



## **EPISODE 103: Wound Care Physician - A Rewarding and Flexible Option**

**With guest Dr. Heather Awad**

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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. Today we're talking about a type of work that doesn't sound very sexy at first glance, but you'll hear how my guest found this niche to be very rewarding and a perfect fit when she needed more flexibility and control over time and schedule.

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If you would like to still care for patients and use your medical knowledge but are tired of the grind of seeing patients every 15 minutes and having an overflowing inbox, you might want to consider the flexible job of being a wound care physician.

Our special guest family medicine physician, Dr. Heather Awad is going to help us learn more about what it's like to work in this area of wound care. We will hear how and why she made this change, what the day-to-day work involves, the type of physician who might be a good fit, what the compensation is like, and more.

As we often talk about on the podcast, you don't have to have just one career or area of focus. In addition to her work as a family medicine physician and wound care specialist, Heather also became trained as a certified weight loss coach and started her own business, including a podcast where she helps professional women achieve permanent weight loss. It is my true pleasure and honor to welcome Dr. Heather Awad to the podcast. Well, welcome Heather. Howdy.

HA: Thanks. It's so good to be here. I appreciate being on and getting to talk about this.

HF: Yes. Well, I loved how you reached out and told me the different things that you were doing and I was looking for a wound care specialist, so it was perfect timing. Thank you.

HA: Super.

HF: As we often do in the podcast, we begin with your story and I love stories of how someone gets into a new area because they're always very revealing and they help us see ourself too, when we hear these stories. So, tell us, how did you make this change from being a family practice physician to specializing in wound care?

HA: Sure. Well, I was working in primary care and unfortunately like a lot of people ended up getting really burnt out and decided that I was done doing traditional family medicine

work. Not knowing what to do next, I did some time working as an administrator in my husband's ophthalmology clinic. And while I really loved my husband, I did not love sitting and staring at a computer screen all day.

HF: Oh, that's funny.

HA: Yeah. I still just didn't know what to do though at that point. So, I'd had a career coach in the past. I found a physician career coach and did a few sessions with her and said, "Help me find something that's nonclinical." And after we talked about my values and my interests, she said "I hate to tell you this, but you really like clinical work." And I said, "I'm not going back to primary care, I'm just done with that." And she said "There is more out there. Just keep looking, be open to different ideas and you will find the right thing."

What I ended up doing was finding things on LinkedIn because when you go on there, there's this little box in the corner that keeps telling you, "You might like this job, this company is hiring." So, I kept just looking at different things there and I was interested in preventive care, health coaching, a lot of those jobs paid less than \$20 an hour and I realized I couldn't keep my board certification with that kind of work.

HF: Or even self-esteem probably.

HA: Yes, yes. I looked in and it turned out they weren't really doctor jobs, some of the things that LinkedIn offered. And then I applied for some jobs that were nonclinical and people said, "You don't have enough experience for this" or I just talked to people about what the job was and it didn't sound interesting.

And then one day it popped up that there was a wound physician company hiring and I looked into that and it turned out to be a really terrific job that many different kinds of physicians can do.

HF: I love that you brought this out, that someone else could listen to you and hear that you still had a heart for patient care.

HA: Yes, that was a really beautiful thing and she really did me a service because I really came in and said, "Tell me what job I should get nonclinical." But she asked me about all my different values and what I liked. I could even hear it, but I was avoiding the idea that I really wanted to stay clinical because I basically didn't believe there was anything else to do. She really helped me see that I could be open to other possibilities and still take care of patients.

HF: Well, through your sleuthing and determination, you found a wound care job on LinkedIn that looked interesting. Then what happened?

HA: I went and did a shadowing morning with a physician who does the work. And so, that really showed me what the job was like. And one of the things I found among many was that you got to build your days and your weeks how you wanted them. So, I could work part-time or full-time and I could even decide how many hours in the day I wanted to work. I ended up working eight-hour days as in I showed up at my first facility at 7:00 AM and at 03:30 I went home. Other doctors would work more the typical 10-hour clinical day, if that was their choice. And then it was also a job that you got to see people. Some people you saw infrequently, some people you saw every week. There were procedures which I enjoyed. And so, it really kind of hit a lot of things that I liked about patient care.

HF: Now, did you have any preconceived notions, Heather, about wound care? Because sometimes when I mention it to physicians that is a possibility, I can almost see their face kind of screwing up in a way thinking, "Oh, icky or gross or I don't want to deal with nasty wounds."

