



EPISODE 92 How To Decide If Leaving Residency Is Right For You

With guest Dr. Chelsea Turgeon

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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 92. In several of our recent podcasts, our guests have talked about their situation with staying or leaving residency. Dr. Sam Kessel in episode 85 left after internship to pursue a consulting career. Dr. Usman in episode 89, shared his

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harrowing tale of being unfairly dismissed from his anesthesiology residency and how he persevered through many challenges to get into a topnotch neurology residency. Dr. Jingyi Liu in episode 90 shared how she left after her internship to pursue an MBA and ultimately decided to return.

While we have touched upon some of the thought processes that go into making the decision to stay in residency or leave, I have not devoted an entire episode to exploring this question. And it's a big one.

Today I have a lovely guest, Dr. Chelsea Turgeon who's going to share a step-by-step approach to finding your own answer when you're having doubts. Dr. Turgeon had serious doubts early on in her OBN training program and after much consideration decided to leave.

She transitioned into working as a full-time coach. She helps healthcare professionals recover from burnout and create fulfilling careers they enjoy. It is my distinct pleasure to welcome Dr. Chelsea Turgeon to the podcast. Hi Chelsea. How are you?

CT: Hey, thanks so much for having me.

HF: I'm really excited. And you are in the UK right now.

CT: I am.

HF: Yeah. So, you are a coaching nomad. Digital nomads. We're going to hear a bit about that, but as always, we love to start with our guest stories. Would you like to take us back to that time when you were having your own doubts?

CT: Yeah, absolutely. I want to start just with my background as far as why I went into med school in the first place because for me that's a huge part of my story. And I really



initially decided to go into medicine for very superficial reasons that were not really based on who I am and what I wanted and how I wanted to serve the world.

So, I really bought into that idea, that if I achieved a certain level of success in my career, that I would be happy, I would feel fulfilled, I'd have a good life. And so, being a doctor seemed like a really solid choice to do that because it was well paid, it's a well-respected profession and you get to help people. And that was something I always knew I wanted to work with people in some capacity, and that has always been the case throughout my story.

But before going into med school, I never really stopped to ask myself, "What do I want? Chelsea, what does Chelsea want?" I didn't really even know to ask that question. I think a lot of us don't know how to ask that question. We're all very young when we make our career decisions.

And so, I think a lot of us are making them based on external pressures and just kind of following this pathway that society lays out for us. And I thought that if I really followed that formula, get good grades, get a good job, get a good paycheck. If I followed that well enough that I would kind of arrive at some point in my life or career where I felt happy and successful and fulfilled.

But really the further I got along in my medical training, the more everything started to feel off and I started to really notice it. Some things like I didn't like being in the hospital, I just didn't want to be there. Every time I left, I felt this huge relief and this sense of like, "Oh my God, thank God I'm getting out of here."

It wasn't where I wanted to spend my time. I felt pulled to these other hobbies. I wanted to hike. I wanted to travel. I wanted to learn photography. I wanted to read about spirituality and personal growth. And there was just so much else I wanted to do and be. And I felt like my medical training in medicine was really kind of getting in the way of everything else I wanted to do. And I started getting really burnt out and I hit this rock

bottom of burnout around my second year of my OB-GYN residency to where I was really at this point where I was so physically drained and exhausted that I couldn't drag myself out of bed anymore.

And so, I ended up taking a five week leave of absence from residency to just take a pause, recover from burnout. And that was probably the first pause that I took for the first time since I had started college. I had always been going, going, going ever since I started the path towards premed. And so, really just taking a pause, breath and connect my intuition, connect to who I wanted to be, how I wanted to contribute to the world, really came to the realization that medicine was not aligned with what I actually wanted.

So, I ended up turning in my resignation letter and basically it changed my whole approach to life in a lot of ways. Instead of prioritizing achievements and what my life looked like on the outside and trying to make sure that my life measured up to everyone else's expectations, I just dropped that and started creating a life based on what I wanted and what felt good on the inside and is true to who I really am.

And so, I resigned from residency. I actually bought a one-way ticket to South Korea. I taught English in person there for a year. And during that time, I learned all about the world of online business, how to build one, what to do. And now for the past two and a half years, I've been location independent, like you said, no matting around. So just fully supporting myself through my online business. That's where I am today. Online entrepreneur, author, career coach, and just founder of The Life After Medicine community and podcast.

