



## **EPISODE 56**

**With guest Dr. Jenny Goss**

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HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hello, hello and welcome back to the Doctor's Crossing Carpe Diem podcast. You are listening to episode number 56. I have a big announcement to make, but first I want to tell you about our episode and introduce our wonderful guest. And then I'll fill you in.

Today, we're going to be looking at this question of can work culture trump the job itself? For example, could having a great culture at your place of employment makeup for not being super excited by the work you're actually doing?

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We're often told "Follow your passion. Do the work you love. Find that dream job." But is this really necessary to have a career's satisfaction of fulfillment? I have a very special guest who's going to help us explore this question. Her name is Dr. Jenny Goss. She's a board-certified OB-GYN who's joining us from Lakeway, Texas, right around the corner from me.

She took a job that she thought would be just temporary in utilization management, but has been pleasantly surprised by how much she loves the work culture and the mission of the company.

Jenny will be filling in the details of how she got here from OB-GYN practice and sharing with us what her company is doing that is making such a big difference in her experience as an employee.

We'll also talk about different ways you can assess the culture of a company before signing a contract and saying "yes" to a new job. I am very excited and honored to welcome my fellow new Texan, Dr. Jenny Goss to the podcast. Hey Jenny. It's great to see you.

JG: Hey, Heather. Thank you. How are you?

HF: I'm great. And it's so wonderful to know that you're really not that far away from me. You used to be in California, not that long ago.

JG: That's right. I think I can see your porch from here.

HF: Yeah, you probably can. And hear Remy ( the cat). Jenny, I'm really excited about this topic because I think if you can have a positive work experience, it doesn't matter even so much how you get there, is that you get there. But if you don't mind indulging me, I will make this big announcement and then we'll get on with the show.



JG: Absolutely.

HF: Okay. You can probably guess guys, if you've been listening to the podcast that I am finally, finally finished with creating this LinkedIn course for you. It's taken me since last December and it's been an epic journey. I could do a whole podcast episode on creating a digital course if you'd want that, but I'm really happy with the end result. I've been getting great feedback from the initial users and it's doing exactly what I wanted to do, which is make LinkedIn doable for you because it's such a great power tool.

Just briefly a few details about the course. It's called "LinkedIn for Physicians" and there are 22 short video lessons that show you how to create and optimize your profile, as well as how to network successfully. And you don't have to be schmoozy and you don't have to be an extrovert to do this. And also, how to search for and apply to jobs, especially to the nonclinical jobs.

I'll be doing an upcoming podcast on LinkedIn to tell you more about all the advantages of being on this great networking platform and how it can be incredibly helpful for those of you wanting to make career changes.

Jenny's profile is actually featured in the course. And that's one of the things I like to do is show you real examples of physicians and how they have done their profile to help inspire and encourage you.

Jenny, I'd love to hear just a little bit about your experience using LinkedIn as you were navigating this career transition.

JG: Well, absolutely. Heather, I think I reached out to you last year and said "help". The first thing that you suggested that I do after we had a few sessions was redo my CV to look more like a resume and then tie that resume into my LinkedIn profile. Because the



networking aspect of LinkedIn and being able to apply to jobs on LinkedIn ended up really being important to me. I found this job through a LinkedIn listing.

The importance of having a good LinkedIn profile, knowing how to reach out to people, to get new contacts, to make new connections, ended up really being important in my transitioning to a nonclinical career.

HF: And you did such a fantastic job. I remember when you'd show me updates on your profile and you did them really quickly, you just changed up your resume. You're a real doer. You just get into action. And so, I've been really impressed. Thank you.

JG: Thanks. I hadn't made it my job.

HF: I'd love it if you want to take us back to the time when you were in practice as an OB-GYN and fill in the dots between where you were, why you left and then how you got to this current position, and then we'll dive more into the culture aspect.

JG: Sure. I finished residency, practiced OB-GYN in a couple of different scenarios. I was briefly in academics, ended up with a private practice. And my kids got a little bit older and the lifestyle was not doable anymore. I loved the practice. I really liked surgery. I loved delivering babies, but it just didn't fit. I was just missing out on my kids growing up. And I found that I was starting to feel resentful towards my patients.

And so, because I don't do anything in small measures, I decided that was it. I was going to leave medicine completely. First, I tried to just drop the obstetrics part of it and do gynecology. And that did not change my life very much. I sold my practice. I did a development bootcamp, learned how to write code, and worked as a software developer for a while.



The reimbursement was to send one of my kids to college. I had a friend who was working in urgent care, who also had not originally been an emergency medicine physician and said, “We are expanding. We need somebody. Why don't you give it a try?” And I did. I worked a shift work essentially in an urgent care for six years and it was fine, but it wasn't completely fulfilling.

