



EPISODE 93 How To Break The News When You're Leaving Medicine

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HF: "I also really loved goats. And there are a lot of goat ranches here in Texas, and I would drive by them and really just wish I could hang out with the goats."

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 93. Today I'm talking about what to say to people when you're potentially leaving medicine, or in a transition phase and don't really know what to say or how to say it.

For example, you may have decided to give your notice because you're incredibly burned out and don't have time to figure out plan B while you're working so many hours. When

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someone asks, which they inevitably do, “What's next?” you don't have a definitive answer. This often makes us uncomfortable as well as the person we're speaking with. There is absolutely nothing wrong with being in this place of uncertainty and not knowing. It actually is often a very powerful place to be in, but it's very different from what we're used to.

When we were following the path into medicine when anyone asked us what our plans were, we typically had an answer. In the beginning we could say, “I'm going pre-med.” Then it became “Well, I'm going to medical school.” After that, we just had to rattle off our chosen specialty. Then it was simply telling people where we were going to practice. Easy-peasy. There was always an acceptable and rational answer to give. It made us feel good and it was reassuring to those who were asking.

When we step off this well-worn path of being a doctor, the GPS screen goes blank, Siri stops speaking to us, and there is no map. We have to start figuring it out as we go along. It's more like bushwhacking. We need to find a new way to talk about our plans and ideas when they're often nebulous and ill-defined.

Today on the podcast I'm going to be doing a solo episode to share some ideas about ways to talk about your plans when they're uncertain and evolving and also different from what others may expect or approve of.

I'll be drawing on some elements for my own story to help illustrate this process of talking about your plans as they are unfolding in a way that will help you feel confident and empowered regardless of where you're at. So, let's get started.

Now, obviously what you say to people is going to vary depending on who they are, whether they're a patient, a family member, friends, colleagues, your boss, or people you might be doing informational interviews with. We can custom tailor what we say



based on our audience, but there are some principles that you can use no matter who the conversation is with.

I'm going to give you three that I'll be working with in the podcast. And the first one is to get comfortable with not knowing. We like to give answers. We don't like uncertainty. So, this is a weak muscle of ours that we can flex a bit here because the truth is being in this space of not knowing is a powerful place. It's because instead of having a fixed mindset of where you're going with all the steps lined out, like when we went to med school, you're in more of a growth mindset. You are open to getting information and as new information comes in, you can adjust and recalibrate and then move forward. So, it's a more organic process and it also allows you to be more connected with true guidance for yourself and make good decisions.

The second principle is to let go of being responsible for other people's reactions. Like hallelujah, we can't control them anyway. If someone is going to be mad at us or inspired or indifferent, that's out of our control. And that's a good thing. So, this is something I'll be talking a little bit more about, like what that looks like.

The third one is to speak from a place of confidence and empowerment. So, what does this mean? You may think, "Well, if I don't really know what I'm doing, I don't know what's going to work out, how am I going to be confident?" The confidence comes from trusting that you can figure this out. And it's really a belief and a faith in yourself. And that is completely warranted because of who you are and what you've already achieved and been able to do. So, you have every reason to be confident that you can figure out this new chapter.

And empowerment means to come from a place of ownership of your experience versus blaming and being more of a victim of circumstances. I'll give more examples later, but in general, when you're talking to people about why you may be leaving or changing, it's not to use language that's blaming the system or other people, or what's happened to



medicine. You can speak about it in a different way that's coming from "This isn't working for me and this is why, and I'm moving forward." It's a subtle shift, but it's a powerful shift.

I'd like to share a little bit of my story when I was at the crossroads and didn't know where I was going. As I've mentioned on the podcast before, after nine years of being a solo dermatologist in my own practice, I decided that I wanted to do something different. This really wasn't where I saw myself going in the long term. And I sold my practice without a plan, but that was actually an intentional plan. My plan was to not have a plan.

