes.

ML: Nobody I think has a good sense of where things are going to come from, which is very different and sometimes a little overwhelming for those of us type A personalities. Like candy land, like nice colored boxes and signs to follow. That uncertainty can be a lot to deal with in and out of itself but I think if you go into it understanding that that is an expected part of it, you'll be a little bit more prepared to deal with it.

HF: Yeah. And it's something that I actually want to do a podcast on, what I've been thinking about, which is guidance is how to listen to this guidance, how to look at what the universe is bringing you. It can be absolutely the best thing for you when it feels like the worst thing or the most painful thing.

And trust, your last tip, which is to keep the faith really is having trust in yourself and the process. And that I think allows you to be in this place of uncertainty and navigate, but feel the power too, of things unfolding in real time.

ML: Yes, absolutely. It's another reason to have a therapist to talk through all of that. Especially if that is really new to you and very uncomfortable. The discomfort is normal. And I think it's important to differentiate that discomfort doesn't mean that something is bad and you should stop doing it. It just means it's new and you need to learn how to sit with it.

HF: Yes. No growth comes without discomfort and pain, so we have to kind of embrace it. This has been absolutely wonderful. I'd love it if you'd like to review those five tips for us.



ML: Sure. They come to terms with your decision before widely sharing it. Number two, talk to everyone you can. Number three, don't be afraid to ask for help. Number four, set aside dedicated time to work on your career transition. And number five, keep the faith.

HF: Thank you so much, Morgan. This has been a true delight. I will link to that great blog post that you wrote in the show notes so folks can also see that too. And with your LinkedIn profile. I really appreciate you doing this and want to wish you all the best in your writing and your informatics that you're doing.

ML: Thank you so much, Heather. It's been a pleasure to be here. Thank you so much for having me.

HF: Yes. And thank you. All right guys. Well, I hope these tips really help you through this process. And as always, don't forget 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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