And then I started to feel the burnout. The pressure to see more and more patients, the lack of gratitude in general from management, from patients, from coworkers. I could tell that it was really taking a toll on my soul, so to speak.

And I tried a couple other different things. I've tried expert witnessing. I worked for a startup. I did some telemedicine. And nothing really fit. I think I was doing telemedicine when I reached out to you and was so thankful to find you. And just to say, “I need some guidance. I need some help to be introspective and to find out what I really need, because I am not ready to retire and I don't want all of this clinical training time invested to go completely to waste but I can't do clinical medicine anymore.”

HF: And as people can hear, you gave it the college try, you've tried a number of different things. And it's one thing about you, you're a very creative person. You have a lot of interests and you have a lot of varied skills, so you can do different things. And I think that can sometimes be a challenge and that you can look at a wide variety of job possibilities and there are almost too many doors sometimes.

JG: That's right. Yeah, that's right. And I also obviously needed something that had the reimbursement that was going to let me live and eat. I would have loved to have gone to work as a baker or a florist, but it didn't fit. I needed to find something that would allow me to be creative, but also would pay me enough to live.

HF: Absolutely. We have these criteria that we need to meet and also you want something to measure it with all the education and training that you've had and what you bring to the

table. When you reach out for help, you're doing telemedicine, you're burned out. You really weren't sure what to do at this point. How did you get to where you are now?

JG: When I reached out to you, you suggested that I go through the Carpe Diem process, which is more than just jumping in, applying for jobs, or let's fix your CV into a resume and apply for jobs. I really needed to do a little soul searching to know what I wanted to do.

One of the first things you've had me do was to take the Enneagram test. And I came out as a type five, which is from what I understand unusual in medicine. I get a lot of alone time. I like an analytical process. I don't enjoy a lot of emotional output and I am an obstetrician so amazing that I made it through and why I was feeling burned out.

Initially when you helped me change my CV into a resume and I changed my LinkedIn profile and started reaching out and building contacts, I started applying for pharma jobs because they seemed like they were very analytical. Very science-based. And I will mention that I have a year on a PhD in genetics. I've got that intellectual curiosity, academician side of me, and I thought pharma jobs would be sexy.

That's what I really looked for. And I applied for the job that I have now. It's my 45th job application. And I got a call for an interview when I had just put in my 55th job application with another company. This job ended up being a utilization management job. And I thought, "Well, it's not very sexy, but it'll pay the bills for now." And my entire interview process was a phone call with the senior medical director, who is also an OB-GYN and the director of medical management, she is a nurse. I loved both of them. And I thought, "Well, at least this will be a great temporary gig," not really even understanding what the job was.

HF: And as I mentioned before, you're an action taker. You are applying to jobs very quickly. You were very diligent about it all. Now, often we don't have to apply to that many, but



you are also just willing to put in a lot of work at it. And I do think over time you could have gotten one. Sometimes it's just the right place, right time. I really think you're qualified to get one, but this UM position came available and you said yes, thinking it would just be temporary, right?

JG: And it's not, I love it here. I'm currently working probably between 35 and 40 hours a week. The whole experience has been delightful from onboarding to my day to day. The work on an hourly basis is interesting. It's intellectually stimulating. I frequently need to do background research. And I really enjoy that before I make a determination on a case. And it has been fulfilling, not just in what I do on a day to day basis, but who I do it with, which is the first time I really think I've ever had that.

HF: Unusual, all the jobs that you had to do.

JG: Yeah.

HF: I'm going to be doing a podcast shortly on utilization management. I'm going to be diving in with our guests about the day to day and a lot of the details, but for people who really aren't that familiar with this job, can you give us a little nutshell of what this company actually does?

JG: Sure. There are a couple of different kinds of utilization management companies. I work for a small third-party administrator, which is different from working for a big Anthem or United Healthcare or Aetna.

What my company does is we do all kinds of benefits management. And if you are a small company that wants to provide healthcare to your employees, but maybe you have to limit a little bit what gets covered because you can't pay for everything, you work with a third-party administrator who sits as a cap on Anthem or a United



Healthcare, and allows you to customize your plan. So, you don't maybe have to cover everything or what gets pre-certified is a little bit more.

What I do on a daily basis is as those claims or those pre certifications come across, if the initial nurses who review them can't approve them right across the board, they send them to the team of medical directors. We look at the claims against a set of actuarial guidelines, and sometimes we have to go outside the guidelines and look at what is the clinical evidence-based research out there to see if we can approve whatever is being asked for. Whether that's a surgery, or an imaging task, or a piece of durable medical equipment, or clinical trial or chemotherapy.

