DOCTOR'S CROSSING
CARPE DIEM PODCAST
TRANSCRIPT

EPISODE 60 7 Lessons Learned From a Career Transition

With guest Dr. Danielle Gerry

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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 60. First of all, happy, happy new year to you. I hope you were able to enjoy some lovely times with family and friends over the holidays.

Even though it's a really tough time for many of you with this ongoing pandemic, I'm hoping things will get better this year. Fingers crossed. While I can't change the bigger

picture, obviously, I am here to help in any way that I can. And today help is coming in the form of someone very special. Her name is Dr. Danielle Gerry. She is a board-certified family practice physician who transitioned into a nonclinical career almost 10 years ago.

She just so happens to have written an incredibly popular blog on the Doctors Crossing website, titled "Leaving Medicine". In this blog, she recounts her journey out of practice in a very honest and relatable way. It's from 2012 and I will link to it in the show notes. Danielle is going to share with us seven lessons she learned from her career transition process and working in the nonclinical realm. Dr. Gerry has been a physician advisor and medical director, and she's going to be starting a new role as CMO for a healthcare plan.

Regardless of where you are at with your career right now, I believe that you may find great value in her insights and wisdom. I am incredibly excited to welcome Dr. Danielle Gerry to the podcast. Hey Danielle, it's so lovely to see you.

DG: Hi, Heather. It's lovely to see you as well.

HF: Yes, yes. And I have to say, I can't tell you how many physicians have reached out to me after reading your blog post saying, "Oh my gosh, I think she was in my head. That's exactly what I would've written."

DG: That was sort of my point or my purpose in writing that was to just be brutally honest about where I was and honest with everyone else and honest with myself as I was writing it. Writing helps bring clarity. And I am just tickled that other people have found value in those words and that they provided comfort for folks. So yeah, hopefully we can do more of that today.

HF: Absolutely. I know that you will, that's why I'm so excited to have you here. And if you'd like to create a bit of a context, do you want to take us back to 2011 when you first reached out to me? Tell us a little bit about what was going on.

DG: Yeah. I guess I was about four years out of residency and I was in a private practice and I loved the doctors I worked for. I loved my patients. I just didn't feel like I could keep up and I didn't feel like I was safe. In other words, I just felt like I was going to miss something. I was going to hurt someone inadvertently because in drinking from the fire hose that is primary care, you just don't have a lot of time to consternate over your decision making.
I just always felt unsure and felt like there was a risk. For instance, seeing an 84-year-old for a pre-op physical in a 15-minute spot and the patient is not even mine. It just didn't feel safe. I wasn't asked to do anything that the other folks in the practice were doing. It's just sort of the nature of primary care.

The volume is important based on today's reimbursed. And I know that some people thrive in that environment. I did not thrive. In the beginning I thought this is like new nerves, right? New doctor nerves. And then in the fourth year, I'm like, I'm not new. I know what I'm doing. And I'm still throwing up three or four times a week before I go to work, because my nerves are just on the exterior of my skin. And it's just raw.

I was suffering. I was suffering because ultimately, I wanted to provide excellent care for my patients, but I didn't feel like I had the proper time to do it well. And it really felt unethical. It felt just awful. And I couldn't do it. My body was telling me, even if my brain was the typical doctor mentality, like “If you could do it, just do it. What’s your problem? Quit whining, get over yourself. Keep going, keep going, keep going.” My body was telling me, “You can't keep doing this. This is not working for you. It's just not working.” And so I had to ask for help, which is where I found you.

HF: Well, I remember you telling me you were getting up at 4:00 AM to prepare for the day to prep your charts and know your patients. That is part of the wisdom of the body that we can override it for a long, long time, but then at one point it starts saying enough it's enough. And you just can't go on.

DG: Yeah. And that's pretty much where I was. I would put a toothbrush in my mouth and I would start retching because I just couldn't, I was so anxious. And granted, I have an anxiety disorder. I don't know many people in the medical profession that don't have some sort of psychiatric diagnosis. I have an anxiety disorder. So, I know that contributed, but ultimately my body was definitely like, "Lady, you are done. This is game over. This is not working for you.And you have stuck it out through med school, residency, and now four years of private practice and it's not getting better. And in fact, it might even be getting worse because you don't have anything to say, 'Well, when I get to the next step, it'll get easier.'