HF: Okay. There is so much in this story and I know we're definitely going to be focusing on steps for someone who's having doubts to help them walk through this process, but you brought up so many things. But one of them is that it is not uncommon to get on this conveyor belt of medicine because who's going to talk you out of it first of all. It makes a lot of sense, especially if you want to help people and it has this momentum to it. But

can we go back a little bit and I'm curious about how that idea came about and where the pressure or the motivation to pursue this path came from?

CT: Yeah. I love that question. It started with psychology. It's kind of where it started. I loved psychology from a weirdly young age. Like my friends in high school and middle school would read Glamour or Seventeen magazine. And I was reading articles on psychology to learn about different psychological principles of behavior. So, I just always loved psychology. And then taking that going forward, I went to college and I was like, "Okay, in my head, there were two options to do psychology. One was to go to grad school, be a psychologist. The other option was to go to med school and do psychiatry. And to me, they seemed fairly entertainable. And then I would kind of float the idea of my path to people and the reinforcement I would get from, "Oh, you're going to go to med school. You're going to be a doctor.' I just got so much positive reinforcement from that version of my plan that it just kind of naturally took over and became what I gravitated towards, because it does feel really good to get that validation from other people. And so, yeah, that's kind of what ended up swaying me in that direction.

HF: Okay. That makes sense. I can follow that path because from what I know about you now, you are very psychologically based. You love thinking about personal motivation, human development, personal growth. I see that connector. So, you were thinking psychiatry, but you ended up in OB-GYN. How did this happen?

CT: Yeah. As soon as I actually got into med school, I quickly realized I did some kind of shadowing and some working in the psych clinic and pretty early on before, like third and fourth year, I started getting involved in psychiatry in the hospital and I didn't really love the doctor patient relationship from a psychiatrist to the patient. It felt a little more like you weren't on their same level. You were kind of observing them and maybe patronizing them in some way. Just because the mental status exam was all about observing them, but you weren't really connecting or relating to them is how I felt. And that's different based on what patients you have. But I think for a lot of the interactions I

observed, it just wasn't the sort of doctor patient relationship that I enjoyed.

HF: I think that happens to a number of individuals who really want to be more of a counselor and a coach and do therapy with patients. And then they see the psychiatric model, which can often be very drug based, medication based. And then they feel this disconnect. You decided not to do diversity psychiatry. How did you choose OB-GYN?

CT: Honestly, because it was the one I hated the least out of all of all my rotations. And I think what I enjoyed about it during my third-year rotations is because I was just active. I just got to do stuff. And it felt really fun because all med school training is all set up differently, but in my world, the way that we were doing it, I always felt like I was in the way and I felt like I didn't really have much to contribute. And I would create my plans and I just felt like I wasn't really helpful. And that was hard. It felt like you're just not able to contribute that much.

And so, on the OB-GYN rotation, I just felt very active and immersed, involved and I do really like women and women's health and I liked that the patients were well and that they would get better. And so, like pregnancy, especially. It's like, they're not sick for the most part. They can be sick in pregnancy, but not necessarily. And so, I think those were the aspects of it that appealed to me.

HF: One of the reasons why I'm going back into your stories is because this is very helpful to do when you are questioning your career is to try to really understand why you made certain decisions at certain junctures. Because they also help you learn about yourself. So, you got into OB-GYN, which is not an easy specialty to do, especially if you're not really connected with it. Tell us a little bit more about what was happening in residency and that decision to leave.

CT: Yeah. Yeah. And so, residency itself, I think all residencies can be very hours intensive and really emotionally intensive. You're really stepping into that responsibility of being a

doctor for the first time. It's taking a lot of the theoretical stuff from med school and you're really living it at a very fast pace. Like one of my co-residents said baptism by fire. You're really immersed in it and you have to step up a lot.

And so, it's a huge learning curve. There's a lot involved there. And especially if it's something that you don't feel like your heart is fully in it and you don't feel fully committed to it, it can be hard to keep showing up every day, keep giving your best because it's not something I've said to other people before. It's not like a job you can phone-in. It's not a job that you can just show up for and then go home and not really be present. It's a job that really requires a lot of you, especially during the training part.

And so, I think once I got to that place, I started to realize I wasn't willing to give that much of me to this. I didn't want to spend all this time in the hospital. It just didn't feel like it lined up with my values. It didn't feel like I was really getting to use my zone of genius in the way that I wanted to. And also, I didn't enjoy the science parts of it. I always enjoy the human part of medicine, but not the science part. And so, all of those pieces were starting to become more and more clear to me.

I think all of that started to just lead to burnout. I think whenever you're in a career that's not really lined up with your values, it doesn't allow you to use your strengths to the best of your abilities. All those, it starts to chip away at you. And especially when there's a lot of hours involved and then you don't get to do the things that you want to do to rejuvenate in your own time, it's just a recipe for burnout. And so, that's what ended up happening to me during my second year.