HA: Yes. And I had that first thought too. When it popped up, I thought, "Oh, do I want to look at this even?" But the funny thing is that wound care is not actually gross. It

reminds me a little bit of when I was in primary care, you'd be doing someone's pap smear and the person on the table would say, "How can you do this all day?" And I'd be thinking, "Well, vaginas are not gross."

And it turns out that wounds in general are not gross. If they are gross, they're infected and that's a really big medical problem that's going on. But most of the time they aren't. There's a break in the skin, but usually, they're kept clean. They're covered. So, when you open them up, they're actually just not gross most of the time.

HF: I love that. It's funny, I remember that in dermatology when I would be removing these cysts and the patient would be like, "Ew, how can you do that?" Because often they're kind of smelly too, but I kind of like the dynamic aspect of it and really getting to clean it up and get rid of it. I think we're attracted to different things just by our nature. And so, it's good to find what you gravitate towards because you see it differently than someone else.

HA: Right. And this is a job that if you like cleaning stuff up that really hits that button. Because you are taking the dead skin from the edge and scraping off any slough. And if there's any little pocket of something, you clean it out. And so, it definitely hits that button if you like that kind of cleaning stuff out work.

HF: It is kind of like the Marie Kondo-ing kind of medical care. Cleaning things up, getting rid of what really doesn't belong there.

HA: Yeah.

HF: How did you get started with this job?

HA: Well, I ended up joining this company and they do train you. You really do need training for the work. And so, these companies do give you some training. I had some virtual

training, some in-person training, some rounding training with another doctor. And there are a lot of products that people use and so, you need to know about those. It somewhat goes along the dermatology line of if it's too wet, dry it up a bit. If it's too dry, make it a little more moist, as far as the products go.

But the wound care companies are mostly physician led and are very concerned about best practices. They do good trainings so that when you are out there rounding on your own, you're really giving the best medical care possible for these wounds.

HF: It sounds like there's a fair amount of flexibility in how much you work. If we look at what your individual day was like, was there flexibility in how you went to see the patients, the number of patients you saw? What did a typical day look like?

HA: There was some variation in it, but I would say I'd had two different types of days. One would be the day where I went to multiple facilities. So, I'd go to maybe a couple in the morning, eat lunch and another one in the afternoon. And then I had some bigger buildings where I would spend the whole day there and just take a lunch break.

Usually, you go in in the morning, and another advantage of the job is that you almost always round with a wound nurse or another staff person because wound care is very regulated by the government. And so, this nurse at the facility also has to really know what's going on with each of these wounds. So, you're rounding with a staff person all the time, which is a real advantage in skilled nursing facilities or rehab centers.

HF: Well, that's wonderful to have an assistant like that.

HA: It really is. And they can help you navigate everything that's going on with this patient. You come in and they'll say, "Well, this is what's been going on with Mr. X all week or what's happening with his family", or give you the catch up on that kind of stuff.

So, you go into a room and the nurse then undresses the wound and gets it clean while you're preparing your tools and then you do any procedures that need to be done on it. The two of you usually make a team decision on how to treat it from there on out. Do we want to continue with the same treatments? Does it need to be changed? Is there any diagnostic issue here? Do we need to biopsy it or not at this point?

And you're also working with the patient and how they feel about the wound care they've received. If you wrap their whole leg, has that been a problem? Are they happy with what's going on? Are they uncomfortable? And so, that's kind of a patient visit. Usually, I'll chart at the same time as well. And so, that's done and then you move on to the next patient.

HF: That was something I was going to ask you. Is there much work outside of the hours that you're actually seeing patients?

HA: This is one of the most wonderful things about this job. You go home and there is no night work, there is no weekend work, there is no call. You do the charting as you go. The company I worked for, and I think most of the companies have this, have a dedicated wound EMR. It's a few pages, it's only about the wounds. And so, it's easy and quick to get those notes done and they interface with the nursing homes. The nursing home also wants them done quickly. Usually when I would finish rounds at a facility, I would interface my notes with their system and then I was done and then I went to the next facility and I was literally just completely done with that first one. So, nothing to do outside of your workday, which is pretty amazing.

HF: If there's an issue with a patient, would they be contacting you after hours or on the weekends?

HA: They don't generally. Generally primary care will follow any emergency issues on the weekend. And I wouldn't say that I never got a call. There were facilities where the

charge nurses would have my cell phone, so if they had a question, they could call me. But usually, I still got those calls during the day. Anything that happened at night would be taken by the on-call person.

