



## **EPISODE 139: Are You Making Any Of These Common Mistakes On The Career Change Path?**

**With guest Dr. Karen Barnard**

---

**SEE THE SHOW NOTES AT: [www.doctorscrossing.com/episode139](http://www.doctorscrossing.com/episode139)**

---

[0:0:00]

KB: Yep. Well I remember thinking I'm the loser here because nobody else is struggling. It's only me."

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a 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 and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 139. I'm super excited about our topic today. We're going to be discussing some of the common mistakes that can happen on the career change path.

I am thrilled to be joined by a returning guest, physician, coach and blogger, Dr. Karen Barnard. She was a great guest on episodes 81 and 82, where we're discussing about the Enneagram personality types. Dr. Barnard is a former academic endocrinologist who transitioned after 25 years of practice into full-time coaching, helping physicians

[www.doctorscrossing.com/episode139](http://www.doctorscrossing.com/episode139)



navigate the process of career change. Karen is an outstanding coach and was certified through the same coaching program that I attended.

Karen wrote a recent blog post about some of the mistakes she made during her own career transition, which gave me the idea to invite her onto the podcast to share her wisdom and experience on this topic with me.

I am not hesitant to admit that I've made my fair share of mistakes as well in my own transition process and in growing my business. And I'm sure there'll be more to come, it's just part of the process.

Truth be told, a lot of the characteristics that make us great as physicians and able to endure our extensive training process unwittingly set us up for some of the mistakes that happen when we begin to step outside of our well-defined doctor role.

Karen and I will be addressing some common mistakes that often have more to do with mindset than actually doing anything wrong. And we will be offering suggestions for reframing and moving through these common tendencies and beliefs that can keep us stuck. Without further ado, I am very honored and excited to welcome Dr. Karen Barnard back to the podcast. Hey Karen, it's so great to see you.

KB: Hi, Heather. It's great to be here. Thank you so much for inviting me back.

HF: Oh my gosh, I had a lot of fun with you doing those two Enneagram podcasts.

KB: Yeah, it was really amazing and I really look forward to the topic for today because it's so important to know that these mistakes and mindset are part of the journey.

HF: They absolutely are. And how did you come up with that idea to write that blog post?

KB: Yes, I think that's a great question and I may have mentioned I really was stumbling over, "Do I call it mistakes? What are these? Because they're not really mistakes, they're kind of to be expected." But I was just reflecting on my own journey and in helping my own clients, I just saw this coming up again and again and I thought, "Well, let me write about it as a way of trying to help other physicians who might be facing the same problems."

HF: Well, I love how you're not really calling them mistakes, because it is just part of the process. And we don't want to have judgment here, make people hesitant to say, "Yeah, I've done that too." Because otherwise there's hesitancy to go forward if we feel like we're going to do things that might be frowned upon.

Now, just before we launch in, Karen, I'd love it if you could give people a little context for the coaching that you do.

KB: Yeah. I help physicians transition into a different job situation. It might be that they are unfulfilled and unhappy in their current job situation and they're looking for a change of environment, or they might just need a break, or they're really looking to do something completely different.

And the way I work with them is to help them uncover really who have they become, who are they now, what are their values and their priorities? And then we move on to look and see what is the best next step for them, where might they be suited to engage in the nonclinical or sometimes the clinical career world. And then I help them with what I call the nuts and bolts. I help them with their resume. I help them to land a job and I show them how to do all of those things to get what it is they really want.

HF: That's excellent. I definitely love this area that you're in of coaching and it's so valuable. And a lot of what we'll be talking about, I think is helping people find their path forward. And to do that, there's certain things that can get in the way. I'd love to have you start us off with the first mistake, so to speak, that you see happening with people and clients.

KB: This is not hearing or paying attention to the signals from your body, your emotions, and recurrent thoughts that signal something is not right. And this is a real challenge because as physicians, we are trained to show up no matter what. We have a sense of responsibility and commitment to our patients and colleagues. It's part of being a professional.

However, when taken to the extreme, this showing up no matter how we feel risks disconnecting us from the intelligence that lies in our bodies and in our emotions. And this happened to me, Heather. It took me years to recognize that my body was trying to tell me something and my mind just kept overriding it.