HF: Well, throwing up should not be part of the job description.

DG: Right.

HF: You're not the only person who's told me that, but actually if you're doing a scary surgery or something like that, that can happen when you're in there, but not on a daily basis.

DG: Right.

HF: As we go through these seven lessons, you can weave in how they apply to your story as well. Let's start with, number one, which is "You have the skills to do new things." And this is so great. I'm glad you brought this down in the beginning, because so often I hear physicians say "I don't have the skills to do anything else. I am just a doctor."

DG: Right. I guess that's where I was when I was circling a dream towards the end of my time in clinical practice. I was like, okay, well, I wonder if Walmart's hiring. I could be the greeter. I'm really good at applying stickers. Maybe that's all I can do." I reached a point physically where I was going to accept that if that was legitimately all I could do, that's what I was going to do because I couldn't sustain what I was doing before.

But to my vast surprise, I realized that I have a very valuable skill set. And that skillset is in demand across a variety of occupations. I want everyone to know that medical knowledge, not everybody has it. You have a deep medical knowledge because you're a physician. And you're the only one that has it besides other physicians. There's not like billions of physicians in the United States. You're a select group of people that has very specialized training and that training can be applied to numerous things, numerous industries outside of just being in an exam room with a patient.

For me, I applied my medical knowledge to utilization management. What does that mean? Well, that means looking at care that's provided and making sure that it is the most cost-effective, reasonable course of action. And if you're not a doctor, you can't do that. Other folks go into writing other, there's a ton of different industries that want your medical knowledge and need it to improve products, to develop new therapies, et cetera. Your skills are in demand and they are not just applicable to an exam room.

HF: And that really brings us into lesson number two, which is "There are many ways to be a doctor. Not all of them include seeing patients." And that's the key part - you're still a doctor.

DG: I am, I am. And you know what? I still maintain all of my licenses. I maintain my board certification. I maintain my DEA. I keep my options open. I am still a physician. I still expect to be addressed as Dr. Gerry, no matter where I work. And it's not an ego thing, as much as it is just a boundary thing, like I'm a physician, I want to be treated as such.

And so, I'm Dr. Gerry. I'm Dr. Gerry in my work for the last 10 years, despite not being in an exam room. I'm still Dr. Gerry.

And with my child, this was an interesting turn. She was five when I left clinical practice. She's now 15. And when she was five, she said "So mom, you're not going to be a doctor anymore." And I was like, "Oh yeah, maybe I am. I have a student loan that says I'm still a doctor." But honestly at that point, and still, like I'm not a big ego maniac. I am still a doctor. I've earned it.

HF: Yes, you have. No one can take that away from you. All those years, all the training, all the commitment, you don't lose it. You don't take those initials away.

DG: No, no. I am treated as a physician in my nonclinical work. You're still a doctor. I promise.

HF: One thing I'm curious about, now looking back and knowing what you know, why do you think so many physicians have trouble thinking that they have transferable skills? Even when you look at all the skills you use in a day being a physician, and there are quite a lot of them, we don't think that we have things that could be useful to another company or in another role.

DG: Well, because that is all we've been told and all we've been taught. You spend the entirety of your learning. You're pointed in one direction, there's no divergence. It's not a tree that forks, it's a straight arrow, you are going to see patients. And so, you don't even know to conceive of anything outside of that, unless you're in a position where you really need to start looking.

And I'm here to tell you, there are tons of industries and other things out there where your skills are in demand and not just medical knowledge. When you think about, as a physician, you think about what kind of learner you are. You're an incredible learner. And

I found that I could just about jump into anything and I'll figure it out. And I dare say that most physicians are like that.

If you take a little risk, get into an industry where you've never worked before, guess what? You're going to figure it out and you're going to master it, because you're a physician and you're a lifelong learner and you're just wildly bright.

