



EPISODE 64 Could a Fellowship or Second Residency Be the Ticket?

With guest Dr. Betsy Baker

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BB: “I loved my supervisors. And I thought that we were all getting along great. In my first evaluation, they told me they were scared of me.”

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 non-clinical 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 crossroad. So pull up a chair my friend, and let's carpe that diem.

Hello, hello and welcome back to The Doctors' Crossing Carpe Diem podcast. You're listening to episode number 64. Have you ever thought of doing a different residency or applying to a fellowship after you've already been in practice? Sometimes we want to do something very different from our initial choice, or we'd like to have some additional training to complement our existing skills and expertise.

Making this decision to go back after you've already become an attending can be a challenging one. You have to consider the drop in income, potential relocation, time away from family and kids, going back to the status of a trainee, eating from a vending machine. Lots of late-night calls potentially, as well as other factors. It's important to

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think through the pros and cons of making this kind of change before you either dismiss it as a flight of fancy or jump into a big commitment and have regrets.

Our special guest today is Dr. Betsy Baker, who is double boarded in pediatrics and child and adolescent psychiatry. She originally did a pediatrics residency, but then decided at age 51 to do a three-year fellowship in child and adolescent psychiatry. We're going to hear a story about why she decided to do this challenging fellowship, what it was like, and how her work and life are very different now.

Betsy is also going to share some advice and tips if you're considering doing a second residency or a fellowship. I'm very happy and honored to welcome Dr. Betsy Baker to the podcast. Hey, Betsy. Welcome. How are you?

BB: Hey, Heather. I'm doing pretty well. Thank you very much for having me.

HF: I'm so excited. This is an unusual topic, but we want to talk about it because people do it.

BB: Oh yeah, I know.

HF: You did it and you're not the only one, I know that for a fact.

BB: I can imagine I'm not. It was a lot of fun.

HF: It's great, I can't wait to hear more about it. You first reached out to me in 2012, that was a while ago. And I'd love if you could share with the listeners what was going on that made you reach out and start to consider this possibility of a second whole training experience?

BB: Well, whenever I finished pediatrics, I ended up getting into kind of a niche. I did forensic pediatrics for about 25 years. Then I started doing high conflict co-parenting. People were telling me you're getting more into the mental health side. You're getting more into the mental health side. And so, I started thinking about going back and doing another fellowship to be able to learn the mental health side of co-parenting.

HF: Could you give us a little bit of an idea of what exactly this work was that you were doing? You weren't doing baby checks, and checking for otitis media that much, I guess?

BB: No, I only practiced general pediatrics for about 18 months whenever I finished. And I finished my residency in 1989. And then after that, I was always into children's causes. I did forensic exams for child physical abuse, child sexual abuse, domestic violence, sexual assault. I went out on rape homicides and helped collect evidence and then got into the high conflict co-parenting where the parents were at each other's throats and the family courts involved. My whole career was really children's causes.

HF: How did you get into that special niche? Because it sounds pretty stressful to me. It takes a special kind of person to want to work in these really challenging areas.

BB: I didn't start out wanting to do that. What actually happened was when I was a resident in pediatrics, then it was taking like six weeks for kids to get child abuse exams. It was very new then. As you can imagine, we didn't have kits or anything like that. I went out and learned how to do child abuse exams. And then once you learned to recognize it, I couldn't figure out how to practice pediatrics without practicing child abuse.

But the court system got involved with my schedule and my partner sat me down after a year and a half and said, "You can either do child abuse stuff, or either you can do pediatrics, but we can't handle the court system getting involved in our schedule like it is." Which I understood. But again, I didn't know how I would do both. I didn't know how I would do one without the other.

In 1991, I just went to doing nothing but forensic work. And then it kind of grew into domestic violence and adult sexual assaults because they were all related. And then, the high conflict co-parenting was the last part.

HF: When you were considering doing some additional training, how did you think it was going to change what you were already doing?

BB: At that time, I thought it was going to enhance what I was doing. It was going to make it easier, make me better. I thought it was going to enhance what I was doing. That's actually not how it turned out.