And so, I would say for the physicians listening to this, pay attention to those recurring, unpleasant, uncomfortable feelings or physical sensations or challenging emotions that are occurring on your way to work or even at work. And become curious about what they're trying to say to you. This does not mean that you act on every feeling and make a change when you're having a bad day, but it means paying attention and then bringing your discernment to what's happening.

And I love how the author of the book, Emotional Agility, she's a clinical psychologist by the name of Susan David. She talks about emotions are data, not directives. And as physicians, we are very familiar with data. What is the data that your body's bringing to you? Bring your discernment to that data. What is the communication, what's your body trying to say to you?

HF: That's a really good point because we can get confused as well. Often, I don't want to go to work or I don't want to finish my charts, or we don't want to see this patient. Do you have any suggestions of how you discern what are emotions that you really listen to or ones that you just kind of push through?

KB: Yeah. I think this is really the core of this practice and of discernment. And it's a combination of things. It's if there is a recurrent feeling that that's happening either in motion or body sensation that just keeps coming up. It's not a one-off and it's related to several types of situations. Its duration is longer. Then it's time to look up and say, okay, "Let me just at least pay attention here. What does my body need right now?" It might not need a change, it might just need sleep or a vacation. But I think the intensity, the recurrence of it is a helpful signal.

The other thing that I recommend if somebody is really stuck in, "Gosh, does it mean I should go? I don't understand" is to engage with a counselor or a therapist who can really help you look at this and help you decide what's the underlying diagnosis.

HF: Karen, that is such excellent advice. I agree completely. Please see your doctor, talk to a therapist or a counselor sooner rather than later. Some of the things that I hear about are crying on the way to work or in the parking lot before you go into your shift or clinic day. You might be throwing up before surgery or being on call. You might be having panic attacks. That's something I'm hearing a lot more about, unfortunately, are debilitating panic attacks. This is your body often really, really trying to get your attention. And things need to change. We're so used to just pushing through things and ignoring our symptoms to go take care of someone else who's maybe having less symptoms than you are.

KB: And that is exactly what happened to me. My migraines worsened to the point where I was off work for two days at a time and I still wasn't hearing it. I had to get a lot worse before I woke up and really paid attention. So, I completely agree with what you just said. Heather, would you like to talk to us about another common mindset mistake at the crossroads?

HF: Absolutely. Thank you, Karen. I'd like to mention about how we can get trapped by a false sense or definition of security. And this happens very early on. For example, you

might be in high school and thinking about maybe you want to be a writer, a teacher or something else, and you get talked into medicine or you talk yourself into it saying, "Ah, this is the secure or path. I'm going to be able to have a job. It's respectable, always be needed."

And I'd like to look at that from a different perspective because actually going in the path of medicine can be very risky. So, if we look at as if you might be in high school when you decide, and then it's as if when you choose to go to become a doctor, you get on this train, this train could take 11 years, say if you're an internal medicine physician, it could take 15 years. If you are a neurosurgeon and you buy this ticket, it's very expensive and you don't get off. By the time you get to your destination, what you saw in that glossy brochure may look totally different. The landscape may have changed, you may have changed.

And so, that's what can happen is by the time we actually get out there and we are an attending, things are different. We may have felt good being a resident and because there was always someone else who was responsible. And then we get into the role where we're fully responsible, the risk is on us, and we all of a sudden are thinking, "I don't want this, this is not me." But you can't actually figure out if you're going to feel that way until you get there.

It is actually very risky to narrow your decision, have this long runway until you get there. So, what do you do to help avoid that security, that false sense of security and have it be a trap? It's what you talked about already, Karen, is that you need to listen to yourself along the way. And if you start doing that, especially early on, you can get clues sooner rather than later if there is some issue to address.

KB: Absolutely. And Heather, I'm curious I think you likely also have clients like this where you didn't know any better. You got good grades and your parents said one of three things, you went and became a doctor. And because that was a secure option. How do

you help clients when they're now 15 years or 20 years down that road and they're looking ahead trying to make the decision of what they might want to change to because they're no longer fulfilled here? How does that security come into play for you as you're helping them?

HF: Yeah, and that's the other part of it is once you get into this path, there's a lot of pressure to stay with it because it does feel secure, because there's benefits, there's a paycheck, there's a sense of sunk costs and the respectability and it fits your identity and all these things.