HF: I think that helps with some of that angst about doing something new and the fear of failure is that when we started at some medical students, we didn't know how to take a history or put in a central line or cut into somebody's abdomen and fix it back up. These are all taught skills and these are high level skills and you put them in the context of having to have the people skills to interact with the people that you're helping, that's a whole another layer of skills.

DG: Right. You're a skilled learner and you're a skilled people person by and large.

HF: Absolutely. Yes.

DG: My goodness, what employer doesn't want an employee with those two descriptors? You're in demand. You don't even realize it, but you're in demand.

HF: You're hot stuff. You're telling yourself that you are hot stuff.

DG: That's right.

HF: Number three is an interesting one that I think a lot of physicians don't necessarily realize is the big problem where they're at, but also a potential bonus when they do transition, which is number three, “Nonclinical physician work is mentally stimulating and fulfilling.” That's what you found and that it's also given you work life balance.

DG: Yes. Let's just say this about mental stimulation. I love the work that I'm doing. I find it to be deeply satisfying. Basically, I'm looking over care for thousands and thousands and thousands of persons. It's like population health.

And so, I will occasionally encounter a request or an inpatient stay or something where I'm like, I don't quite understand what's happening there. So, you know what I do? I learn. I dig in. I figure out what that procedure is. I call the specialist that I'm friendly with and say, “Hey, can you explain this to me?”

I am constantly learning and I oversee all aspects of care. Pharmaceutical, DME, inpatient stays, outpatient procedures. You name it, I'm in it. I sat down for my recertification in my boards and I passed it like I blew it out of the water. And this was seven years out of clinical practice because my medical brain is still flexed. I'm still learning. I'm still engaged. I'm still a doctor. And as far as work life balance, holy moly, where do I even start with that?

HF: You became a farmer, rancher or horseback rider.

DG: I did. I have tons of work life balance. I'm sure there are non physician or nonclinical careers where you would not have balance. But I struck gold and found the balance. Basically, I have 40-hour work weeks. Some weeks are a little dicier and I work a little more, some are a little less and I can take my daughter to a doctor's appointment or I can go do something fun. And no one's dying. There aren't 27 million people on my schedule who are disappointed that day. And I also bought a farm. I am legitimately farming and I have horses as well. I really like life. And I don't vomit when I put a toothbrush in my mouth anymore.

HF: Hallelujah. You can remember that the simple things in life were very important.

DG: Right. Exactly. And I can remember when I first was in the nonclinical world, I can remember Sunday being there and saying to myself, “Okay, I'm not nauseous. What's going on?”

HF: You became accustomed to that as your norm.

DG: Yeah. I was like, “Why do I not feel ill? In anticipation of what is to come?” And it's because I realized I loved my job.

HF: That's huge.

DG: And I really felt fulfilled. There was a good work life balance. I really enjoyed it.

HF: Well, the fourth lesson is something you've already been touching upon, which is you learn all the time and you have time to do it. And I think that's a big key because it is true that a lot of physicians tell me who've gone into this utilization management work that their medical knowledge increases because they're seeing many more diverse cases.

DG: Yes.

HF: But in practice, you often don't have time to learn and look up that case and go home and read because you're going home and you're charting and then you're exhausted.

DG: Right. Exactly. Exactly. It's sort of a difference, my day is not organized by a ton of appointments. If I stumble on a case that I need to look at, and I'm not so sure about it. Well, I can take the time to read and read the guidelines and understand. And if I'm still not completely sure, then I have the opportunity to call specialist friends and consult my colleagues as well. I have colleagues that are in the same job. And so, yeah, I have time to learn and I have time to learn to my satisfaction, not just learning on the fly to make sure that I'm not making an egregious error. And I also got my MBA during this period of

time. I definitely had time to do that in the course of my regular full-time job. Definitely I have time to learn and I love it.

HF: It's so unfortunate that the physicians giving the care to the patients aren't given that time and also, don't have the kind of access you have necessarily to colleagues. That can be very isolating.

