



## **EPISODE 55 How about a job improving the EMR?**

**With guest Dr. Laura Marusinec**

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LM: “Patients and persistence. Being patient and really looking at what could happen because I knew there was an opportunity there, but also, I reached out to let them know what I was doing and said, hey I could be an asset to you guys. I could bring this to you. Really looking at that, not what's in it for me, but what could be in it for them.”

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 55. Today, we're talking about something that you use every day with your patients. It is both a blessing and a curse, and some of you find you have a special neck for it. You may be the go-to person your colleagues come to when they want to pull their hair out in frustration. Yes, we're talking about the EMR.

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We're going to be looking at nonclinical opportunities with the EMR, which more broadly is referred to as the field of informatics. Our wonderful and energetic guest today is Dr. Laura Marusinec. She's a board-certified pediatrician who's been clinically active for over 23 years. We're going to learn about her portfolio career, where she combines working in informatics while still seeing patients and doing some medical writing on the side.

Laura will be sharing some key tips for those of you who are transitioning as well as actionable advice for anyone interested in working in the area of informatics and the EMR. Without further ado, let me warmly welcome Dr. Laura Marusinec to the podcast. Hi Laura, how are you?

LM: Hi, Heather. I'm doing great.

HF: It's wonderful to have you here. It's been a while since you were coaching with me and your story is going to be very helpful and inspiring to a lot of the listeners.

LM: I hope so. Thank you.

HF: Yes. We first were in contact back in 2014. Can you take us back to that time and tell us what was going on?

LM: Sure, Heather. Thank you. In 2014 I was working in an urgent care clinic for pediatrics and I got there after working in a general pediatrics clinic for about seven years and realized pretty quickly that that really wasn't a fit for me. I was getting burnt out way too soon. I ended up working with a friend of mine and found out that I could actually work with her in her dermatology clinic, seeing her pediatric patients, doing some lasers.

And I really enjoyed that, but wanted more. I ended up pursuing and finding a pediatric dermatology research fellowship out of state. But that also wasn't quite the right fit for

me as well. I came back to Milwaukee after completing that and joined a dermatology clinic that I kind of had a personal connection with, who was able to lead me to that direction.

And unfortunately, there's a lot of "unfortunatelies" in my path but luckily there's some great "fortunatelies" coming up. Right. But unfortunately, that clinic, there were some internal issues going on with that clinic and I ended up needing to leave that clinic. And then I entered what I kind of called the "nowhere" zone.

HF: Nowhere. Not "no war zone" but "nowhere".

LM: Yeah. And in 2011, 2012 where I wasn't board certified in dermatology, but I also hadn't done primary care pediatrics in over five years and was finding roadblocks, even getting back into a field that I didn't really want to get back in.

Fortunately, I found an opportunity in urgent care with the hospital that I trained at. It was an opportunity for me to get back into pediatrics, but also it was part-time and I was able to look at some other non-clinical opportunities. And this eventually also led me to my current career.

HF: I love that you're telling this story, Laura, because a lot of people think that these transitions sort of fell into people's laps. "Oh yeah, it worked out for them, but it would never work out for me." And you paint this picture that you really were in a tough place where you felt you couldn't go back to what you had done and what you had tried out wasn't really working.

And when you're five years out of practice, it can be dicey to get back into clinical medicine, but you did it through this urgent care position. This is a great springboard to how you took the situation here and found something that actually ended up really working for you.



Now start connecting the dots of how this working in urgent care led to informatics in the EMR.

LM: Yeah. That doesn't seem like a natural springboard, does it? Yeah, I was definitely in some rough places and I did get some lucky breaks, but I think if you look at anybody, there's always some lucky breaks and it's not always just luck. It's sometimes putting yourself in the right place to have those lucky breaks and making those connections.