And so, I like to look at how security really comes from sustainability and finding something that authentically is you. Because if you're actually doing what you're meant to do, which is something that aligns with who you are and what you enjoy and what you're good at, it's going to be sustainable because there's really no security if it's not sustainable because you're having to contort yourself to fit into this role.

And just like if you're in a relationship that's not working for you and you're having to contort who you are to be in it, ultimately it's going to take a big toll on you and it's not really going to work.

When I work with a physician who is feeling very trapped by those golden handcuffs. And I see this especially in some systems where you could get a pension, you get bonusing, you get healthcare for life, you get all these perks, but they're down the road. And what seems like security becomes a bit of a sentence. I don't mean to get too dramatic, but I have seen people become incredibly sick, physically, mentally, emotionally, spiritually, because feeling of this trap.

But when they realize that they have what it takes within them, they have all these other options, they have intelligence, they have training, they have degrees, they have work

ethic, all these things. And there are many other options for them out there, then they start to see possibility.

KB: Absolutely. I really appreciate what you've just said. And this is not easy work, especially for those physicians who value security, who have families. One of the things I also always encourage people is to be brutally honest about what you need money-wise to really have that conversation with your family, have that conversation with your wife, with your partner, and look at what do you really need to feel secure going forward? And you'll be surprised at what comes up when you really look at what you need. And if it means taking a pay cut, how you might be able to do that without letting go of that financial security.

HF: Because often we aren't looking at our finances in a real detail. You're obviously right. Get some information, talk to the people in your life who are going to be affected by your decisions. And I've never seen anybody really not be able to figure out a path forward. Karen, would you like to take us to a third common mindset mistake or action?

KB: Yeah. This one is trying to figure it out all on your own. Yeah, it can feel really lonely when we're no longer fulfilled in our career. You might feel like, "Oh, everybody around me is doing okay. Why am I unhappy?" And I felt a tremendous amount of shame and some embarrassment and even guilt. And that leads to a tendency to isolate and we try and figure it out on our own. Let me just work this out as best I can and then I can ask for help or I can share it in a meaningful way.

And the truth is, it feels really risky to really be honest with our colleagues and even mentors about the fact that I don't like my job anymore or even I don't want to see patients anymore. So, what I think is really important here is reaching out and finding support and help. Reaching out to like-minded colleagues is essential in moving forward on the path and the support and the reaching out can look different ways.



It might mean joining a community on Facebook. There are several great nonclinical career physician communities or attending a national nonclinical career conference or attending a conference in an industry you might be interested in. And connecting with people who are doing what you want to do, getting from them, how they did it, what they did, get the tips.

It can also mean connecting with an alumni, somebody from your medical school, a former classmate or a colleague who is now doctoring differently. Ask them how they did it, what tips do they have, what's their life like now?

And then of course, another way of getting help and support and not doing it alone is working with a therapist, and/or a career coach to help you uncover what is it you really want, where's this discontent arising from and to help you develop a strategic plan for your career and for your life.

HF: No, you're absolutely right Karen. And it makes such a difference when people feel like they're not the only one. And I hear that all the time. People read your blog or listen to a podcast and they hear a physician's story and they say, "Now I know I'm not alone." And even though it's much more common for people to be talking about burnout and all these issues, somehow there's still so many of our colleagues who don't know that they're not unique.

KB: I think there's something really in our human nature that we want to feel validated, that what we're thinking and how we are going about it is okay. That it's within normal range and that is why it's so important to actually connect with others who have walked the path or who are doing what you want to do. It just keeps us from going around and around in circles in our own head and helps us sort of jump into motion of finding our next steps.



HF: You're absolutely right. I think that's a great message to give people so they can feel like, "Oh my God, there's nothing wrong with me." That's usually where, where this goes, "There must be something wrong with me. My colleagues all look fine, but I'm not." But they're probably thinking you're fine too.

KB: Yeah. Well, I remember thinking I'm the loser here because nobody else is struggling. It's only me. All right, Heather, would you like to talk to us about the next mindset challenge that we might encounter on this path of career change?

HF: Absolutely. First, I'm just going to take a short break to share some resources and then I'll get right on it.

