



## **EPISODE 54 Is there a teacher in you?**

**With guest Dr. Liz McMurtry**

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LM: “Students keep us curious. They keep us interested. They ignite our passion for medicine in a way that just practicing day to day in and out, same old, same old will never 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 54. Before we launch, I want to tell you about a nonclinical career conference happening this weekend Saturday and Sunday, November 20th and 21st of 2021. This is a live virtual event for those of you considering a nonclinical transition.

My good friend and coaching colleague, Dr. Michelle Mudge-Riley is hosting this conference, which she puts on twice a year. I've heard rave reviews from prior attendees and recommend considering this conference if you want to learn more about nonclinical

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options and how to make the changes. You can find out more by going to the website of Physicians Helping Physicians - [phphysicians.com](http://phphysicians.com). I will also link to this conference in the show notes.

Now onto our episode. As a doctor, you're using your teaching skills every day. I know some of you tell me that you really enjoy this part of your job. You're good at it. And you'd like to find a way to make this a bigger part of what you do.

Today's podcast focuses on some different ways you can find teaching opportunities on a part-time or even a full-time basis. Our wonderful guest is Dr. Liz McMurtry, a board-certified emergency medicine physician with over 15 years of clinical experience. She's currently the assistant Dean for clinical education and faculty development at an osteopathic medical school.

Prior to our transition, Dr. McMurtry had been experiencing burnout for a number of years, but felt the clinical medicine was just what she was supposed to do. However, an unexpected event gave her the nuts she needed to explore other options and ultimately led to her current role in academic medicine.

In this episode, Liz shares with us some very useful information on finding teaching opportunities and how to gain teaching experience while still in practice, some guidance on compensation and other things too.

I'm very honored and excited to welcome Dr. Liz McMurtry to the podcast. Hey, Liz, I'm so excited to have you on the podcast. How are you?

LM: I am great, Heather. Thank you so much for inviting me to speak with you today. It's always such a treat to spend time with you. So, thanks for letting me be here.

HF: Well, likewise. And I haven't done an episode yet on this topic of teaching and so many physicians just really love teaching and they'd like to do it more. So, I know you're going



to help us out.

LM: Thanks. This is such an inspiring and my favorite topic to talk about really. I can't wait to share what I know.

HF: All right. Take us back to June of 2017 when you first reach out to me. What was going on?

LM: Oh, my goodness. You were instrumental in helping me make this transition out of full-time clinical practice and into full-time academic administration. When I reached out to you in June of 2017, I was in this transitional pivotal moment in my career. The hospital that I was working in the emergency department at was closing, and I was ready to make the leap into something besides full-time clinical practice. And so, it was really exciting.

HF: I do remember that now that it was such an unusual situation to be in.

LM: Yeah, it was really unsettling and it was very sudden, but for me in that moment, it was the shove into the deep end of transitioning out of full-time clinical practice that I really needed. And as a result, after having read your blog for years and followed your work, I decided I was going to reach out to you and get some career counseling and advice about how to make that transition into something really different.

HF: And you bring up a great point, that this is a big change and I have so many doctors who tell me, "What I'm doing right now, it's not great, but I know it. It's my comfort zone and I'm afraid about making change".

LM: Yeah. That whole idea of really embracing the uncertainty of that transition was part of what you helped me through. And I was very fortunate because I had been thinking about transitioning out of full-time practice for years. I finally had this great opportunity. You gave me some really helpful tools to adapt during that transitional period.



And so, in the six months between the time my hospital closed and the time I took a full-time role in academics, I was building up some skills that I was really going to need to be able to move forward in an entirely new world that was outside of clinical medicine.

And if you recall correctly, I kept my toe in the world of clinical practice by even still just working a few shifts in the emergency department someplace else, which was really a great opportunity for me to maintain some of that clinical practice identity that I had held onto for a really long time while I was building this new identity as a leader in academics.

HF: And that's helpful because you feel like you haven't just got off that lifeline and made a big risky leap. Would you like to connect the dots of how you ended up where you are now from where you were?