The good news is the pediatric clinic that I worked at in the past, I did use Epic, which is the electronic health record that a lot of you are familiar with. And so, when I started urgent care, we were just about to go up on the electronic health record and it happened to be the same one. One of my big bosses basically had identified that and asked if I was interested in helping our hospital and urgent care clinics go live with this new electronic health record. And I jumped on that opportunity. Actually, within minutes of getting that email, it was like, "Yes this is great. I would love to help."

Basically, there was a role called an activation support champion that I think is a familiar role that it's not really any official credentials necessarily, but you get trained with your hospital and learn some of the tools to help your clinic or your hospital go live with the electronic health record.

But I also took it even further instead of just doing the basics. I partnered with one of the official analysts or trainers and asked him if I could spend a little more time with him and learn a little bit more. Even then I was kind of looking at what else I could do. I did that role. And then luckily, I had to also reach out to my medical director where she had reached out to me. Since I took on that role, how could we continue some of the work that I was doing and even expand it?

HF: You make some really great points here, which are, you look for additional opportunities. And you also didn't talk yourself out of things saying, "Well, I'm not the



expert here. There are probably other people. Why would they choose me?" You just said "Yes" right away. And then without someone putting another opportunity on your plate, you said, "What else can I do? Can I talk to the trainer and learn more and show that I'm really interested?"

LM: Yeah, exactly. The next year, the following year, some other parts of the hospital went live. And so, I was able to again, reach out and help them as well. Not only with urgent care, I was able to do it again. And so again, putting myself out there and getting more education and also making those connections.

Working with my medical director, we had a role where I would help build some of the tools. I couldn't do the official work, but I could do the pre-work and then work with an analyst. And that's when I started to realize that, "Maybe there's even more that I could do." I was doing this kind of as an independence or an outside role for my urgent care. And I would get paid per our independent kind of work salary on that. Just part-time, just a few hours here and there. But I kind of realized that maybe that could be more.

I looked in with our hospital and I heard that there was something called the provider builder program. I reached out to our CMO, which is the Chief Medical Informatics Officer. And there were six providers at that time who were doing that role because they had already been with children before we went live. This was already in place before I kind of came on. I reached out to him and asked to learn about it a little bit and asked if they were expanding. And at that point they weren't. I just made sure to let him know that if this did expand, reach out to me right away.

And in the meantime, I continued doing the work I was doing to really try to branch out, do as much as I could. And I also started looking at what else. If this didn't turn into more, what else could I do? I started looking into some medical writing and found some different resources. I think that's about when I met you, Heather. When I was kind of starting to look at health informatics and doing some of it, but wasn't quite there. And I

started doing some medical writing and was looking at maybe doing some teaching online. You were helping me focus on what I am doing here? How do I make this work? I had some ideas, but I wasn't quite there.

HF: Yeah. I remember that time. I remember when you reached out to show your interest and then there was a long waiting period. I think you were even told “Yes, we can use you potentially.” But even after that, there was a lot more waiting.

I just want to also emphasize here how when things were moving ahead, but yet you still weren't where you wanted to be, you didn't just sit and wait. You even looked into medical writing, you looked into teaching and you bring up illustrating how clarity comes from action. We can sit there and analyze things till we're blue in the face. “Should I do this? Should I do that?” But at some point, if you just get into action, things start to happen because the universe can work with you. They say an object in motion tends to stay in motion. Things can happen just because you're being more dynamic. But I think this is a really neat point about your story.

LM: Yeah. Thank you. Yeah, I'm definitely someone who keeps moving. We talked about patience and persistence. Being patient and really looking at what could happen because I knew there was an opportunity there. But also, one was being persistent and not just saying, “Well, they'll let me know if something comes up.” I reached out to not only the CMIO but also other leadership to let them know what I was doing and said “Hey, I could be an asset to you guys. I could bring this to you.” Really looking at not what's in it for me, but what could be in it for them.

HF: I'm sorry to interrupt you, but that is another really great point. It's making it about them. And of course, it's about you. It should be about you, but when you put it in language “that's about them” that speaks to them, motivates them.



