



EPISODE 89 When the Unbelievable Happens in Residency, a Story of Triumph

With guest Dr. Usman

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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're listening to episode number 89. You never know what the future holds when you embark on the journey to become a physician. We know it's going to be challenging and take a long time. But in general, we have the sense that if we work hard and stay committed, we will achieve our goal.

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Our guest today had an extra challenge being an international medical graduate, but he was moving forward in his quest to become a surgeon. He was able to get a preliminary spot in a residency program and was giving it his all. But then his journey took some unexpected twists and turns.

As things went from bad to worse, it seemed that his dream of being a physician was never going to happen. We're going to hear a story about these difficulties he encountered in residency and what he did to cope and prevail during this time of extreme challenge.

I believe his story will be very helpful for you if you're experiencing significant roadblocks to doing something that is really important to you. My guest will also be sharing some advice for those of you who may be experiencing anything like these troubles he encountered in residency. I am not using his real name to protect his privacy. It is my sincere honor and pleasure to welcome Dr. Usman to the podcast. Hi Usman. Good morning.

DU: Good morning, Heather. How are you?

HF: I'm very well, thank you. And thank you again for agreeing to come on and talk about this time in your life.

DU: Absolutely. I'm really honored that you think that my story would be useful or informative to your listeners. So, I'm happy to share it.

HF: Well, where would you like to begin?

DU: Yeah. I'll start from the start for all the context. I grew up in Pakistan as one of three sons. From a very young age, being raised by a single parent, I wanted to be a physician. And so, after completing medical school, I proceeded to the US where I had accepted a

post- doctoral research position in a very prestigious Ivy league, in the Northeast. After I completed two years of postdoctoral research position published almost 25 manuscripts.

HF: Wow, that's a lot. Well, that's a lot of writing that you did.

DU: Those are busy years. I'll say that.

HF: Yes.

DU: But it all sort of seemed to be working out when I was offered a preliminary position in the general surgery program in that hospital. I did my PGY-1 year. It went well. However, at the end of it, my program was unable to offer me a PGY-2 position, which often happens with preliminary candidates.

And so, my options were to either go back and do the match or to find a position outside the match. But because I already had my green card in process, I knew that I had to find something really fast and something that would allow me to continue my green card process.

And so, it sort of seemed serendipitous when the anesthesia program and the hospital offered me a position because they had worked with me before and they liked me. And so, it was really while I felt in between a rock and a hard place that I accepted the anesthesia position, because even though I didn't have any strong interest in the field or had thought strongly about the field, I did know that it would allow me to continue my training in a prestigious place and it would allow me to continue my immigration processing without any issue. With a little bit of skepticism and a little bit of reluctance, I did accept that position.

HF: So that wasn't what you were aiming for. It was quite different putting the patient to sleep rather than doing the surgery, but you wanted to be able to proceed to do a residency and be able to practice.



DU: I think as often, many of your viewers will understand, one has to be flexible and agile and make the most of what you've given. And at that time, I felt that that was really my best option. In fact, everybody I spoke with advised me to take that position up because it was arguably the best program in the country. And they had just offered me a training position, anesthesia, which at the time was a very competitive field in its own right.

HF: Okay. So, take the bird in hand.

DU: Right. Exactly, exactly. Well said. And so, I did my PGY-1 and then I signed my contract for CA-1, however, because there was a gap of one year between, I would start my CA-1, I accepted a PGY-2 prelim position in general surgery just to kind of spend that time productively and proceeded to...

HF: A glutton for punishment. So not just one but two surgery years.

DU: Well, I have always been a hard worker. And that's all I knew, working hard. And so, another year in general surgery didn't phase me at all. In fact, it allowed me to be productive. It allowed me to kind of learn some new skills and surgical ICU, which I thought would be very useful in anesthesia in itself. So, I finished my second year, came back and started anesthesia.

And the year went well. There were certainly some challenges because this was a brand-new field for me and I perhaps hadn't really thought of, or prepared myself as well as I could have, having just come from general surgery training. So, there were certainly some issues in terms of my ability to score as high as I wanted in an in-service or in our internal examinations.

However, when it did come to taking part in one of the board examinations, I did clear it as opposed to some of my colleagues who did not. So, it did think to me that even

though I was a perfectionist, I wasn't doing as well or scoring as high as I personally had always done. I did seem to be meeting certain basic standards, which was completing or passing exam.