LM: Yeah, absolutely. The path for me into academics actually started with a very early experience in my family. I grew up in a family of educators and I watched my parents' grading papers on the weekends and putting together their lesson plans for students. And when I was very young, I started teaching myself. I taught piano lessons and I taught aerobics classes and I did all kinds of teaching things. Yeah. When I decided to go into medicine as a career, I thought, "Well, that teaching part is behind me." But little did I know that every single doctor out there ends up being a teacher.

HF: Yes. That's so true.

LM: Yeah. It's that whole "See One, Do One, Teach One." It's the "Teach one" part that we get as residents. And a lot of times we only get a little bit of exposure in how to be good teachers while we are residents. When I was a resident, I saw a lot of anecdotal teaching styles that felt really disjointed to me because there was no structure to it. And I thought "I can't do that. I can't be a teacher because I don't know how they're getting this done."



When I thought about the next phase of my career after I finished my residency, I thought I wanted to incorporate teaching into that to some degree someday. And I ended up doing a teaching fellowship, which was a one-year certificate kind of program that helped me get my foot in the door with understanding how to put together curriculum and teaching opportunities in medical education.

Just because you've been in medical education as a student forever, it doesn't actually mean you have the skills to be a great educator. Getting that little piece of one year curriculum and the fellowship training for me was super important and was really one of the biggest building blocks to where I am now.

I did my fellowship. I started teaching for a residency program and then I moved into a different area where the medical school that I currently work for had identified a need for an administrator to help build their clinical opportunities in my area. I started working with the medical school at the regional level. And eventually when I was ready to jump into full-time academic administration, when I started talking to you, there was an opportunity for me to move up and become a full-time academic administrator with a little bit of part-time clinical experience thrown in there.

HF: I remember you telling me how you were driving around in your van all over the state, visiting physicians who were preceptors and had students learning in the clinic with them.

LM: Yeah. A big part of the full-time role that I took on was the faculty development piece. One of my favorite things to do actually is talk to physicians who want to teach because they love that interaction with the students, but they need some help and some guidance and they need a little bit better understanding about what students need.

I do faculty development sessions for our preceptors in a variety of settings. I visit them in person and we do one on one sessions, or sometimes I'll give presentations to the

whole group of physicians in that environment or in that healthcare setting. We'll do lunchtime, lunch and learn how to be a preceptor. Those are some of my favorite opportunities to talk with my colleagues and my peers and say teaching is something that I think you're going to love. And it's something you can do.

HF: It's interesting when I speak with clients or those who really like having the students and the residents and others who feel like it just slows them down and is just one more thing they have to do. When you are able to help them love this, what are some of the changes that you help them make in what they're doing in their approach?

LM: When I talk with preceptors that feel like residents or students slow them down, one of the things I help them do is identify ways where they can streamline some of the activities that they do around teaching so that it's either sort of taking them a little bit less time or providing them an opportunity to let the resident or the student offload some of the work that they would do administratively so that they actually get to spend time doing the thing that they love in teaching.

What we find with physicians is that we love to share our expertise. We love to tell our stories. We love to tell students, "This is what I saw in my practice," or "This is how I ended up where I am." We love to share that, but it takes a little bit of time. And so, if you can offload some of the other activities that are time consuming for you, it allows you more time to spend sharing your expertise and sharing your stories, which is what students really need from us as physicians.

HF: Now, if a physician is listening to this and they're thinking, "Yes, I love to teach." Maybe they didn't grow up in this educator family like you did, but they're saying, "Well, I can't really do a fellowship." What are some different ways they could think about starting to incorporate more teaching into what they're already doing?



LM: There are a ton of ways to get involved here that don't require a full-time commitment, but might lead to something more later on down the road. One great way to get involved with education is to volunteer at your local medical school or maybe your local healthcare affiliate. That could mean your community college, or that could mean the local nursing school or the local medical school if you've got one.

Almost all institutions need physicians to deliver content, to deliver lectures and to share their expertise. You can always either be a volunteer or maybe get paid on a per lecture basis to come in and give a presentation about a topic that is near and dear to your heart.

If you are interested in research, a lot of times schools want you to share what you're doing with your research. They might also ask you to involve their students. If they've got a student that's really interested in that particular topic, and you're doing some research on it, they may offer you a workforce in the form of students that can help you in some of those objectives maybe.