And the reason was that I was disheartened that I had thought this was going to be the path for me. I put a lot of energy and initiative into it and hard work as all of you have into your path. But then I was wrong. This wasn't it. And I was afraid that if I did something again right away, it would be a mistake. So, I just felt I needed some time and to do some soul searching, to really understand why that didn't work for me and what I was wanting going forward.

When I left and told my patients I was leaving, I didn't really have this nice tidy, this all wrapped up in a bow to tell them what I was going to do. But what I did say was when they asked me, considering international health and goat herding, and we had a laugh about that, but in some ways, it was really where I was at at that time. I remembered that I had done some dermatology in Africa as a medical student, and I really liked it. I could see myself even going volunteering and doing that again.

I also really loved goats and there were a lot of goat ranches here in Texas, and I would drive by them and really just wish I could hang out with the goats. I did run into patients later on, just out and about, and someone asked me, "Did you ever do that goat herding?" And I did go for one day and realize they're cute and all, but I don't think this is going to be my next hoorah.

So, when I talk to patients, some of them I would be more candid about, about how I was feeling about the practice of medicine and just wanting to have more time to spend with my patients, but not even really as a capacity of a physician, because that was a big part of it. I didn't like the 15-minute interactions. I loved when I could spend 30 minutes doing sclerotherapy and really talk to my patient about their life and their goals.

And so, with some patients who knew me better, I talked more freely. With other patients I was just more circumspect in what I said. And I know a lot of you that I've been working with who've given notice and have had that experience of sharing with patients that you're leaving you get surprised by the outpouring of appreciation and the emotion and the gratitude. And it can be a very powerful experience.

And there also are some patients who are understandably upset. They may cry and they may be angry. And that's okay. You're going to get a bell curve of responses. And again, this is a place to understand that you're not responsible for how they respond. And it's really more about them.

When you're talking to patients, if you're leaving, you'll find your own words, but you might let them know that you really want to be more available for your family while your kids are young. You can also let them know that the way the practice of medicine has changed. It has really affected your satisfaction and your joy and your ability to be the kind of doctor that you want to be. And you've tried to work with the system, but it's not working for you. And you're going to see and explore other ways you can help improve the healthcare system and patient care in different ways.

I've had some of my clients when they tell their patients are leaving, they even get a job opportunity because they may have a patient who's working in a certain industry or know somebody who knows someone. So, you never know what can come out of these conversations.

In a similar vein when you're talking to family members, friends and colleagues, you'll just decide what's the appropriate content to share with them and what needs to be said and also what you'd like to get out of the conversation. But again, remember that you don't have to have answers to make people comfortable. And even if they're your parents or your spouse, you can be in this place of "I'm going to be figuring things out and I'll keep you informed as I get new information." But they don't need to be doing the worrying for you.

Now, when you're talking to someone such as a boss or a supervisor, and you're giving notice, often you're going to have the question of, "Well, how much should I say? Should I tell them I'm burned out? Should I tell them all the things that I don't like? Or should I just be more tight-lipped about it?"

I'm going to be doing a podcast episode on how to resign and what to put in your resignation letter more on this conversation. But briefly, I'll say here, in the resignation letter, you don't need to give specific reasons. It can be very short and sweet. And when you speak with whoever you're talking to, when you're giving your notice or having that exit interview, you can decide what you want to say, and it could be everything from "I've just decided to move on, thank you for this opportunity" to really talking about the different ways that this has not been what you thought it would be, this experience or the struggles that you're having, or the challenges, what you wish had been different or could be different.

And again, if you come from this place of confidence and empowerment, it's not going to be venting or complaining or blaming. It's going to be being able to articulate what hasn't worked for you and why. Because when you say things such as "It doesn't work for me to have 15-minute visits with patients back-to-back all day long and not have time to do the administrative tasks. So I end up doing them at home at night or coming in early in the morning or doing them through my lunch hour." That's factual. And that's



from your perspective, that's not saying "Administration sucks. You don't care about us. It's an abusive system. This is nothing I signed up for." That usually falls on deaf ears.