HF: I know one of the things that I think about when I think of leaving residency, I'm sure it came up for you too, is when you leave, you are doing something for yourself, but you're also putting a burden on those who are left to pick up the call, the extra work duties and things like that. How did you mentally deal with that?

CT: Yeah. Yeah. Essentially the way I dealt with that was no one else has to stay either. Like everyone else is choosing to stay. And just because other people want to choose to stay and continue to participate in this system, it doesn't mean that I have to continue to stay to do that. I never, in a lot of ways, I just didn't really feel like it was my problem.

HF: Yeah. Maybe later in the steps, we can talk a little bit about people who are feeling guilty, have that guilt. That's a real consideration I think for a lot of physicians. I don't want to leave the team. I don't want to be perceived as weak or leaving or not thinking about these people. And they may even be their friends that they're training with. Now, let's do a little bit, before we go into these steps, I think you wanted to share some foundational assumptions about making this decision.

CT: Yeah. Speaking to that person, who's in that place, if you're having doubts about your medical career and it can be in residency, absolutely. And we'll speak very directly to that. But if you're having doubts at any point in your medical career, these things that we're going to talk about can really apply to you too.

This is just kind of based on my belief system. One is I don't think anyone deserves to be miserable in their career for an extended length of time. That does not mean that there's not going to be hard days or hard things or that every moment's going to be sunshine, rainbows, joyful. But I really believe that more often than not, if you're miserable in your career, I just don't think anyone deserves that. And I actually think the world is a better place when we're all doing work that we enjoy and when we're enjoying the things that we do.

So, that's a huge thing that I think we should all start with. And then also knowing, you don't deserve to be miserable and also you have the ability to do other things and make a good living. If you're in residency, if you're in any point of your medical training, you've made it this far.

So, it is important to reflect back on how far you've come. What did it take to get there? What kind of things did you have to overcome? You have a track record of success of rising up. You have a track record of accomplishing and achieving things and that can easily be transferred anywhere else, even if you don't feel like it. I think a lot of people get beat down by the system at some point. And you kind of feel like, "Well, there's nothing else I can do", but if you have enough resources like enough energy and time and mental capacity, you have shown that you have the ability to be successful. And so that's important to know.

There's also so many options. There are so many ways to use your strength. Use the things that you really like to do. There's always going to be a way for you to provide value for the world in exchange for money. So, there are tons of options. There are tons of ways to make money.

And those might be really hard for a lot of people to start with because those are all based on possibility and infinite. And a lot of us are living in limitation and scarcity and lack. And so, it's making that shift. I think that would be the overarching theme of the shift is moving from this scarcity and limitation to possibility and openness.

HF: Right. And when we leave residency, we often feel less than, but if you think about it, a lot of people don't even go to college. We all have college. And then we have all this added medical training for medical school. So, we have all this additional training and then if you've done some residency, that's more added on. So, it's not less than, it's really more than. We're going to take a short break here so I can share some resources for you. And then we'll be right back to go through these steps.

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 are back here with Dr. Chelsea Turgeon and we are about to go into steps that will help you if you're trying to decide if you should stay or leave residency. And these can also potentially help in medical school. Would you like to start with the first step?

CT: Yeah. The first thing you need to do is clear yourself out of some space so that you can think. I took a five week leave of absence during my residency. And what that allowed me to do is just take a step back from the day-to-day grind. In any sort of medical training situation, it's very busy and very hectic, and there's really not a lot of time to think, and it's hard to, and you're also very exhausted. And so, it's hard to make decisions when you're so exhausted. And it's just hard to feel the spaciousness, to be able to think when you're so caught up in your day-to-day grind.

And so, I would say, find a way, however this looks for you, find a way to carve some time out, whether that is you have an off weekend coming up and you're going to go off to a cabin somewhere and be in nature and just really take this space to think. Maybe you have a vacation week coming up. Maybe you can take a leave of absence like I did. But I think it's really important to carve out some time and space where you can think.

HF: I think that's very important, partly because when something is bothering us, we tend to get into circular thinking where we might say, "I'm really unhappy. I don't know what to do. I don't think I can leave. I'm really unhappy. I don't know what to do." And it's very hard to make any progress from that place. I like your tip of being intentional about really dedicating some time to see where the thought process can take you and not just get stuck in it.



CT: Yeah. That's huge.

HF: What is step number two?