You can also be a volunteer in those programs for things like presenting at the student clubs as a speaker. You don't necessarily want to be in the classroom and give a classroom type lecture, you could just go to the club for your specialty. For example, my specialty is in emergency medicine. Almost every medical school out there has an emergency medicine club. And they want to hear from emergency doctors about what it's like to be my kind of doctor or your kind of doctor.

HF: That's so interesting. I don't even remember knowing about those clubs in medical school, if there were ones, but that's a great idea, because I wouldn't have really thought of that. I was thinking more like the traditional classroom lectures, but this could be a neat way to maybe do something even more informal and get to know the students better.



LM: Yeah. It's a great way to just sort of make those connections and share your story. That's really what students want to know from physicians. Especially in the early stages of medical training. They would just want to know what it's like to be in your world.

HF: One of my former clients got involved with the medical school in doing those clinical case correlations and helping them out with that. It was a mentoring role. I don't think she was paid for it, but she really enjoyed working with the students for this period of time. And then she actually did get a position where she was teaching or a specialty at a PA school.

LM: Yeah. There are frequent opportunities for physicians to get involved in any of those small group case discussions. And like you said, whether it is actually at the school, whatever school it is, they need case facilitators a lot of times. Sometimes those are volunteer physicians. Sometimes they are paid on a per event basis.

But like you said, another way that physicians can get involved with learners is through volunteer mentoring. Many of the local medical societies have opportunities to connect physicians with medical students. Sometimes it's also with students who are pre-med. But really there are lots of opportunities to get involved with that kind of mentoring. And sometimes that is the foot in the door to education.

If they start seeing you as a mentor and one of their go-to people that they can talk to frequently, that will translate into more opportunities for you to get involved with education in different ways. Those are both really good ways to do it.

HF: I love this because it's so true for so many things. Like if you volunteer first, do something for free, it could lead to where you're paid a fee for what you're doing. It just opens that door. It also helps you decide if this is something you want to do more of.





LM: Yeah. And it usually doesn't require a regular or large time commitment. That's another nice way to sort of dip your toe in the water and see if you like it.

HF: I know when we were speaking before, you mentioned there are two different paths often that physicians follow into teaching. Can you tell us a little bit about those?

LM: Absolutely. Depending on where your focus has been in your career, many physicians get into education in the later stages of their career. They're kind of slowing down in their clinical practices, but they still want to stay involved and still stay relevant. There are a lot of opportunities for late career physicians to incorporate teaching on some level or another into their practice and into their sort of maintenance of the physician identity and staying part of the physician community.

Those physicians sometimes find that their passion for medicine gets reinvigorated because they're dealing with these really curious students that are asking them all kinds of great questions. And I'll tell you, working with students, I more often than not will have to be like they ask a question and I think "I don't know the answer to that. Why don't you go look that up and then we can talk about it?"

HF: Yeah, right. Go to Dr. Google.

LM: Right, right. Go to UpToDate. See if you can figure the answer out. Reinvigorating our own curiosity is one of the things that late career physicians that go into education find as a really valuable piece.

The other pathway into academic medicine really starts earlier for some physicians. There are some physicians that do their residency, that stay on in academic training programs and have this residency-based piece of clinical teaching. That piece ends up being a lot more practice focused. If you're going to be teaching for residency, eventually you may end up climbing that ladder into program director or something more

administrative focus. But oftentimes those jobs still maintain a clinical piece throughout the trajectory of that career.

HF: Right. If someone's listening to this and they're thinking "I'm kind of burned out, but I'd really love to teach. Is there a way I could be a full-time teacher, not do clinical practice, but be involved in a medical school?" What would you say to them?

LM: Absolutely. Every medical school across the country hires physicians in full-time positions to be full-time educators. There are lots of classroom type opportunities for physicians. Frequently, the clinical faculty that teach at medical schools are teaching in the courses that are focused on the clinical skills.