LM: Yeah. Thank you. And with urgent care, we were doing some great things. We have a large primary care clinic as well, or a group of primary care clinics. I had friends that were working there and we had connections with them. I kind of reached out to say, “Hey, what we're doing in urgent care, we could be doing for primary care.” And boy, I could sure do it better if I had more of an official way to do that.

And so, finally, it was a couple years of really doing some medical writing and doing other things and continuing to kind of bug them. I don't say I bullied them into doing this with me, but you're reaching out every three to six months and just kind of saying, “Hey, where are we? I'm doing this and what else can I do?”

They decided to expand that physician or provider builder program. And again, same thing, within hours, I jumped on it. I got the email and was like “Yes. When is the first class I could take?” I signed up literally that day probably for the classes. And Epic might be the one everybody uses, so I can only talk about that, but to do the role that I did, I had to do it through my hospital, but also at Epic. It was kind of a partnership that you had to have.

HF: Just to clarify, you did this additional training at Epic on the Epic campus, but you needed to be sponsored through your hospital, through the program. You couldn't just go and do that on your own.

LM: Exactly. And that's why I had to wait, even though that provider builder program in classes looked perfect for me, I can't just go to Epic and do that. There are roles that you can do through Epic. And I even looked at that at some point until things came through in my hospital. But right, it has to be kind of partners and you have to get that approval to do that. Yeah.

HF: This is a great story of, like you said, persistence and patience combined. And you were able to get into this role. Tell us what your week looks like combining this work in



informatics and also still being clinical and doing a little medical writing. Just briefly, what does that picture look like?

LM: It's interesting. I love it but you have to have that personality that you don't mind being a little bit pulled in a lot of different directions. Also, with the pandemic, no longer going into office. Going into the office for this role. You have to be able to live a little bit with the lack of structure and you have to be able to navigate that, how do I plan my week and how do I even plan my day.

I do urgent care about one shift a week. And I think that's really important for the role I am in. Though there are some people that maybe don't need to continue clinical if that's not something you want to do. But for me to build the tools that I build and use them, and I also train providers on them. So, that is another part of my role. I need to continue to practice. But my main focus is working with the electronic health record.

I basically have some meetings that I attend each week. I don't live in a silo. I work with our quality teams. I work with our leadership and I love that. I love all the connections that I've made. I'm not just writing programs or doing billing. I'm part of a bigger team, which I love.

I have meetings during the week that I attend mostly by Zoom nowadays. I do some training with new providers and support with other providers that we do usually by Zoom or sometimes in the clinic. A lot of times it's just me carving out time during the week to do the build.

And the great thing is, what I love is that it's flexible. I'm a point six role for this, but I could be full time I think if I wanted to. I got also lucky that my hospital allowed me to do that. But I basically can carve out time that I want to do some build work. I can take a break for lunch, take the dog for a walk, come back and work later. I really love it. The

work life balance is so much better than most of us in primary care or in medicine in general.

HF: Yeah. I'm curious if you look back, would you have imagined when you were in pediatrics that you would've gone into informatics? Did you have a special computer savviness about you or interest in the EMR at that time?

LM: Absolutely not. I think it was an opportunity and I started really in from the teaching part. I always like teaching. And a lot of us in medicine were used to working with residents and medical students and teaching our families, especially those of us in pediatrics or primary care.

For me, it really was the teaching part that I latched onto and then found that boy, there's a cool role where I can be involved in the tools that we use and helping create tools that help not only myself and the providers I work with, but provide for efficiency, but also for quality and to do the right thing. It really fits my personality more in that I love to teach. I love to help us do the right thing.

And then it turns out I actually did like luckily doing the build work. I remember there was a point when I was looking in the class going "Oh, can I do this even? Do I want to do this?" And then luckily as I did the projects and started doing some work, I was able to find out that a lot of still uses my clinical knowledge.