Towards year one, however, I was working at a hospital for my pediatric rotation. And this one morning I had just started a new case. And before I knew it, I had face planted and had a falling asleep episode in the OR. Luckily the patient was unharmed. It was not a general anesthesia case. And the nurse was able to kind of take my name and aroused up pretty quickly. However, this incident led me down to the chairman's office where I guess very surprisingly the attending who I was working with for the first time that day, actually, had raised concerns for me potentially using substances.

HF: So, you have been working really long hours, not getting much sleep at night and then you just briefly fell asleep during this case, just your head bob down.

DU: Yeah, that's exactly what happened. I had just started in this new hospital and I was just getting used to this new system. This is also one of the best pediatric programs in the country. And so, this hospital is a beast. Just getting to the ORs took me 10 minutes or 15 minutes from the entrance, not to mention getting into the system, doing all of that stuff. I was getting to the hospital at 5:00 AM in the morning. And because as anesthesia residents, you have to discuss all your cases with your attendings, I was leaving at 08:00 or 09:00. So, I was spending 16 hours every day, at least in the first initial few days, not to mention that I was also taking some calls. I was for the lack of a better word under slept, exhausted, which I wasn't making any excuses for. So, it wasn't something I would bring up to anybody.

And so, when that incident happened, which like you said, I just sat down on my desk. It was that early morning period, after you've gone through the adrenaline of setting up your cases, you suddenly decide to rest a little bit, and that's when the wave of lethargy kind of hits you.

HF: Okay.

DU: And that's what happened. I think I just face planted, and the nurse called up my name. I woke up and I thought that I would continue my day, but it led me to the situation where I was accused of taking substances. I volunteered to go across the road to the testing facility. I gave the sample. It came back negative. However, my program, again, very frustratingly decided to kind of refer my case to physician health services, which is the board's subsidiary that deals with situations where physicians are suspected of abusing substances. Why they decided to do that, I have no idea, because I had an impeccable record. My faith is Muslim and taking any sort of intoxicants, including alcohol or drugs are prohibited in my religion. And it's something I've never done. And I'm somebody who ran a half marathon. I was a very young, healthy, energetic, active individual.

Anyway, the whole thing with the physician health board took several months and it involved repeat testing, including repeat hair and nail testing. They even had me go down to this testing facility in the Midwest, where I was asked to take undergo three days of psychiatric testing, as well as a polygraph testing, because they thought that was the only way for them to confirm that I wasn't inhaling gasses. So, it was a very, very traumatic three months. The financial cost of which also added insult to injury, I had to bear myself into thousands of dollars.

HF: How much was that, that you had to pay Usman for the testing?

DU: Yeah. That outpatient psychiatric testing in itself was \$8,000, \$9,000 several years ago, not to mention the cost of flying to that place and staying there for three days, not to mention all the hair and nail testing that I had to do.

HF: It's insulting. I mean, here you were accused of things that you hadn't done and you were exhausted and you fell asleep. Was anybody concerned that you might just be sleep deprived or there might be some medical issue underneath?

DU: Well, you would think that they would be. I personally did not have the foresight to think of that also as a resident who is at the risk of losing his career. I was jumping through the hoops like a poodle at no point did I want to resist anything and be accused of being insolent or be accused of being resistant to what I was being asked to do.

So, I was doing everything without questions asked. Like I said, I wasn't advocating more for myself because I thought that would be taken as being insolent. And so, I was doing everything that they were asking me to do, even if it seemed very unfair, dramatic, financially unfeasible, not to mention damaging to my internal sense of self-worth, because here I am, somebody who has always been, who's lived life in a straight line. And suddenly I'm being accused of being a drug abuser.

HF: Yeah. That sounds really, really, really challenging. And when you're facing a big authority, you're facing a big powerful institution. I can understand why you just want to go through the motions because you know there's nothing to hide and you're hoping that then you'll be cleared and you can go back to your job. So, you go to this program and then what was the outcome of all this testing?

DU: Well, the outcome of this testing was negative. There was nothing that they could come up with. The only thing that the psychiatrist eventually wrote was that I had a personality disorder and that I was suffering from it and that it couldn't be treated. That I was essentially for the lack of a better word, I was beyond help and that I couldn't return to work. And it just seems like such a facade because the report went right by my own psychiatrist who was working at the hospital that I was training in.