CT: Step two, once you've had some space is to start asking yourself some powerful reflection questions. And I'll give you guys a couple, but you can also probably look some up online. I'm sure Heather, you probably have tons that you've given people as well. And I like to journal these because if I'm just thinking them in my head, like you said, the circular thinking, you go round and round.

So, I would recommend pen and paper journaling out on some of these questions, starting to reflect on why did you go into medicine in the first place. What was that motivation? What was that rationale? Is that still relevant? Is that still valid? Are you still that person? We change as we grow. So maybe you've changed and maybe that was why you went there initially and you don't want that anymore. And that's okay.

Why did you go in the first place? Is there a light at the end of the tunnel for you at the tunnel of your medical training? Meaning is there any version of medicine you really see yourself practicing? And if so, is the tunnel to get there worth it? Essentially, if there is a version of medicine that you want to practice, how many years away is that? And is it worth it for you to get there? And are you willing to do that? And maybe it's yes to all of those and that's great. And then you have something to work towards, but it's important to get clear on that.

And then also just getting into some other personal reflections of what are my interests? What brings me joy? When do I feel alive? What did I like to do when I was young? There are just a lot of ways to start tapping back into what you actually want to be doing in this world.

HF: Those are really excellent questions. And I like that you mentioned journaling because again, it gets you out of that loop. And it's interesting when you start writing, new "aha's" come out. It's taking you to a different part of your brain that you can access more of the subconscious.

CT: Yeah, absolutely. Yeah, I totally agree. I have so many more insights when I write it down than when I'm just thinking in my head. So yeah, absolutely.

HF: Yeah. It's powerful. What would be step number three?

CT: Yes. It's one of my favorite ones that I do with my clients. It's called the expansion and contraction test. Essentially you're going to visualize your potential future. If you're maybe deciding between "Should I stay in residency? Should I leave residency?" You kind of pick two options. That doesn't have to be only two options. There can be a million, but just start with doing two. And you really put yourself into that place, like imagine, "Okay, you made the decision to stay in residency. You go back to the hospital. You live every day."

Really put yourself back in that day to day and into that future and pay attention to how it feels in your body. What does your body feel like when you do that? Does it feel expansion? Does it feel light? Does it feel excited or do you feel like there's a heavy, like there's an **[22:43 Inaudible]** in your stomach? Do you feel contracted? Do you feel tight? And then do the same thing with the other option. And it's important to really try to do this in your body. It does help a lot if someone is leading you through the exercise, which is what I do with my clients, but it's about just visualizing each potential outcome and then paying attention to what it feels like inside of you.

HF: I have a big proponent of following the energy. I say that a lot. But if someone is really in the middle of residency, it's hard, it's grueling and it might be that this is really going to be what you're meant to do, but it's very hard to project being that physician out in

practice and connecting to it. So, how do you avoid coming to the wrong conclusion based on a difficulty in imagining something that you haven't experienced?

CT: Yeah. That's why I think doing the reflection questions first would be really helpful because then you can get to that. You can start to envision that light at the end of the tunnel. So, if there really is a light at the end of the tunnel for you, and there's some version of medicine you feel strongly about practicing, then I would take some time writing out that future, because it might not feel real on a day to day. You might not be able to contradict easily, but try to journal about it. Try to imagine it. We do have good imaginations.

So, try to use your imagination. What would it actually feel like to be doing this thing that I really want to be doing in the future? To be walking into my own private practice, to have my own integrative clinic where I'm helping patients in this way, in this way. And I think it is important to try to get yourself into that feeling as opposed to necessarily the feeling of residency, but also factoring in that in this pathway it does require that pathway of residency.

HF: Yes. Yes. It is helpful to have that touchstone of connecting to your “why”, getting back to that. All right. Great. Would you like to take us to step number four?

CT: Yes. Step number four is about getting some information and there's definitely a time and a place for this. Some of my favorite resources and I would say proceed with caution here because you can get really caught up in rapid holes online and in Reddit forums and all of those things of people just saying all kinds of things. And so, I would say just choose carefully the inflect of resources where you want to go. And I would say podcasts like this one are great. So, everyone listening, nice job, you nailed it. And there's other podcasts.

What I love about podcasts is they share stories of people who have done things maybe outside of the norm, who have overcome a hardship in residency. And it just gives this narrative and this part, and that can spark ideas for you. It can show you opportunities that maybe you didn't know existed. Like, oh, you can stop doing your residency and just go into clinical research. I didn't know you could do that. And so, that is something that's really powerful about podcasts is that you can really try to connect to what stories you are being pulled to and drawn to. And then obviously coaching. Heather and I would both very much support coaching. And I think it's important for the coach to be someone who guides you back to yourself to always help remind you that you're the ultimate authority of your own life.