My dear listeners, in case you weren't aware, I have a starter kit that's free on my website for anyone who's at the white coat crossroads and wondering how to move forward and some of these mindset issues might be coming up for you. There's a lot of information there to talk about options for you, ways to think about your situation and what could be some next steps. So, if you'd like that starter kit, just go to the [doctorscrossing.com](http://doctorscrossing.com) website and hit the freebie tab at the top of the page and you can get your free starter kit.

All right, I'm back here with my lovely guest, Dr. Karen Barnard, and we're talking about these different common mistakes and mindset traps that we can get into. I wanted to talk about thinking that you are selfish if you prioritize yourself and want to make some changes.

As you described early on, Karen, when we started on this path, there are a lot of things that we have to give up in service of becoming physicians. And so, there's this process that gets started early on where we focus on other people's needs. So, we often give up hobbies and interests and then we may have to let go of some friendships or not spend as much time with our friends. We may even postpone getting married, having children.

And so, by the time we're in our careers, that muscle of being able to say, "What do I need? What do I want?" is pretty atrophic. It's flabby. So, we have to do some work to get it where we can actually use it and listen to it. So, I like to reframe this word "selfish" to you're not being selfish, you are being self-full, you're trying to fill yourself back up because you're probably depleted at this point. Your tank may be on low or fumes or empty.

And so, in order to be self-full, you have to do what Karen said at number one, which is start listening to yourself and seeing what you need and what's important to you. And I remember doing a priority exercise with one of my clients. I call it the priority pyramid. And he said "I feel like I've been institutionalized." And it's always, we have. We don't have to make a lot of decisions for ourselves and we're kind of told who we should be and what we need to do.

And we're looking at his pyramid of what he wanted and his priorities. He said, "Well, I don't think I can have all of these things. I'm going to have to give up some of them." And honestly, there wasn't anything out of the ballpark. It was just having some balance and having a good income and enjoying your work and having healthy relations, be healthy. If we can't have that, what are we doing?

So, I would say a first step is to get a piece of paper and you have to give yourself a judgment free zone where you're not going to have that voice that comes in, "Oh you can't do that because then your family needs this or that, or you promise this, or there are these expectations you need to make or where I'm going to find the time." You got to let go of all that and just write down, "When I am living my ideal life, I am having, being and doing these things." And write that down because you need to start there. If you don't start there, you're already aiming low.

So begin with that, knowing that you're not going to do all that tomorrow, but just start looking at what's important to you. And then you can pick a couple things to just start with even little baby steps.

KB: Oh my gosh, Heather, there's so much gold in what you just said. And I love the reframe to self-full. And I think the exercise you just mentioned, I think we can do it every quarter to really check in and make sure we're still on track and still aligned with how we want to live our lives.

So, that's a great practical exercise to do. I think for this one, it's really interesting to me when I think about it, when I talk to my clients about it, it's like we all know that we've got to put the oxygen mask on ourselves before we help others. Intellectually we understand that, but somehow that doesn't translate when we are faced with a choice of putting ourselves first for a really good reason.

And this is really where it gets to “What are you believing about yourself?” If you feel like others' needs are more important than yours, what are you thinking you deserve or don't deserve? How much are you valuing your human right to have a fulfilled life or to create something that has meaning to you? And just to percolate in those questions a little bit as well, because we might intellectually know that it's not selfish to prioritize ourselves, but operationalizing it can be a real challenge.

HF: No, that's such an important point Karen. I know we can't really get too far into the weeds on this, but it's something we talk about on the podcast about one of the most important things for career change that we often don't know, and that's your relationship to yourself. And I find a good way to get around that mindset that we have is to almost think of it like this inner self is a different person like this inner you that you're in charge of taking care of because we're more geared towards prioritizing someone else's needs rather than ours.

So if you can see this is sort of like this younger version of ourself that's suffering a lot that needs us to prioritize his needs or her needs, we're more willing to do that. I know it sounds very like a little psychological therapeutic exercise, but I find that works better. Karen, would you like to take us to the next one that we're going to do number five for the common mindset issues or traps?