DG: Yeah. And I remember that so vividly of feeling like I have seen and talked to a hundred people today and I feel more alone than had I been on an island for a week. Being in an exam room is incredibly isolating as far as having colleagues and being able to share your lives. Yeah, very isolating,

HF: All right. Onto the fifth lesson, which is, "There is no need to feel ashamed or guilty about making a transition."

DG: No. And I firmly, firmly believe this. Honestly, I was ashamed at first. I thought people would look at me like, "Oh my God, you failed out. You failed out of life as a doctor." And honestly, what I found is that people started living vicariously through my journey. Doctor friends would call me and say, "Oh my gosh, are you doing it? You're doing it. Tell me what's going on. Oh my God, can I do it too?"
What I found was that instead of being this person that had slunk away with my tail between my legs, I actually became sort of like a centerpiece of, "Oh my gosh, maybe there's hope for us too."

HF: Yeah, be the pipe whisperer.

DG: I was shocked. I was shocked by that. Because you have to remember, I left 10 years ago. I know people were leaving 10 years ago, but it's a lot more common now than I think it was then. But I found that honestly, just being true to myself, I didn't go wrong. Being true to what I needed to make my life better and being genuinely honest about it,

brutally honest about why it wasn't working for me and how I needed to make it right for myself. It just led me in the right direction.

And at this point 10 years out, I look back at that decision and I think to myself "that was one of the bravest, best decisions you've ever made in your entire life." And I'm very proud of myself for it. But I remember being ashamed at first, but I'm telling you, there's no need to be ashamed. You have to take care of yourself. You have to take care of yourself.

HF: Do you hear that, guys? Go back and listen again, if you're feeling guilty or ashamed, because I know those are common feelings and they can dog you, they can also keep you trapped, but you haven't done anything wrong. And the key words that Danielle used were "it wasn't working for her."

And that's something my dad taught me too, which was, it doesn't really matter what other people are doing or what you think you should or shouldn't do. If something isn't working, if a piece of machinery isn't working, you don't keep beating it and expecting it to function. And there's no judgment there.

DG: Right, right. And honestly, I was fortunate or unfortunate enough to be in a situation where my body legitimately was not going to let me continue. I had to leave, but I'm exceedingly proud of it. I'm proud of that decision. And I love the life that I've made for myself.

HF: I'm proud of you too. Your life works for you. It's very obvious.

DG: It works very well for me. And you were very helpful in getting me to where I needed to be.

HF: Well, thank you. It was an honor. And you did such a great job and you're very brave. Number six is a question that a lot of people have. And you said "You don't have to get an MBA to leave medicine."

DG: Yeah. I know some people toy with this idea of getting additional education before they leave the nest of clinical medicine. And I would say to you that until you know exactly what nonclinical arena you want to function in, don't pay for more degrees. I know that as a physician, that's our go-to. Education, education, education, education. It's like the default setting. "Well, I'm unsure about what I want to do. Let me get some more education." Don't do it yet.

I got my MBA after I was out of clinical medicine for four years, then I went back. But that's because I had been in this realm for four years and decided that I truly loved it and I wanted to continue to progress. And there is a progression inside my arena and an MBA would help me do that. But I guess everyone feels like it's part of number one.

You don't feel like you have skills to do anything outside of seeing patients. And so, you're going to add to your skill set by getting a degree first. Don't do that. Don't do that. Just get your feet into something else. See if you like it. If you don't, move to something else. Get your feet in that. And once you feel like you're pretty set up in this new arena then go and pursue additional education if it's needed.

HF: Yes. I agree with you a hundred percent. Because when you do an MBA, like you did after you've already been working in this nonclinical realm, it has more context to the learning. You can also often get it supplemented by your employer. You may not pay the whole bill. You may not pay any of it. I've only seen one or two situations where it made sense for the physician to have the MBA for the transition that they wanted. But that's very rare. That's an opportunity cost for the time and the money that you could potentially be doing something else. And experience often speaks louder than an additional degree when someone's wanting to hire you.