HF: This is a great suggestion. And before when I started coaching, there weren't that many resources. It was really hard to get information. And you mentioned some really great ways of exploring this because what I've seen, not just in residents, but in physicians who have been out in practice, when they know that there are options and they're not trapped it's as if a pressure relief valve goes off. And it can really change even just how they feel about their current setting and it can help them feel okay even about staying because they're like, "Okay, I'm not trapped. I'm not focused on feeling like a caged animal. So, I can really work with where I'm at right now. And then if I do need to leave, I have all these other things I could do."

CT: Yeah, absolutely. Feeling trapped is one of the hardest things to feel, especially after going through all that training. Anything you can do to show yourself you're not stuck is powerful.

HF: Yeah. I know I mentioned this earlier, but often those feelings of guilt and "I'm going to disappoint other people", we haven't talked too much about these common feelings that come up and how to address them.

CT: Yeah. Yeah. To me, I decided that I would rather disappoint every single other person in the world before I disappointed myself. And that's what became the most important thing to me. That is what I led with. I think no one else is going to necessarily be there to advocate for you. And so, if you are not doing what's right for you, who else is going to do that for you?

HF: That is a big shift for a lot of physicians who have people pleasing tendency or maybe this career, because they want to please their parents or prove something. And so, how do you go from there? Because you're talking about a radical mind shift here to rather disappoint everyone else.

CT: Yeah. Yeah. I would evaluate "How is that working for you so far? How does it work when you deny yourself?" You can start on a small example. How does it work for you when you deny something that you really want to do and instead do something for someone else? What does that actually lead out to? Let's play it all the way out. Usually, it ends up in some sort of form where you're resentful or you're bitter and it doesn't actually help the relationship with that person. And so, I think if you can really see what's actually happening, that might help you understand that that's not an effective way to move through the world.

HF: As someone said to me the other day, a reminder, which is really good, they were telling me about a conversation they had with someone who was doing a lot of people pleasing. And they ask the question of when you're saying "yes" to other people, but you really don't want to, who are you saying "no" to?

CT: Absolutely. Every time you say "yes" to something, you say "no" to something else. Your move. What do you want to choose?

HF: Yeah. This has been a great conversation. We're getting close to the end here. Would you like to just review those tips that you gave?

CT: Yeah, absolutely. If you're feeling doubts, if you're feeling stuck, if you're in your medical training and you're feeling lost in some way, I would say first let's go through some four steps that you can implement into your life. So, one, give yourself space to think. Two, check in with some self-reflection questions. Three, visualize each future, pay attention to how it feels in your body. And then look around for some neutral resources that can show you what other options are out there.

HF: All right. Excellent. And I'd love it if you could tell us a bit about the work that you're doing a little bit more and how folks can find you.

CT: Yeah. Right now, I am a career coach and I work with a lot of other healthcare professionals who are feeling burned out, unfulfilled. And I help them find a way to create a really authentic, fulfilling career for them that is based on their unique strengths, their unique genius. Basically, everything I do is based on the belief that we all have a unique path to fulfill it and I just try to help people find it.

And you guys can find me. I have a website coachchelsmd.com where it has all my information. I have a blog I've been writing once a week, ever since I left residency. So, there's tons of posts on there really detailing all my journeys, which is great and just travel blogging in there too. And then also I'm on Instagram Coach Chels MD.

HF: I'll make sure to link to all those things in the show notes. And you also told me about an interesting site where an anonymous resident created an algorithm to help you go through this thought process.

CT: Yeah. Yeah. He or she, the anonymous person has a really cool algorithm. The website is called shouldiquitresidency.com. And it essentially just walks you through what are some different ways you can approach this decision. And so, it helps you kind of say "Okay, first answer this question. If it's this answer, then move on to this block." And I think a lot of



doctors are very used to thinking in that algorithmic way. We've got those evidence-based protocols. And so, if that's how your brain works and that's how you want to think about it, it's a really helpful resource.

HF: Well, I'll make sure to put that in the show notes too. I think that helps our brain organize things. Thank you again so much for coming on the podcast and sharing these tips for others. I'm sure they will be very helpful.

CT: Yeah. Thanks so much for having me.

HF: My pleasure. All right, guys, as I always emphasize that there are many different ways to do things, but the one that tends to work out best is the one that's right for you. So, here's to you finding your own way and carpe that diem. Thanks so much for listening and I'll see you in the next episode. Bye for now.

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Podcast details

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