And even though this conversation is not going to potentially change anything for you and you're leaving, there's still something really powerful about being able to express yourself and be heard. And you can let go of attachment to what anybody does with that information. But I still think there's real value in you being able to articulate what you've experienced and do so in a constructive and empowered way.

How the people that you work with respond again is going to depend on them. I've seen everything from colleagues and bosses and supervisors expressing their disappointment that you're leaving, but saying, "I understand, I want you to be happy. And if you ever want to come back, the door is open. If you need a reference or referral, I'm here for you." So that kind of gracious acceptance of what you need to do.

And then on the other end of the spectrum some people are walked out the door or told we don't need you anymore and give us your keys. And they're just walked out of the building. That's not very common. I'd say more in the middle of that is someone being upset because they might be under a lot of stress. Your supervisor might have other people who are quitting or giving their notice, and they're frazzled. It's like it could be the straw that breaks the camel's back. So, if they're upset, typically it's not personal about you. It can be more about just the frustration that they're experiencing of losing more staff.

And one way to think about this is you can't stay to save a sinking ship or you can't stay to fix their problem if the system is broken. You need to take care of you. And sometimes you leaving or enough people leaving can be an impetus for positive change.

The next thing I wanted to talk about is when you come up with what you want to do, and you're not sure how people are going to react. Like for example, some of my clients,



as you've heard on the podcast, have gone into pharma and health insurance jobs. These can be considered by a lot of physicians going to the dark side. And a number of my clients who have made this transition initially had that feeling, "Oh, I can't do pharma. Or I can't be a health insurance medical director because that's going to the dark side and I wouldn't be doing any help. I'd be hurting my colleagues if I do that."

Again, we have to remind ourselves that it's not about other people's reactions or responses. We have to give ourselves the opportunity to really understand what different jobs and positions would be like. And even if we have something completely out of the box, like having a llama farm or a dessert franchise, or starting your own business doing baby photography, whatever it is, it's really just about you and your need to try something out that matters to you.

What I've seen when physicians investigate different nonclinical areas is their initial assumptions are often wrong. And they find out that there's a lot more nuance and kind of intrigue, a challenge in these nonclinical jobs that they had written off before, or just were skeptical about.

So, I would say get information before you start judging, whether something is right or wrong for you and understand that when you're talking to people and telling them you might be taking a job in pharma or doing something that they might not approve of, that they just might have the same assumptions as you had and it's okay. Or they can just not believe in what you're doing or agree with it. And that's okay. We don't need other people's permission to follow our heart.

And this is something that I experienced when I decided to become a coach. I was beginning to build my business and I was talking to my father about it. Now my mom and dad have always been very hands off with myself and my brothers in terms of what we did with our life. And that's just how they raised us. I just started my own path and I made mistakes and they were just there if I needed them, but they never were directive.



So, when I said I was leaving medicine, they obviously were concerned. They asked questions, but they never tried to talk me out of it.

Well, when I was telling my dad about this coaching, this is really the first time that I ever felt some skepticism from him. I remember he was just like saying, “Oh, how's that going to work? How are you going to make money from coaching people?” And I don't think he'd ever had a coach. Coaching was pretty new back then. And so, I felt that he really disapproved and it made me feel bad. Because of course, you want your parents to be behind you.

My mother on the other hand became one of my first paid clients. It was in my certification program. We had to have five paying clients and she paid me \$60 a month to be my client. And she was a great coaching client. But with my dad in a way, and I'm going to tell you this, it was helpful. It was helpful that he had this skepticism and doubt because what that can do for you instead of being a negative, it can help you recommit to what's important to you.

And that's kind of what I did. It was just this feeling of, “Okay, you can feel that way. I can be skeptical myself too. Maybe it won't work out, but I am committing to giving this a chance.” And so, I did and he became such a strong supporter of me. He would read my blog, tell me about it. He would call me up for impromptu coaching calls. “Hey dad, can I talk to you about X, Y, Z.”