HF: Take us deeper into this decision. Some of the things you were considering, how you went back and forth potentially about it. What was it like to even start to consider a three-year fellowship?

BB: Well, I thought about the fellowship, but I started changing the way that I thought about the fellowship after I met you. You had me fill out two things that were really interesting. One was a personality test. And during that time, I don't know if you remember, but you told me I didn't have a typical personality of a physician, which was kind of interesting.

And then this second part was the wheel of life where you look to see how balanced you were. I knew that I was stressed. And I knew that I had been for a long time. I knew that I was working a ton and what I didn't realize until we did that exercise, how completely unbalanced my life was.

HF: Can you describe it at all for people what that imbalance looked like?

BB: I have three kids and I was married at the time and I had a lot of friends, but work on the wheel was just incredibly overwhelming. I went to work. Kids, marriage and then friends and getting any kind of exercise or taking care of myself or any of that was just not even on the chart.

HF: Well, thinking about the kind of work you were doing, I think you would need a lot of downtime and time to take care of yourself, especially to process these a lot of the difficult emotions that were coming up that you were having to deal with in these crisis situations.

BB: I loved the work. I could have done the work for the rest of my life. That was really not the issue. The issue was it was nonprofit work primarily and so you were always looking for money. You were always trying to write grants in between doing a million other things and the politics of it. The politics is what finally kind of crushed me. Believe it or not, there is a ton of politics in doing nonprofit work.

HF: Interesting. Yeah, I know you do have a passion for this work and I think you really have to be in this area that you were in. And you were trying to add on some skills by doing

this training, but you're saying actually the real benefit turned out to be something different, which we'll find out in a little bit. Is that correct?

BB: That's correct.

HF: Yeah. I was just going to reference for a minute, the Enneagram, which you mentioned about the personality type. You had a very high type five and a type eight. The type five is called the observer and they love getting into details and deep into knowledge. They're not super common in clinical practice, partly because they like more working on things on their own, as opposed to a lot of interaction with people. Like those 15-minute visits with patients are very draining often for type fives.

And then type eight is called the challenger. They're the most assertive type on the Enneagram. They like to be in leadership roles often and you may see them frequently in surgical specialties or surgical subspecialties. Many of the physicians that I work with who are not either in leadership or in a surgical specialty may be in the single digits on type eight. It's not necessarily a big part of their personality, but you had this really interesting combination.

BB: I think that's pretty accurate, which is probably why I got into what I did. Instead of seeing a lot of people in one day then I only saw a few people, but we did a pretty deep dive as a team, each individual one plus I was developing protocols and really was into a lot of program development grant writing. It was a good combination for me from that perspective. I thoroughly enjoyed it and I do think it fit my personality.

HF: Yeah. It makes a lot of sense as you explain it that way and I'm sure that assertiveness of the type eight helped when you were dealing with a lot of this conflict. And had to stand your ground and had to not be afraid to say what you needed to say.

BB: I don't think that's ever been my problem.

HF: Okay. And maybe as we get into talking about what this fellowship was like for you, maybe that helped you too there in asserting for yourself.

BB: I think it has its pros and cons.

HF: Okay, okay. Let's go back to your decision to go and do this training. Tell us a little bit more about the factors that you weighed and then how you chose your program.

BB: Well, I had thought about doing psychiatry whenever I was a resident. And ironically, my supervisor told me I would not make a good psychiatrist. And so, I didn't do that. Instead, I went into pediatrics. But that'd always been in the back of my mind. Plus, I found it interesting. And like I said, I thought it would enhance what I was doing.

From a professional perspective, it's a win-win. From a personal perspective, I had a lot of stress going on, and frankly, I just needed an escape. And so, the personal side was to really enhance what I was doing and to enjoy having another fellowship. The other part is that I just really needed to just escape what I was doing. It had just gotten so stressful and I couldn't figure out how to keep juggling everything I was juggling.

HF: That's really interesting, how it can be a way to just sort of cut the cord and get a clean break and just start a new direction and have it make sense to yourself and probably to other people as well.

BB: Right. My kids were all in college at the same time and I was in the process of getting divorced at that time. I'd never been out of South Carolina, which is where I raised my kids hardly except for vacations and stuff, but certainly not to stay away for any time. And so, this was a good time in my life, really like you say, cut the cord and do a restart.