Termed it as completely like a ruse and something like a face-saving exercise that they had to do because they seemed like they owed the programs or the physician health services or diagnosis in return for all the money and effort.

And so, this whole process essentially led down to the point where my program, after having created so much smoke without really a fire, just found it difficult for me to continue. And they offered me the option to either resign or be removed from the program. And so, when I was given the option to resign, I almost felt subconsciously a little relieved because it gave me the opportunity to finally just separate myself from all these people. I couldn't bear the thought of working with them again. And people who had made me go through that whole process that did not support me at all. I had not received a single phone call or an email or a text from the wellness committee. That is such a ruse and a facade our modern-day training program. And so, I was kind of relieved. And so, I just gave my resignation in that.

HF: Well, what a terrible experience to be accused of something you never did and then have to be given this diagnosis of a personality disorder and said you're unfit for work, but they don't even say what it is. So now, you've lost this program. And now what happened?

DU: Well, it doesn't end here, unfortunately, Heather. Right after I left my program, the medical board came after me and told me that they wanted to discipline me for those instances of falling asleep. And so, I had to hire a lawyer, pay them several hundred dollars. And it was at that point really that I was asked to undergo medical testing, which revealed, fortunately or unfortunately, that I had two sleeping disorders, that had caused those episodes of falling asleep at work.

And so, we did submit those materials to the board who didn't make it easy, and I'll spare you the details, but essentially it took me almost three to four years to get this whole matter settled with the board even though again, I was not at fault in whatever

had happened. It happened because of a sleeping disorder. But it still took me four years to settle with the board, not to mention almost \$40,000 in legal fees that I was finally able to free myself from the clutches of the board. That was again, I felt being very discriminative.

HF: Yes. And I remember you told me when we were speaking earlier that these different experts in sleep said they would testify for you. And one even ended up doing it for free, willing to do it for free, because he was so enraged at what had happened to you and wanted to support you.

DU: Yeah. When we were kind of going through this process, it would have culminated into a trial where my lawyer suggested that we find a sleep expert who actually speaks about the sleep disorder and how it was not my fault and how the fact that it had gone untreated was a normal clinical course that these disorders have.

And so, I reached out to every sleep expert in that Northeast area, which a lot of them are very highly regarded. And I kid you not, I think I spoke to 16. Essentially, everybody who I could find. I spoke to 16 academic sleep specialists, every single one of them who I had spoken with and had shared my story with, including documentation, just to make sure that they could see whatever is happening were so enraged that every single one of them offered to testify on my behalf. Obviously, all of them were going to charge me a fee.

However, it was kind of very humbling when one of them, who is the chief of staff and head of sleep at a major institution, actually offered to do it for free. And I kid you not, I'm not somebody, as you can imagine, somebody who pauses for words a little often. But when he said that to me on the phone, I was speechless. And I asked him, I said, "Why would you do that?" And he said, "Well, because I feel like you are being dealt with so unfairly, I couldn't possibly charge you any money. I think I need to speak in your defense." And that individual, like you said, forewent his payment of several hundred

dollars an hour to speak to the board about me. And to be honest, not just that. As I've proceeded in my career, he has written a letter of recommendation in my defense at every single juncture that I've needed.

HF: Wow. I'm so glad you finally had a champion, someone to help validate you in this saga. But it doesn't end here. And it's interesting what comes next.

DU: Right. And I'll try to summarize the last part, which is that while this whole thing with the board was going on, I had enrolled myself in an MPH and I was working in public health largely because I wanted to keep myself busy, but also because I wanted to be able to pay the bills.

HF: Well, those legal bills.

DU: Right. And as I was doing that, I had a fleeting thought about reapplying for residency. And to be honest, I had wanted to reapply since day one, but because of the issue with the board, I had decided not to because it would probably not have ended positively.

But I decided, finally after the situation with the board, to be headed in a positive direction towards resolution. I applied for this non accredited training position again in the Midwest. And I wasn't really sure if I would even get it, but luckily, I did. And then the next step, however, was getting the license to practice. And that was which I thought would be the great litmus test for whether I could proceed in my clinical career. And very hesitantly I applied for the license. I didn't have very high hopes. Again, my sleep expert wrote to the board saying that whatever's happening at this medical board is completely wrong and that they have nothing to fear.