So, I hope that's helpful for you. If you have some family members who are questioning what you want to do, or you're just feeling that you don't have the support you'd like, turn it into a deeper commitment.

All right. Before I go on to the last piece for this episode on what to say when you're reaching out to others for informational interviews, I want to take a quick break so I can tell you about some resources. Don't go away. I'll be right back.



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 recruiters 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/resume kit](http://doctorscrossing.com/resume-kit) 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.

All right, here we are. Thanks for coming back. I wanted to talk to you briefly about when you're reaching out to others, typically physicians to do informational interviews, to learn about different nonclinical areas. What do you say? Now this can partly depend on how well you know this person, if it's a warm connection, versus someone that you're reaching out to cold on LinkedIn, and they don't know you from Adam.

So, the less well you know the person, the more prepared you should be for this conversation. With that being said, it's really helpful to do some preparation for conversation with anybody who is going to be helping you.

Let's say for example, we have an OB-GYN physician who wants to talk to someone that they found on LinkedIn, who is doing something they're interested in. This is something they might write an initial message. "I'm an OB-GYN physician, and I've been in practice for 10 years. I'm interested in potentially transitioning into working for the government in the area of maternal and infant health. I see from your LinkedIn profile that you're working in this area for the department of health and human services. I'm eager to learn more about what the day-to-day work is like in your role and wanted to see if you have 15, 20 minutes to talk with me. I would be most appreciative."

That's more of a formal message to someone you don't know. And then if they agree to speak with you, it's helpful to have some questions written down in advance that you want to ask them. You can send them your CV or resume if they'd like that. And you can also ask if they'd like to have some of your questions in advance, just don't overwhelm them with too many.

Now, if say, you have a friend from residency who's gone into a nonclinical career that you're interested in and you reach out to them and you just say "I'd like to know more about what you're doing in this job." That's more informal. You don't have to be as well prepared. You don't have to know as much or done as much background work, but it still wouldn't hurt. Let's say for example, they became a physician advisor. Well, it'd be good to read some blogs about being a physician advisor. Kind of see what you can learn. So, your questions can come from a place of some knowledge base. You don't have to, especially with someone that you know or knows you well, it can be very informal. But you'll also get more out of the conversation.

Now, there are so many resources or all these podcasts, and not just mine, but other people. There are books on nonclinical jobs. There are blogs you can read. So whatever area you might be interested in, whether it's being a patient advocate, healthcare disparities, medical writing, doing something in administration, you can usually find something to at least get some basic understanding of what physicians do in these roles before you speak with anybody.

Well, some of the things to avoid saying when you are reaching out to someone would be, "I'm really burned out and want to make a transition. What advice can you give me?" That is just too vague. And I see that in Facebook groups for physicians and that can feel really heavy lifting for someone to answer that question. So, it's good to be a little bit more specific. You could say you were thinking of an area, this is your experience and ask if you have the qualifications or anything you can do to improve your candidacy for an area. So, try to be specific.



You also want to avoid saying “I'd like to pick your brain.” I just have a pet peeve about that phrase. Vultures pick brains. We are not vultures. We don't want to be vultures. When you speak with someone, you want to give them recognition that you understand something about them, and you've done some research about them and be specific again, in what you're wanting to get out of that conversation or question.

We are at the end of this episode. I hope you've enjoyed it. Just wanted to review those three principles that I mentioned initially. Number one was to remember it's okay to not know what's next. Number two is you're not responsible for other people's reactions. And number three, to speak with confidence and empowerment when you're talking about your transition.

I'm excited for you. I'm cheering you on and here's to you feeling confident and empowered in this process. Thank you so much for listening. Have a great week, and don't forget to carpe that diem. I'll see you in the next episode. Bye for now.

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