HF: And how did you consider the financial aspect?

BB: I didn't really worry that much about the financial aspect of it. I don't really need a lot of material things. I don't usually have a sort of high standard of living, just sort of naturally. I just don't really get into a lot of that, and it just seemed like the right thing for me to do.

HF: Tell us a bit about when you started. Where were you living and then how was it to start this program?

BB: Whenever I went there, I was living on an island outside of Charleston in South Carolina in a gated community, and I went to live in a tenement building in Cleveland that was

also used as section eight housing. There were very few things that were close to the hospital. I had never driven in snow before. And so, I was really scared of driving in the snow. I got a place as close to the hospital as I could, and that was about as close to the hospital as I could.

HF: In a tenement, in section eight housing.

BB: 1941 tenement building that had never been updated. Yeah.

HF: You definitely got off the island.

BB: I did. I did.

HF: Probably made the hospital look good.

BB: Yeah, absolutely.

HF: Yes. Then what was that first year like for you, Betsy?

BB: The first year was really difficult for me. I enjoyed it. For everybody out there, the second go around is way more fun than the first. It's not nearly as stressful and it is a lot more fun because you know what it's going to be like, and I was pretty comfortable with who I was going in.

The problem with that is that the purpose of the first year of a program, as they told me, was to break you down from the person that you were and rebuild you. Now I'm pretty much quoting or paraphrasing what they told me, rebuild you as a child adolescent psychiatrist.

HF: That was like you were going into the military, not a residency.

BB: Well, it might be that you haven't been in a residency in a while. They can be a bit similar.

HF: Absolutely. Absolutely.

BB: Yeah. After about three or four months, we all kind of sat down and I said, "I'm not cool with this. This is not working for me." And they said, why? And so, I said, "I like who I am. I came here to be enhanced. I didn't come here to be broken down and rebuilt. I don't want to forget all the stuff that I did before. I don't want to forget the skills that I had before. I want to be able to use them and then to be able to add skills to them."

And so, we did have a little bit of conflict over that. The other thing is that, thank goodness, I had told them when they interviewed me that the first year, I'd be able to kind of keep quiet about things. The second year it would be a little different. And by the third year, then I'm sure I was going to be seeing things that I really wanted to change or change for my experience. And I told them that and at the beginning, and they kind of laughed. By the end, they told me that they were glad that I told them that because that's kind of how it worked out. That first year it was difficult, but I was learning.

And even in the business, that nonprofit that I had run, nobody was really allowed to give a lot of input until they'd been there a year because it takes that long to learn, kind of what's going on. And so, I followed that pretty well. But it was difficult. It was very difficult.

HF: I remember we had some phone calls where it sounded pretty dicey to me. I know you were upset for different reasons and some things were really bothering you. And I even wondered if you were going to stay.

BB: There were times whenever I had that thought myself, but that was sort of one of the good things about truly cutting a cord.

HF: You don't have anything to go running back to the island.

BB: Right, right. That just really wasn't an option. And like I said, there were parts of it I really enjoyed. I guess like anybody I had gotten experience in a niche. And so, I was really good at what I did. It was small, but I was really good at that small part. And then whenever I saw things that were happening that were against what I had learned and the experience I had during that time, it was really hard for me not to step in and say, "This is not how we did it. This is not the literature I read." But then the psychiatric

literature on trauma and the pediatric literature on trauma, especially at that time, was very different.

HF: I think again at type A, that personality probably helped you speak up for yourself. You said it sort of helped, but it also goes part of the problem. Could you speak to that for a minute?

BB: Well, during my first evaluation, I loved my supervisors and I thought that we were all getting along great. In my first evaluation, they told me they were scared of me.

HF: Oh my God, that's typically A thing. You think you're having a great discussion and people think you're angry and you just had a drag-down knockout fight.

BB: I would've called that a debate. Right?

HF: Exactly. A lively conversation. No, that's so true.