The nice thing about during the day as well is with the pandemic, the availability of telemedicine came. So, when I got a phone call about a patient, let's say I'd been there on Monday and Friday, they're concerned about this patient, we could hop on a telemedicine visit. Then also just that phone call, I get paid for my work and the nurses are happier that they can actually show me what's going on with the wound with a picture on the screen. And so, everybody's happier and it's kind of a win-win situation for taking care of the patient.

HF: I think you have ESP because that was the next thing I was going to ask you about, telemedicine consults.

HA: Yeah. And some of the companies too will do telemedicine itself. I live in a big metro area, so I was in-person with patients all the time. I know people that live in are maybe covering some local facilities, but also some rural areas that are really far to drive to and they'll do just straight telemedicine with some of those facilities. So, you have the possibility in your career as well if you wanted to have a day or a half a day or maybe even longer to have telemedicine dedicated hours.

HF: Yeah, it's so helpful to have that possibility, especially for those more distant patients.

HA: Yes.

HF: What kinds of specialists have you seen in the wound care area?

HA: Yeah. It was really interesting to join a group and find out who was there. I would say more than half of the people are surgeons and surgeons of every kind. Vascular, general,



OB-GYN, urology. Really every kind of surgeon was there. And then a lot of primary care people who are willing to and interested in doing procedures.

Unless you do telemedicine, it's not a medicine only specialty. If you see people in person, you do need to do some debriding of wounds because that's the best care. I remember having an internal medicine doctor shadow me one day not knowing procedures and our first consult of the day was a man who had a long-term wound from diabetes on his foot.

And I cleaned out a large callous all the way around it and we got it dressed up and this doctor said "I really don't do procedures. Do you need to do this for this work?" And you do. And so, she was not interested in the job, although we've had other internists who are interested in procedures, who are interested in this career.

And the funny thing too is I just remember this man because he'd had this wound for so long, but because he hadn't been seen in-person with a physician, just cleaning up that callous all around it, in a couple weeks he healed. So, it's really rewarding.

HF: Yeah. And there can be something really nice about getting to do something physical. You're not just reading a chart and talking, but you're using your hands and you're also being able to see the results of your work.

HA: Yes. In my family medicine training, we did a lot of procedures. I've always liked doing biopsies and like you said, opening up cysts and things like that. It's been something I've enjoyed in my career, so I enjoyed that this was part of this career as well.

HF: Right. And the nice thing is it's not as if you have to learn how to put in a pacemaker.

HA: Right.



HF: You learn how to debride, which anyone who really wants to can learn how to do that.

HA: Definitely. Definitely. It's a really learnable skill.

HF: All right. Well, I wanted to talk a bit about the requirements for doing this job, but before that I'm going to take a quick break and share some free resources with you. Don't go away, we'll 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](http://doctorscrossing.com). Now back to our podcast.

All right, we are back here with Dr. Heather Awad. We're talking about being a wound care physician. Heather, if someone's interested in this, do they need to be board certified? Do they have to have a certain number of years of practice? What are the requirements?

HA: Sure. The different companies have different requirements as far as how much years of experience you need or how long away you are from clinical experience is another one. There isn't an American board for wound care yet, although I'm sure that is coming in the future. There are some companies that will do certifications for you, but you can usually get trained by your own company and then they'll let you know whether they'd like you to get any additional certifications.



For me to work in this job in my state, I had to be board certified. But I could be board certified in family medicine. And so, all the people in our group in the greater twin cities of Minneapolis, St. Paul, were each certified in our own boards. In our state, the insurance payers don't pay you unless you are board certified in general.

So, depending on what's going on with your state, it would depend on whether or not you needed board certification. And also, some of the companies just want it as an excellence marker. Again, there are multiple different physicians led wound care companies and so you'd have to check and see about that.

HF: That's a great point to not just assume that you're not going to get a job. I did see a position on LinkedIn where they said board certified preferred, but board eligible will be considered depending on the situation.

HA: Okay, great.

HF: Now, are you able to give some guidance on compensation? And I know that could be different if you're working as an independent contractor or if you are actually an employee.