And because we're a smaller company, we are not a specialty match. Even though I'm an OB-GYN, on a daily basis, I review all of those things. Requests for anesthesia, request for a clinical trial, requests for radiotherapy, requests for ophthalmology surgery. And as a result, my day is never boring.

HF: That's really interesting, the difference between the third-party administrators. I'm curious as you started being involved in this culture, what did you notice that they were doing that was different, that made it feel more inviting than your previous experiences?

JG: I felt welcomed right off the bat. I had an incredible amount of training. The training is very well thought out and pre-written. Everybody goes through the same training process, the nurses and the doctors. The initial training, everybody goes through. The intake coordinators, the claims coordinators.

Basically, what I want to say is they put me through two weeks of training, sent me all this wonderful equipment, paid me for all the training and paid me to learn how to use everything. I had never used Microsoft Teams or anything of that. They paid me to learn all of that. And then put me in a sort of a mentor program for three months. In other words, we don't expect you to be up to speed for three months, take your time, figure



out where everything is. We will still pay you for all of that. Even if you end up doing one authorization an hour, we will still pay you for your time because we want you to be here. We feel like you're valued.

HF: It's funny. That was the word that was coming to me as you were talking. They're valuing you. They're giving you that message that you matter. And it's something that's so often we don't feel in clinical practice when we're just told to see more, do more, increase our RVU. We just feel like a commodity.

JG: That's right. And we have a certain amount of work that needs to be done. Certain amount of members' lives, who are being affected by the decisions being made and requests for surgery or imaging come across me to get the answers back to those members and those doctors within a certain amount of time. But as long as the work is getting done and we're working well together as a team, we are not on an RVU system. So, you don't have to review nine off an hour, or we don't have any goals like that. It's getting the body of work done.

HF: And is there flexibility in your day? Say you need to go take your cat to the vet. We were talking about your older cats. Can you decide how and when you do your work within certain parameters?

JG: Absolutely. They asked me, they contracted me for a certain amount of hours a week. We've been much busier than that so I've been working more, but they asked me when I wanted to work. We have one medical director who only works on Sundays and Mondays. We have one medical director who works from 6:00 AM to 9:00 AM, and then he comes back in the evenings. I tend to work during the day, but we have lots of medical directors who do other things.



They are very interested in whatever time you can give and whenever you can give it because they put in a lot of work and effort and time to find you and train you and make you feel like you are part of the team.

HF: I remember when we were talking earlier, you told me about how they really try to give you work and projects that are a good match for your skillset. Can you talk a little bit about that?

JG: Sure. And some of that is you're encouraged to find where your niche is. And I love to write. Part of utilization management is writing determinations. When you have to say "no" you have to back that up with clinical evidence. Really, when you say "yes" you should also be backing that up with clinical evidence.

But definitely when you have to say "no" to a request and crafting that denial rationale into something that the member can understand and something that is also clear for the provider is an art. And the bigger companies have all those written. They have huge teams, we're a smaller company. So, everybody kind of pitches them. And we have one amazing nurse who compiles all that and reads it and improves that.

But I have been encouraged to write more for the denial rationale tool, which I love. And even though I'm not completely officially full-time, I have been tapped to serve on interdisciplinary committees and weigh in on crafting plan language. And I really enjoy all that. I also love genetics. That's what my graduate work was. And we get a lot of requests for genetic tests across.

And so, I have been writing a lot of the clinician teaching, the nurse teaching to be able to look at those authorizations and I've weighed in on some of the training. And that has been really fun for me as well, without even knowing that's what I like to do.



HF: Yeah. It's great that you have this variety and they're encouraging you to do things that really resonate with how your mind works and where you naturally want to focus. Now, I know from this podcast that your director for medical management sat down and spoke with you about how this culture evolved and what's so important to them about creating this environment. I'd love to hear a few tidbits from that conversation.

JG: Sure. The whole feeling of the conversation is that they chase the people and not the dollar. They feel that really if you choose the right people who are excited to be part of the company family, and you take care of them, then those people that you have chosen will take care of what you have without telling them what to do. And part of the way that that is encouraged is we have a company email that is open. You are welcome to post anything on there. People post new babies, the happiness motto.

We recently had a Halloween party virtually, and they had made the whole thing a game day. We were paid for that. And so, one of the nurses invited me into her family feud there. We all dressed up and we had nothing to do with work, but everybody was in such a good mood for the rest of the day that that work gets done without anyone holding a whip.

HF: Yeah. There's that whole thing again about being appreciated, valued, not just about squeezing the last bit of sweat and blood out of you. Can't you just do a little bit more, a little bit more? You're coating there on the floor, but just a little bit more please before you leave us?