DG: Absolutely. Yeah, absolutely. And frankly, if you are where I was, where you're just so done, you got to go, I didn't have three years to sit around and take an MBA before my next job. It's not necessary. It is not to get your feet into other things because you already have an MD or a DO. You're good. You're good.

HF: Yeah. And if you're really not sure, ask the people in the job that you want to have to look at your resume, look at your experience and say, "Do I need this?" I think that's a good way if you think you might be an exception.

This brings us to the last lesson learned. I know there are many, many more. We're covering several here, which is to "Know your worth".

DG: Oh yeah. I went from being willing to take a job as a Walmart greeter to being in this position negotiating for a new position where I really understood my value and was able to negotiate accordingly. I know the talents I have. I know what I bring to the table. And I know how my skills translate into benefit for a company that is looking for a chief medical officer. And so, that was fun. It was fun to know my worth.

Even when you're just leaving clinical medicine, you have great worth. Your medical skills, your knowledge of the medical system and the healthcare system in general. Oh, my goodness. All of that knowledge, you wouldn't believe how uncommon it is and how worthy you are of a great salary. Don't think that you need to accept something less than what you feel you're worth.

HF: I think that's another excellent point because so many physicians are uncomfortable negotiating. They feel like it makes them look greedy. They don't have an idea of what they're worth is. Especially when they're going into a new nonclinical job. But all those things can be learned. It's just a skillset. And once they learn it, they sound like you. They

do. I know what I'm worth. And I'm not going to be treated like I'm replaceable because I have special skills.

DG: Right, exactly. But it does take some time. And when you are kind of down in the dumps and you're in clinical still, and you feel like that's the only realm that you can function in, you don't really feel empowered to do salary negotiations. But I'm here to tell you, you should think differently about that. But I understand. I wasn't in a position to negotiate my salary. I was, but I didn't think I was, with my first nonclinical job. But you have a lot of worth. It's just inherent in your degree and your experience. And please don't shortchange yourself.

HF: Amen. That's a great message. Well, this has been a terrific conversation and I'd love it if you could review those seven lessons for us.

DG: Sure. Number one, you have the skills to do new things. Number two, there are many ways to be a doctor and not all of them involve seeing patients. Number three, nonclinical physician work is mentally stimulating and can offer work life balance that you haven't previously experienced. Number four, you in a nonclinical job, will have the time to learn and it's fun.

HF: Yeah. We love to learn.

DG: Number five, there's no need to feel ashamed or guilty about making a transition. Number six, you won't have to get an advanced degree to leave medicine. And number seven to know your worth.

HF: Those are wonderful. Thank you so much for sharing them. Are there any last thoughts or anything you wanted to add?

DG: Sure. I would just suggest that as you look for nonclinical work and you're sort of branching out, remember to have your CV updated on LinkedIn and make some connections there. LinkedIn is a really valuable service. And in fact, the most recent position that I'm going to start soon, they found me on LinkedIn. And wow, I'm glad that I was paying attention and that I was linked in, no pun intended. But I think it's a good source of networking. By all means do that.

HF: And so, they reached out to you and actually asked you if you want, while you're in your current position.

DG: Yeah. They did. They saw my experience and my LinkedIn profile, which speaks to my worth. They approached me to interview and I interviewed, and that was all she wrote.

HF: That's so awesome. It's interesting you say that because I have other clients who've transitioned and they tell me that once they've been in their position, whether it's pharma or UM or medical writing, they're getting approached on LinkedIn for additional jobs, whether they're full-time jobs or contract work.

Guys I've been talking about my LinkedIn course and there's so many different ways being on LinkedIn can help you. And if you'd like to get some more information about this course, you can just go to doctorscrossing.com/linkedincourse, or just go to the Doctors Crossing website, go to the products tab at the top of the homepage, and you can learn more about it.
Thank you, Danielle. You are iconic. So many of my listeners know you already. I reposted your blog the week before so people could read about you. Thank you again for sharing your journey with us.

DG: It was my pleasure. Thanks for having me, Heather.

HF: All right. Okay guys. Thanks so much for listening. I hope this is really helpful for you. 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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