As a medical student, if you think way back, you had a class that taught you how to do a physical exam, how to listen to people's hearts, how to look in their ears, how to examine them, how to take a history, how to ask the right questions and how to assimilate that information. Frequently, those courses are taught by physicians who are full-time educators for the purpose of teaching those skills.

The clinical skills opportunities at medical schools really abound for physicians and they don't necessarily all have to be full-time physicians, but if you want them to be, there are lots of ways that you can make that a full-time role.

HF: I'm sure a lot of ears are perking up hearing that. Is there a certain specialty that would be more referred to? If you were to say like me, a dermatologist, could I do that? Or would they really want a family practice physician or internal medicine or one of the subspecialties?

LM: It depends on the medical school. And it depends on how broad and diverse their curriculum is. In some of the smaller community based medical schools, we rely heavily



on physicians that have broad based specialties, like family medicine, like emergency medicine so that those physicians can teach in a lot of different arenas.

The larger medical schools, if you live in an urban area that has a big medical school, are likely opportunities for specialists to be full-time faculty because their curriculums are set up with an ability to be more focused.

HF: That's a really good point. And it makes sense that there's not just one size fits all answer. I'm curious if a physician wants to reach out, who do they contact and what should they say in that introductory email?

LM: That's a great question. The first place to go is to the school's website. If you have health professions schools in your area that you're interested in partnering with, take a look at the website because oftentimes those jobs are posted on the school's website. You're going to be looking for something like adjunct clinical faculty positions. They may designate adjunct clinical faculty of family medicine or of internal medicine, or it may just be adjunct clinical faculty. But be looking for those designators on the website. And then the things that you might want to say when you reach out is say, "I am a physician who practices in this specialty," name your specialty, and let them know that you're interested in helping. You're interested in being involved. You can even just sort of leave it open and say, "Do you have opportunities for me to be involved in teaching your students?"

HF: Great advice. And it may sound funny, but that first email, that first reaching out can be the biggest hurdle. Like "What do I say? I don't want to be stupid. I don't even know who to send this thing to." But that guidance that you just gave is golden.

LM: Yeah. You don't even have to have something specific in mind. And that's really hard for doctors. It's hard for us to not come in with a plan.



HF: Yeah, right. Exactly. That's so true.

LM: Yeah. But if you just leave it open like that, you never know what they're going to come back with and what wonderful golden perfect fit opportunity you're going to land.

HF: All right. We got that great action step. I know a question some may have in their mind it's "Yes, teaching is a noble profession, but it's often not a lucrative one." Can you talk a little bit about the compensation?

LM: The ranking structure with medical schools generally follows the typical academic structure starting with adjunct clinical professor, which is kind of the part-time role and advancing into assistant clinical professor through associate clinical professor and all the way into full professor, which are sometimes in some situations tenured positions.

When you're looking across that spectrum of experience and time in the teaching profession, assistant clinical professors are going to start around the \$100,000 a year mark. And that advances all the way up to full professorship, which can be as high as \$300,000 depending on how long you've been in the profession and your specialty.

HF: It's really helpful to have those numbers live. And there are definitely physicians who would happily trade what they're doing to be at that lower end, if they can have a greater quality of life and really feel like they're doing something where they have meaning and purpose.

LM: Yeah. And when you talk about quality of life and education, it's really kind of different than what you're seeing in clinical practice, because you're not going to take calls, your hours are going to be set in daylight teaching hours for the most part. And depending on the structure of your school, you might get summers off.



HF: Wow. Well, those are a lot of perks. I'm wondering, are there some things the physician could do who wanted to increase his or her platform for getting one of these positions if they don't really have a CV that speaks “academic teacher?”

LM: Yeah. Some of the ways that you can start building that portfolio for education are things like doing some lectures. Another place that you can start building your teacher portfolio would even be in delivering content at conferences. State and local conferences can be a helpful way to establish you as an educator. If you want to spend a little bit more time and dedication to becoming an educator, there are a lot of ways to get into fellowship programs for teaching.

These aren't the kinds of fellowships in general that we think about with clinical practice. This isn't like going and doing an internal medicine residency and then doing a fellowship in endocrinology. No, this is more like doing fellowship certificate programs for medical education.