BB: Well, that did happen. We came up with a plan and when something wasn't working for me or something wasn't working for them, then we would go and we would sit down at the table and we'd work out a way to meet everybody's needs. And because I know a lot about conflict resolution given what I did, that's really sort of how we did it and it worked for me and it worked for them. And actually, my direct supervisor thanked me when I graduated for teaching her how to do that.

HF: That is fantastic how you brought that skill into your training to benefit you as well as them and I'm glad that she acknowledged that.

BB: Anybody that's thinking about doing this, I think that you would have to be upfront about what your intentions are and what your boundaries are, and then having a way to get those met while at the same time meeting the other person's needs. I think that would be pretty critical.

HF: That's an excellent point. But before we go on, we're going to take a short break for a word from our sponsor. We'll be right back. So don't go away.



If you are applying to a nonclinical job, it's a great idea to convert your CV to a resume. A well-crafted resume helps the recruiter see why you are the right person for the job. My resume kit is a downloadable PDF that walks you step by step through creating an impressive resume of your own. You'll have everything you need including templates and a bonus on writing a winning cover letter.

To get immediate access to this kit that I use with my coaching clients, go to doctorscrossing.com/resumekit or simply go to the Doctor's Crossing website and hit the products tab at the top of the page. Now back to our podcast.

Hello again, we are resuming our episode with Dr. Betsy Baker. Now that you completed this fellowship and you were ready to do something different, how did you find that next career iteration that was going to be different from what you were doing before?

BB: This part is both sad and exciting. It has sort of a lot of highs and lows to it. Whenever I went in, I was going to enhance what I was doing and then go back and do what I was doing and do it better.

When I got in after about two years of my fellowship, then I realized that mental health really didn't have any place in what I was doing. I was doing investigative work, an investigation and conflict resolution. It was really more a legal perspective than it was a mental health perspective. I was faced with either going back and doing what I was doing before, and this was kind of all for naught, or either I try out practicing mental health. And so, that's what I did. I went a straight mental health path.

HF: Interesting. Can you describe what you're doing right now?

BB: Right now, I'm doing telepsychiatry for outpatient kids and adolescents. I've been working from home now since 2016, which allows me to travel, which is great. I was working in the emergency room for several years and on the side and really enjoyed that because that has more intensity and excitement that I like. But I'm not doing it so much that it's messing up my life, but that's really what I'm doing now. Talk about seeing somebody every block. You have a little more time in psychiatry, but I really am sitting and just seeing people in a time schedule.

HF: And how was that for you?

BB: At first, it was incredibly sad and I had to grieve what I had done before, and come to terms with that. On the other hand, it also gave me a life. The wheel became very balanced. I'm not spending my weekends trying to get grants and doing fundraisers and I'm not on call 24 hours a day. My life is just much easier, much easier, much more rounded, more stable and it brings a lot of contentment and peace to it.

HF: You ended up doing something different than you thought you were going to initially, but it sounds like it was an unexpected surprise that this kind of work works for you when you look at the holistic picture.

BB: It does, it does. And I would not have felt that.

HF: What would you say your overall satisfaction is on a scale of 0 to 10 with putting your work and life together?

BB: My work and my life together, it's a nine. I'm pretty satisfied with my personal life, my personal health, and the job that I'm doing. Like I said, the wheel is way more balanced.

HF: Do you think you could have done that without doing this fellowship?

BB: No way. I wouldn't have even known I should have done it. I just didn't even have that awareness. I was so into what I was doing. And I do like the work that I did better as far as getting up and going to work. It was very fun, very exciting. I felt like I was really giving back. I don't have that feeling in this job because you don't get to know anybody really well. It's not a deep dive into anybody. It's just you're sort of filling in your block.

However, I like the people that I work with. Every once in a while, I get a case that I can really use my other skills as well, and those are fun. I enjoyed working in the emergency room, but the biggest thing is that I have a much better life now.

HF: That says a lot. I can tell too, you just sound a lot more at peace than you were before, before you sounded pretty frenetic in a way with all the things you were trying to do.

BB: Oh, I was pretty wired and I think I had been for a long time.

HF: Yeah. In the last few minutes that we have, I'd like to help listeners who might be thinking about doing a fellowship or a second residency, think about this decision. What is some advice that you might offer them?