HA: Sure. Compensation for the company I worked for was based on fee for service. The more wounds I saw, the more I got paid. If I took a week of vacation, I did not get paid that week in my company. But I would say that working full time, it's really comparable to a primary care salary. That being said, if you wanted to work longer hours or longer days, you would make more money. And then some places where you have larger skilled nursing facilities, like in the south where there are more older people, those doctors definitely made more money because they could be in a high-rise skilled nursing facility and really see a lot of people all day. So, I would make more on the days where I was at my bigger facilities and then the days where I had to drive to a few different ones, I didn't make as much money that day.

HF: What do you think might be an average amount that of a physician working full time they might be able to capture from this job?

HA: Sure. I've seen people that make \$250,000 to \$300,000 working full time in this work. And I know there are some people in my company who say they work more, but I know that they work in Florida and Arizona where a lot of retired people are.

HF: Do you have a story or anything that stands out from your working in this area?

HA: Sure. For me, also just liking patient care and integrative care, I was thinking about how I had this one elderly woman who I met because she got a pressure wound on her bottom. And pressure wounds do happen even in good places. So, she had had a cold, this was before the pandemic, so we weren't worried about COVID. But she had a cold so she wasn't as active, she was eating a little bit less and then she ended up with a wound on her bottom.

So, she's got pain and her family is upset thinking that she's not being cared for. But we were able to have the team go in and look at everything that's going on with her and noticed that a lot of factors play in here. So, we were able to do the wound care so that this would heal up. But we looked at things like her seat cushion because she was sitting more and getting older. She really needed a different seat cushion that would distribute the pressure differently. Because she wasn't eating quite as much, we looked at her nutrition. We added some protein supplements, some vitamin supplements that are proven for wound care.

And even though she would notice some discomfort when she got up, as she felt better from her cold, we encouraged her to get up and walk with the aides a little bit more so she wasn't putting pressure on this area. And then this healed up fairly quickly. But it's a pretty typical story that sometimes these things happen because there's many factors that play into getting a wound besides the people that have diabetes and vascular issues

that wounds are common in. It's fun to kind of look at all the different aspects of it and watch someone get better and then be able to move around again and get back to their usual activity level and doing the things they want to do.

HF: That's a great story and it shows that you can really be a problem solver and you can look holistically at the picture and you're not just in there with this microscopic view of a wound. It belongs to a person.

HA: Right.

HF: And being able to see them get back into functioning and have their life. So, you sound like you really have been enjoying this work and then you decided to do something different. What prompted the change?

HA: I always had a secret desire to have my own business and after the alpha wave of the pandemic, when we all got vaccinated, all of us in the nursing home and people working there, I decided to get some life coaching just to look at a lot of issues in my life because there was a lot of soul searching and mind searching to do after that alpha wave.

So, from there, I learned how to keep commitments to myself, learned more about just taking care of myself. And then when I did that and examined those thoughts and feelings, I thought, "You know what? I actually could have my own business and I could see the possibility." I decided that since that was my secret dream for many years, that I was going to move on and do that next.

HF: And I gave a little hint as to what you're doing now. Would you like to tell us a little bit more about that, Heather?

HA: Yes, I'd love to. I now help professional women lose weight for the last time. I do one-on-one coaching, I have a group coaching program and course if people are



interested. I give out free information on my podcast. It's the Vibrant-MD podcast. And so, I'm just really enjoying working with professional women, helping them on their weight loss journeys.

HF: Congratulations to you for following that dream and seeing it manifested. That's a great story and I think it will be inspiring to others because so many people I talk to have a secret dream and they've been sitting at it in their pocket for a long time. Though, good for you.

HA: Yeah, and sometimes it's hard to see if there's a path to it. Sometimes that path is just helping ourselves be open to more possibilities.

HF: That's a great place to start. As you mentioned, doing some of your own personal work. And if you do that, we don't know what's going to happen, but it's going to be something good.

HA: Yeah. I really encourage physicians to always invest in themselves, in looking at what they really want out of their life and their work and their families because there's always more, there's always room to grow.

HF: Well, I'll make sure to link to your podcast and your website in the show notes so anyone who is interested can reach out. And I want to thank you so much for coming on the podcast to talk about this really interesting area of wound care.

HA: Sure. It's funny, I still end up talking about wound care a lot because it's a really terrific job where you can really make a lot of choices about how you do your practice. And so, it's really a great choice for a lot of people.



HF: Well, thank you again. Guys, I hope you found this helpful and if this area is of interest to you, as Heather mentioned, you can look for jobs on LinkedIn and just put in “wound care physician” and see what you find.

Thanks again for being here with me and don't forget to carpe that diem. I'll see you in the next episode. Bye for now.

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Podcast details

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