And so, I felt like God's way of telling me that there is still hope and that I should keep this trudging along, that the other medical board gave me a limited training license to continue.

HF: Yay. Yay. So, you got a position, you got a training license, your luck is starting to change. And this is not luck. They say the harder you work, the luckier you get. I think it's just time for the universe to be supporting you and God as you're speaking about.

DU: Absolutely. I did think that that was really a turning point because I think that really did reinforce my confidence. I did reinforce my belief that there was still hope for me to pursue a clinical career. And so, after I did get that non accredited training position, and I really felt that the boards would literally look beyond what was being done to me in my home state was when I did finally decide to apply for the match. And I had several interviews. I interviewed and luckily was able to match match in a very prestigious training program in neurology in Texas.

HF: Wow. This is so amazing because there's so many times when you could have just put your tail between your legs and gone off and said, "This is too hard" and felt ashamed. And even though you hadn't done anything wrong, you could have given up, but now you're in a training program doing well in neurology. There's a lot of irony here with this whole sleep issue. Do you have any idea whether you might be a sleep expert?

DU: Well, I could be, but as somebody who likes acute care, I do have a special interest in neurocritical care where a lot of our patients are unfortunately sleeping or sedated. So, there is some irony. But to your point, yes, this whole saga, if you may, was almost eight years long.

HF: Wow.

DU: And there were certainly some tears, there were certainly some long, difficult nights, but I think what kept me going was a strong sense of belief in myself, which was reinforced by my family and my friends. But certainly, I do give myself some credit for wanting to continue doing my best, and keeping faith that I've worked hard because I am innocent,



that I will persevere. And it looks like doors opened up for me.

HF: I'm so happy for you. We're going to take a quick break here. Be right back.

It makes me happy to share free information with you, such as this podcast. If you'd like to have additional free content, you can go to the Doctor's Crossing website and check out the freebie tab at the top of the page. Here, you can access a downloadable career transition starter kit, as well as guides on topics, such as interview prep, resumes, chart review, telemedicine, pharma, and medical writing, with more on the way. If this sparks your interest, you can find these resources under the freebie tab at doctorscrossing.com. Now back to our podcast.

All right. We're back here with Dr. Usman and he's going to share a few tips for you if you're going through something challenging, especially during residency. Okay. What would you like to tell us?

DU: Yeah. Heather, I think anybody going through difficult times and feeling a lot of pressure, stress, being micromanaged, feel like they have a target on their backs. I think the most important thing you could do, which I didn't do, was speak up more. Talk to your program director, talk to your mentor, talk to your core residents, make sure people are aware that you are having difficulties so that they can offer you resources.

I think what I did wrong was I didn't speak up. And so, I was waddling in my sense of shame and incompetence, and that allowed me to just keep on slipping even further. And things just kept getting bad.

The other thing that I didn't do, which I really do regret, was not get legal help. You will feel like you're up against a huge force, which is your program that has unlimited resources, legal resources, but you really do have to watch it for yourself. And I wish that I had sought legal help, which I actually was advised against also at the time. But if I had,

I wonder if my lawyer could have eked out a positive or somewhat of a good kind of exit strategy. Because I didn't have legal help, I was basically looking up for myself, which really was a greater challenge.

I think those two are very important points in terms of what you can do. And legally also make sure you get help. The other things that I think are more straightforward, but also very important are, make sure you have a good support system. I think I couldn't have gone through this if I didn't have very strong friendships, very strong relationships with my parents. And then my wife, who I do credit with keeping my sense of self-worth going, my self-confidence built up because there were many times or many different people telling me that I was a bad resident, that I was incompetent, that I was even using drugs at one point. But all of these people made sure that I kept feeling strong and kept going on.

The other thing that I did was, and this was perhaps a personality trait, is to keep busy. I made sure that at all times, even when I had been just let go from my training, that I was either doing an MPH or then working and consulting. But making sure that I was busy. And that I always had a sense of purpose, even if it was just making money so I could pay my bills. But I think those two things really did keep me from falling into an abyss, which we oftentimes do when we are in a bad place.

HF: It's true. You can get depressed and you could even start to believe the things people are saying about you and really question what is the truth here.

DU: Right. And it's ironic because I think there were several times when I told my friends or my wife, well, if I wasn't a drug addict then, I think I probably will be now, that I've been made to go through this entire process.