And there are different focuses. I really focus more on the clinical tools, but there are physicians that do more of that technical role. They do more of the fancy build with a lot of rules or a lot of them pursue the CMI role, and really look at the leadership more.

There are a lot of opportunities. I like to be in the trenches, doing the work and doing the training, but there's a lot of people who do more of the technical work or the leadership roles. And there are a lot of opportunities for all of that.

HF: This is a great story, again, because you didn't necessarily decide to go into informatics. You were saying yes to an opportunity to try something out, which I think is a good message. You brought in that teacher in you and it led to something you hadn't really predicted. If a physician is out there listening and wondering, "Hmm. Maybe I would like to explore this." What are some steps they could take to start looking into informatics?

LM: Yeah. I think the first thing is to approach your organization. Because we're all using these electronic health records and there's people doing the work. In some areas they may have a provider builder program already or something similar, or they may just work with analysts and sometimes just approach them and show an interest.

Most organizations have either a chief medical and informatics officer or reaching out to your direct leader even and seeing are there opportunities already that are happening? And if not, maybe just reaching out to them to show them an interest that you have. But there are other more official ways to do this as well.

Luckily for me, I kind of made it just happen through my organization, getting the training through Epic and with my hospital. But I did look at some other options and decided that for me at this point, I don't need to pursue them. But you can look online to find specific courses for health informatics. There are different master's degrees, there are some online options that you can do. And most of them can be done part-time so you continue your clinical work while you're figuring things out, is this right for me?

And then I'm going to let you talk a little bit more about some of the other organizations that are out there that I did not end up pursuing, but had things not fallen or come to my plate as they did, I would've definitely been reaching out and looking at some of these other organizations that are out.

HF: Yeah. And I like this because we often think we have to go do, like say a board certification, like there is the informatics board certification and there's certificate



courses and master's programs, but you show that you can also get practical experience and that's just as valuable.

But in terms of exploring opportunities, there are these organizations that have conferences and also have courses that you can take. One is AMIA - The American Medical Informatics Association. They have an annual conference that's coming up in May of 2022 in Houston. And the HIMMS. This is a gigantic informatics organization. I went to their conference once when it was in New Orleans. It's worth it to even just go for the displays of the different EMR companies, but they're going to have a conference in March of 2022. And I will link to these in show notes. You can check them out if you're interested.

LM: Yeah. And the more we talk about that, it's something that even though I'm happy where I am, and I'm not really seeking a leadership role, part of me still wants to look at some other opportunities down the line. I'm maybe one of those people that even though I have a great job, I kind of want to travel again. I kind of want to do some other things.

And I can probably do a lot of that with what I have now, but I think the HIMSS conference and if I reach out to them, I think I might just look into that. Because I can see myself again, I'd like to maybe become a consultant or even maybe work with Epic, but really maybe do something more independent. There are some LinkedIn groups specifically for Epic, but I'm assuming there's some more general ones or on the other clinical electronic health records.

I found an amazing opportunity or someone found me through LinkedIn that I ended up not taking because this was kind of when things were starting to work out with my organization. But there was an organization in another state that was looking for someone like me.



And at one point, just as a really cool thing to tell people is they actually told me, “Give them a number that I would take.” In other words, a salary number to consider. It may not be the most lucrative career out there, but it could be there. If you fit that position someone's looking for, there can be some great opportunities out there.

And there's still a lot of organizations and things going up on electronic health records for changing electronic health records, changing vendors. I've seen dental clinics now going up and podiatrists. There are a lot of opportunities, I think even to get there from the get go, but there's optimization all the time. So, you're not too late if you're still interested.

HF: I love that. We often think we've missed the ball and it's too late and why didn't I do this a long time ago. But informatics is here to stay. And there's so many opportunities if this is something you want to check out. We're getting close to wrapping up here. And I'm curious if you have an additional point you'd like to make or something you'd like to tell the listeners about, even about your own journey.