KB: Yeah. You just gave a great segue to this when you spoke about really looking at who we are, who is the self and this is the error that we make of only looking outside of ourselves for the answers. And it really leads to what you were just talking about. So much of what's happening at the career crossroads and on this path of change is really deep inside of ourselves.

And so for me, I had done all the research, I had listened to all the podcasts. Yours wasn't around when I went through my change, but I remember John Jurica. I had all the information that I needed about all the options and I still didn't know what I wanted to do or which one fit me.

And it was my therapist who one day, I'll never forget this, she said, "You've made good efforts exploring all the options out there. It's time to look inside." And what she meant by looking inside and what I started with her and continued was looking at what are my values? What's important to me now? How have I changed since I made the decision to go to medical school to do internal medicine? What makes me happy?

In some of the exercises you mentioned earlier in the point before, and I actually recently spoke to a physician who said she realized I've been doing it backwards. And what she meant by that is exactly what I did. She explored all the options, but it wasn't until she started looking at her personality and her gifts and how she wanted to live that she started getting some clarity. And so, I think recognizing that it's both the internal and the external exploration at the crossroad that helps us move forward in a strategic way.

HF: This is one of my favorite ones. I have to say, Karen, you did a great job of articulating it and it makes me think of how you could have two physicians, let's just say we have two OB-GYN physicians. They've done the same amount of training, they both have identical jobs. They're both doing really well. And if you looked at them from the outside, and maybe one of them, you didn't know which one, but one of them was questioning their career. How do you know who it is?

And people from the outside might start to give them advice, thinking, "Oh, if this one of them wants to leave, which is, oh you got it so good. You worked so hard, don't throw away these skills. You've invested in time. It's great to help people." And so, who are they giving the wrong or right advice to?

What's missing is we don't know what either of them are feeling inside. What is their experience when they go and deliver that baby or get a call that they have a mom in distress? It's their own experience that is the missing piece. And that's why someone else can't ultimately tell you what to do because they're not experiencing what you are.

I love that you brought this out because this is how we stay in alignment. This is how we find our alignment and find the true path because no one else can do that for us. Not the best coach or therapist or your spouse who loves you to death, your parents who raised you. No one else can do that.

KB: Exactly. No one else can do this for you. And it's surprisingly challenging to do it for ourselves. And what I mean by that is, I love that your client institutionalized. We've sort of just gone on this treadmill and sort of forgotten who we are and what we love and lost touch with our creativity and all those things. And so, it is actually helpful when you do this to have somebody who's a good listener or can really guide you through the process to reconnect with your values and your skills and who you are.



HF: Absolutely. That is really helpful that people can facilitate that process for you because they can reflect what they're hearing and seeing. I think that's a great point you brought out.

Karen, I would love to go on, but I think we better wrap it up here because of time. Would you share with our listeners how they can get in touch with you and find out more about your work?

KB: Yes, thank you Heather. They can reach me by going to my website, which is [drkarenbarnard.com](http://drkarenbarnard.com), where they can read about what it's like working with me. I also send out a weekly newsletter. The archived versions are on my website with lots of practical tips and resources for you at the career transition intersection. And yeah, I would love to hear from any physician who is at the crossroads and curious about what their next steps might be.

HF: Excellent. Well, as I said before, Karen is a fantastic coach. So don't hesitate to reach out. I can't recommend her highly enough.

KB: Aw, thank you so much, Heather. It was such a pleasure to be on with you.

HF: Oh, you're very, very welcome and I enjoy having you. My dear listeners, thank you so much for being here. I love having you. I hope this was helpful for you because I really want you to be able to have the life you're meant to have. So, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

You've been listening to the Doctor's Crossing Carpe Diem podcast. If you've enjoyed what you've heard, I'd love it if you'd take a moment to rate and review this podcast and hit the subscribe button below so you don't miss an episode. If you'd like some additional resources, head on over to my website at [doctorscrossing.com](http://doctorscrossing.com) and check out the free resources tab. You can also go to [doctorscrossing.com/free-resources](http://doctorscrossing.com/free-resources). And if

[www.doctorscrossing.com/episode139](http://www.doctorscrossing.com/episode139)



you want to find more podcast episodes, you can also find them on the website under the podcast tab. And I hope to see you back in the next episode. Bye for now.

[00:34:05]

Podcast details

END OF TRANSCRIPT