The American College of Emergency Physicians has a great one. And that's the teaching fellowship that I did. I know that they're cropping up more and more across other specialties. So, you might look to your specialty college to see what's available to educate you to become an academic physician.

And last but not least, if you really wanted to go big, you could pursue a degree like a Med Ed. degree or some of the other degree programs if you wanted to add more letters behind your name in association with being a teacher.

HF: That's a really helpful range. When they do that fellowship, like you did in an emergency medicine for the educators, can you do that while you're still working or is that a full-time endeavor?



LM: Absolutely you can do that while you're still working. The intent behind many of those programs that are specialty based is to let you do that work in addition to whatever your clinical practice is. These are not fully focused yearlong things. It's additional work for sure. And sometimes they are heavy lifts, but can they be incorporated into your day to day so that you can get them done while you're still practicing full-time? Absolutely.

HF: That is great news because that was kind of worrying me a little bit. Someone taking a whole year off to do that. We're getting close to wrapping up here and there are just two questions I wanted to ask you. And one is about the learners. Because a lot of physicians are burnt out and they wouldn't even talk their kid into going into medicine. What are you seeing in this population of the next crop of doctors in terms of their interest?

LM: Right. This is a really interesting time in medical education because of the COVID pandemic. Many of our students that went to medical school and are currently third or fourth years, or even interns, had this shift in their practice ideas because of the pandemic. And so, they're looking at their careers through the lens of a massive public health crisis. And they're interested in being on the front lines. They want to help. They want to be a part of it.

That same philosophy is trickling down into the candidates we're getting as matriculants into our programs now. They have started to conceptualize being in medical school during the pandemic. They aren't admitted yet, but they've been thinking about "I want to be part of what it takes to take care of our communities and be a contributor to that." They are bringing in a different kind of excitement now because they have watched the pandemic develop and they say, "I want to help. I want to be on the frontline. And I want to learn how to do the stuff that these amazing doctors are doing."

HF: That is so interesting. It gives me goosebumps as you're talking about this. Something good is coming out of the pandemic.



LM: Yes. We are grateful to see that there's going to be a really fired up generation that comes out of this horrible moment in our history.

HF: That's so fascinating. Lastly, I'd love it if there's some message or point that you really want to emphasize before we wrap up here.

LM: I do, and I'm so glad you asked me this, because this is the thing I love the most about what I do. Students keep us curious. They keep us interested. They ignite our passion for medicine in a way that just practicing day to day in and out, same old, same old will never do.

If you're interested in continuing your career with a new facet, with something different, try teaching, because it's going to bring forward all of that curiosity that is inherent in every single one of us as scientists and physicians. It's going to highlight that curiosity and it's going to really add a new aspect to the way that you practice and how you think about yourself as a doctor.

HF: Those are really great words. And it's true because I think about these physicians and I might ask them how they decided to go into a certain specialty. And it's not infrequent when they had a mentor or one of their teachers who just fired them up. They just loved their enthusiasm. They felt that they were with someone really special and it changed the whole trajectory of their life. When you teach and inspire these young minds, you're changing lives.

LM: Absolutely. We get to help patients all the time and we do change their lives when we take care of them. But this is like you say, this is another way to have an impact on the future. And it's great. I would absolutely encourage you to give it a try.



HF: Well, you're a great spokesman for this area, Liz. I love your enthusiasm and I can see your beaming face right on the camera here. And it's just a joy. I can't thank you enough for coming here and sharing all this actionable advice that's going to be so helpful.

LM: Oh, thank you again for inviting me and for just letting me have a few moments to share what my journey's been like and hopefully inspire new teachers out there to give it a try.

HF: Well, fantastic. I'm sure we'll be talking again. And thank you again for coming on the podcast and congratulations on your transition.

LM: Thank you so much. I couldn't have done it without you Heather.

HF: Well, I'm not sure about that, but I was glad to be your cheerleader and wave my pom-poms for you.

LM: Thank you.

HF: Okay. All right. Take care, Liz.

All right guys. Well, I thought that was a really wonderful episode. I loved all the advice that she gave. If this is something you might be interested in, look around you, send out some emails and see what happens. And of course, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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