LM: Yeah. I could go on for days as Heather probably knows, but there are a couple of key things that I kind of think about when I think about my journey. One is, like we mentioned, patience and persistence. You have to be a little bit of both, but I couldn't be where I am now, if I wasn't persistent.

You have to make things happen. None of this would've happened if I didn't really jump on opportunities, seek out opportunities, look and find resources. And then speaking of resources, Heather really helped me not only with concrete ways to make this happen, but really helping validate where I was and that I'm not alone and helping me really look at myself and what fits me.

And part of this also was not only changing the external situation that I was in. Not only getting a new job or a new role, but I also had to make some internal changes. I had to

realize “What are my strengths? What are my weaknesses? What do I struggle with?” And then that helped me kind of realize maybe what I wanted, but I also had to make some changes.

And talking with Heather really helped identify some of those things. And then I ended up working with a counselor to really help me deal with my anxieties and some of this fear, because even though it sounds like things kind of came to me, I got some lucky breaks.

There were definitely some times where I was, like I said, in that nowhere zone where I didn't really fit in anywhere. I didn't fit in dermatology. I didn't fit in pediatrics. I didn't know about these roles that were going to come to me or that were going to happen. I had to deal with a lot of stress and fear and anxiety and get some of that confidence.

And now when I talk to people, I see my future so bright. And if I look at my CV, I haven't had to update it in a while because I haven't been looking, but there's so much on there that I can go to so many places. And like I said, I still may look for more avenues to get more education or get more resources behind me so that when I am ready to take it on the road, I can go even further. The future is bright.

HF: This is beautiful. Thank you for those words. I really loved working with you. And I saw how hard you were working to make this happen. I'm really proud of you. And I love that you brought out the internal and the external part of this process.

I believe that our internal state is often reflected externally and vice versa. And as we work on ourselves and deal with those anxieties and the fears and also ways we may not be showing up for ourselves ideally, the external shifts. So, they do correlate with each other.

And that work you do with a therapist or whether you work with a coach or even just working on your own has huge value. It's not just about all these concrete things like getting on LinkedIn and figuring out your skillset, but it's saying, "Who am I? What really matters to me? And what do I want to contribute to this world?" And it takes some time to sort of get through all the noise and the fears to sink into that place because when you are really coming from that place of "I'm doing what I'm meant to do in this world," it's powerful, you get confidence and it also leads you in the right direction. It is your internal compass. Thank you for sharing that, Laura.

LM: Yeah. You're welcome. And thank you. And it's funny because whenever there's feedback on my role, again, I'm working in an organization that is so supportive, but pretty much everybody says how they can see how much I love what I do. I love what I do and I take so much pride in it.

And so, when what I do helps us treat our patients better and treat ourselves better. The electronic health record is so involved in physician burnout. It's one of the top three things I think usually contributes. If I can help our patients, our providers, everybody in this role, even though some physicians think that maybe I'm not doing as much for the world if I'm not practicing clinically as much or not at all, you are still contributing.

And then the cool thing is that I'm still using everything I've learned over the years. And even the research fellowship that didn't end up leading to what I thought it would be, it still helped me. And even the dermatology experience helped me in urgent care. I think it's just that so many things come together. It doesn't have to be as concrete as this is what I'm doing. You learn over the years just all builds together.

HF: Yes. And also, I'm so glad you said that even if you're not seeing patients, if you're doing something that makes you happy, you come alive, you bring this incredibly positive energy that's constructive and does a lot of good for the world. That's really what to think about. You're going to do the most and be the best person you can be when



whatever you're doing is bringing you joy. I just really believe that's how it's meant to be. So, thank you, Laura. This has been a lot of fun. I really appreciate you coming on the podcast and I'm excited for what it's going to come next for you. Thank you.

LM: Thank you. I'll keep you posted.

HF: All right. Great.

All right guys. I hope this was helpful for you. If you have any interest in these additional resources, please check out the website and the show notes will be there at the Doctor's Crossing. 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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