HF: Right. You're right. It could drive you to drink or use drugs. No, seriously.

DU: And I was like, “Oh, maybe it'll be a self-fulfilling prophecy.” But then one thing I will say that I do want to share is that I think it is very helpful. And in retrospect I think what helped me get to where I did end up was being honest and owning your story.

There were many times when I felt ashamed and there were many class reunions that I didn't go to because I didn't want to face people, and have to explain my story or tell them where I was in life. But then after some time, maybe over the years that I've matured, I've just realized. And somebody once told me, you have to own your story because if you don't, nobody else will.

And I do remember that there was a little bit of a seismic shift in my mind and how I approached my life. And I started meeting my friends and I started meeting my co-residents and my colleagues from medical school. And I was being very honest with what had happened, just saying things as they had happened. And because I realized that this was a reflection of how the system had failed me.

And to be honest, I think I didn't really care for what others thought because I was going to own my truth and tell them exactly what had happened. And if they believe me, great, if they didn't, so be it. I was not going to not own up to what had happened to me just because somebody would not believe me. At the end of the day, if you don't believe yourself, speak for yourself, nobody else.

And to be honest, nobody really ever doubted me. I feel like people knew me well enough that when I told them what had happened, everybody knew that something wasn't right, that this was completely a sham.

HF: I just want to jump in here for a sec because I think that's so true that when we feel shame, we tend to hide. Shame like to keep us hidden. By bringing your story and your truth, you're resisting that shame. Can you just really briefly share what you did

regarding your personal statement when you applied to that program in the Midwest? Because I think this is such an important point, Usman.

DU: Absolutely. When I was applying for residency, the big question was, “How do I share all this in my personal statement? Do I give every program that I'm applying to the opportunity to essentially reject my application from the get go?” And a lot of people that I spoke with told me not to do that. However, I had decided that I was going to own what had happened to me, not be a victim, but rather be somebody who had shown great resilience.

In my personal statement, I was very honest with everything that had happened. I owned up to the sleeping episodes. I owned up to whatever the board was doing. And I owned up to the fact that given everything that I've achieved in my life, this is not a representation of who I am.

What I was doing subconsciously perhaps was actually screening programs rather than letting them screen me, because what I had told myself was that for me to really successfully match, I need a program who's going to have to believe in me. And if they don't believe in me, I don't even want to interview with them because I might as well just dream them out now.

And so, by being honest, in my story, I was screening the entire list of programs through and only then getting interviews from programs who knew everything and were still willing to give me a chance. But these included really good programs. I mean, it's interesting and frankly humbling how program directors at some of the fanciest programs in the world in the country were connecting with the story and there were instances in my interviews when faculty told me that they themselves had suffered from sleeping disorders.

There are ways that people connected with me and my story, that was very humbling. And so, I think the final point in my success was only possible because I decided to own up to everything that had happened, be open, be vulnerable and connect with my interviewers on a very human personal level. And they all saw my story as one of resilience.

HF: That is so great, Usman. And I see that in physicians that I speak to who've had troubles along the way. I mean, real troubles with drugs and different things. And what I find is when they tell the truth of what happened and own it from the beginning, that's the most powerful place to come from because people are going to find out. It's better that they find out from you.

So, thank you for sharing that. Thank you for sharing your story. And I just have one last question for you. How are you doing with your sleep disorder? Is that getting in the way at all?

DU: Well, actually I think a lot of my sleep disorder was caused by my sleep deprivation. And I think that is why neurology is such a good fit for me because the day to day of it allows me to get a good night's rest. There are oftentimes even early days. And I think all of that has really kept everything at bay. I mean, I was very early on after my diagnosis, I was taking a stimulant for a few months perhaps. I have not needed to take it since, because I felt that with sleep hygiene and good sleep, I just don't need anything. And I think for that reason, wherever I ended up, just ended up being the right place for me.

HF: That's so wonderful. And you do not have a personality disorder. You have a lovely personality. So, I want to thank you again, Usman, and I want to wish you all the best in your career as a neurologist. Thank you.



DU: Thank you, Heather. I again appreciate your interest in my story and I hope that this helps others. That would be really coming full circle for me, if somebody else is happy.

HF: I'm sure it absolutely will. And thank you again. So, guys, I really appreciate you listening. Thanks for being here. 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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