JG: Stay one more hour.

HF: Right. And you're on committees, but you're paid for that time on committees. Hello? What a difference?



JG: What I've been told is any time you are thinking about work, you are doing work or anything related to work you put that in your time. And the timesheet is all on an honor system.

HF: That's amazing. That sounds like a turnkey practice. They think about you, they charge your ability. But I'm glad it's working for you. In the last few minutes that we have, I'd love it if you could help the listeners think about what they can do if they're interviewing for a company or exploring them to assess the culture and see if it could be a good fit.

JG: I really think it's important in any interview to ask about company culture. What is your company culture? What's your core value? And if you talk to any company, they will be able to spit out their motto, their core culture, but you really have to dig deeper than that. A couple of things that you can do is ask to talk to some of the other doctors. I really think it's a red flag if they don't give you any access to anyone else who's been in the company.

And maybe besides talking to other doctors, maybe even some of the other employees, because that really tells you how people treat each other. I think that a good question would be what would you change about the company culture and make sure that they have an answer for that, that indicates that they've really been thinking about company culture in general. I think that it is very important to not ignore any little red flags that you get in the first few seconds of an interview.

HF: A feeling, like a vibe.

JG: Yeah, you get a vibe. And it is very hard if you really need a job or you want a job outside of clinical medicine, it is easier in other words, to ignore that. To say, "Oh, well maybe I just misinterpreted." But we're smart people, that is our job. It's to take a large amount of information, condense it down into an action in a short amount of time. So don't



ignore that vibe, that feeling that you get in the first few seconds of an interview.

HF: That's a really excellent point. And often I find it helpful if you quantify something just with a number, even after the interview, on a scale of 1 to 10, how did I feel? Because we can get lost in all the details, but we can usually come up with a pretty accurate number. And I always say, you don't want anything less than 7. Your mind is great, but really not less than 7.

JG: I think that's great.

HF: And you add some red flags at other interviews that you had and really bad feelings about how you were treated and the communication.

JG: I did have some bad feelings at some other interviews that if I look back, I got that vibe in the first couple seconds probably in speaking to most people. And even though they could spit out, "This is what we're going to do. We're going to change the world. This is our company culture." But how they sounded and how they talked to each other and how they really talked to me and valued my interviewing time even, I should have paid more attention. Hindsight is a wonderful thing.

HF: It is and you're absolutely right. When we want something and we're burned out, we just need to get out of dodge. We will overlook things.

JG: Oh, yeah.

HF: Something that came out too when you're talking about your transition story, which is taking the time to understand yourself and what was really important to you and also how you're wired. Knowing those things too can help you when you're in an interview thinking about "Is this going to work for who I am?"

And you being the type five on the Enneagram, more introverted and also very, very great at sort of looking at detailed information, complex information, synthesizing it, getting to work in the areas that really sort of feed that brain and work well for you is a good match.

Sort of understanding what you need as an individual can help you sometimes ask questions when you're in an interview to find out if you're going to be honored with who you are, and to some degree who is going to be honored.

JG: Right. And also, we didn't touch on this, but I think also it's very important that you start making these decisions about where you want to be and where you want your career to go from here forward after you've gotten through that grieving period of burnout. And it is important for most people to go through that grieving period, because this is a new realization of where I want my career to go. Let's face it. Nobody goes and does medical school and residency going, "I know what I want to do. I want to do utilization management." But maybe it was exactly the right job for me all along.

HF: Yeah. To wrap up on a scale of 0 to 10, how would you say you feel about the job that you're doing right now?

JG: I'm a 10.

HF: Wow.

JG: And before I was probably two.

HF: Wow. Oh, my gosh. A ten, that's fantastic. I hope for those of you listening that this will help you think about your own situation and do explore opportunities that may not seem like the obvious fit to just see what's possible. Thank you so much, Jenny. This has been really helpful and informative and I'm so glad you found your 10.



JG: Thank you, Heather. I couldn't have done it without you.

HF: People say that. I don't believe that's never true.

JG: We have such busy brains that you just go, "Okay, we are going down the rabbit hole."

HF: Well, I loved working with you. You're fantastic. I love all my clients. My job is a 10. It is a complete 10.

JG: It's great when you find yourself. Well, we appreciate you a lot.

HF: Thank you. Well, again, guys, thank you so much for listening. If you would like to check out the LinkedIn course, you can find it at [doctorscrossing.com/linkedin/course](https://doctorscrossing.com/linkedin/course). You can also just go to the Doctor's Crossing website and go to the products tab and it'll be there.

All right. Don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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