BB: I think the first thing that I would do is honestly, I would do especially with you over again. There was no way that I could have done this without doing this with you. Again, you pointed things out to me that I didn't know. And how do you know what you don't know unless someone teaches you? And I thank you very much for that because it would've never happened without that.

HF: You're very welcome, Betsy. I'm glad to be able to help.

BB: But you also helped me through every stage. You helped me through the decision-making. You helped me through the transition to the fellowship. At times I needed to talk things out with you through the fellowship and you were there to do that. And then when I was going through the grieving process and trying to figure out how I could fit into mental health, you helped me with that too. I appreciate that very much. I think that learning what you don't know would be a really important place to start.

Doing a real pros and cons grid so that you are sold that this is your best option because there are going to be a ton of times, especially that first year where you're going to want to leave. The other fellow that was in the program with me, there were only two of us and the other fellow did end up leaving after about six or seven months. She had been a neonatologist and it just wasn't for her. I would make a solid decision, one that you're going to stick with.

I would give an accurate depiction to your fellowship program of what you are, what you expect to get out of it, how you guys come to a way that you can problem solve as these issues come up and that would be the thing that I would really think about if I was doing it again.

HF: Now, Betsy, if someone is thinking they're too old, it's too late, people are going to think they're weird or capricious to do something different. What would you tell them?

BB: Well, first of all, all of my friends, my coworkers, my family, all thought I was crazy to do this.

HF: Oh, really?

BB: All of them thought I was pretty nuts to do this, but I was convinced. I guess that's the part that really mattered. But as far as being too old, I was 52 when I started. The sleep issue was an issue. And I struggled with that mainly because as if I'm up all night, I don't go to sleep for a couple of days. And so, battling with that was difficult. However, again, for me it was really worth it and I got through it.

Other than that, I don't really think that age has much to do with it. It depends on how much energy you have, how much interest and curiosity and how bad that you really want it. There's a woman that's very accomplished in her life and again she wants to do this because she wants to enhance what she's been doing, all of her life. And she's 70. She's going to do the same fellowship that I just finished a few years ago. And at first, they were reluctant, which I remind them was ageism. If she can do the job and you like her, then you would treat her like anybody else. So far so good.

HF: Okay. That will really help if someone thinks they're too old and it's too late, because that's quite impressive. I wonder if that's a record of some sort.

BB: I don't know. I know people that's gone back and done neonatal intensive care, that was in their 60s. I think for some people it worked.

HF: Yeah. And I love that people thought you were crazy and maybe tried to talk you out of it, but you went ahead and followed what you knew was true for you and it worked out. Did people try to talk you out of it?

BB: Again, I think that goes back to the personality thing. People might have voiced their opinion, but nobody really tried to talk me out of it. It was just more like "I can't believe you're doing this."

HF: Well, one good thing about that in a way, is it helps you recommit because when people challenge you or they're not necessarily on board, if it's truly something you want to do,



it helps you deepen your resolve. In some ways that can be a helpful thing, rather than everybody like rah-rah cheering you on and saying, "Oh yeah, do it."

BB: I had people telling me I was too old, that I wasn't going to be able to do it. People say things, but I do think that pro and con lists and having a coach is really helpful.

HF: All right. Well, do you have any last words of advice for anybody considering making a big change?

BB: I would just say I hope it works out as well for you as it did for me. And it was a lot of fun. I enjoyed it. There were some hard parts to it, but there are hard parts to everything. And for me, I was going to be three years older regardless. So, it was just a good experience. I would really consider it.

HF: I'm so glad it worked out for you Betsy. And I remember those calls, but you persisted, those late-night calls when you were questioning things, but you made it through. And I think that says so much about you. I'm really happy for you. I'm proud of you.

Guys, if you're listening and maybe this is a question for you, I encourage you to live that question, find out what the truth is for you and don't let anybody or anything talk you out of it if it's the path you're meant to follow.

Coming up, we're going to have an episode about an emergency medicine physician who recently finished a hospice and palliative care fellowship. We'll be talking about that.

Thanks so much for listening. Don't forget as always 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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