



EPISODE 162 My Meeting with the Zen Master and 5 Key Questions I Ask in My 1:1 Consultations

With Dr. Heather Fork

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HF: “What is it that you would like to experience or have or do before that final sunsets on your life? Create something of your own, leave a type of legacy, publish a book? Do more art, play music, sing in a band? Perhaps you want to try out your leadership mojo. It really could be anything, but just take some time to reflect because it's easier to turn the wheel a couple degrees when you have a long distance in front of you and really actually get somewhere different.”

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.

Hey there, and welcome back to The Doctor's Crossing Carpe Diem podcast. I'm your host Heather Fork, and you're listening to episode number 162. When you're at the crossroads, how do you determine if it's the baby or the bathwater? It's easy to be overwhelmed by the myriad of things that can make practicing medicine difficult these

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days. You might wonder, is it the system? Is it me? Could it be that bad burrito I had on call last night?

Burnout and exhaustion are real and can affect our vision to where everything seems to be 50 shades of gray. That is the bad news, but the good news is that there is a way to get to the heart of the matter and find clarity and a path forward out of the confusion and discouragement. If you're at the crossroads and struggling, this episode is for you.

Today, I'm going to give you a peek inside the one-to-one consultations I do with physicians at the crossroads who reach out for help. I'll be sharing five key questions I ask to help us get to the heart of the matter so they can begin to take steps to move forward. These one-to-one consultations I offer can be done as a one-off session, or they can lead into a four to five month coaching program with me for further support and guidance.

I love doing these consultations because I see over and over again how in just one hour I can help a physician know their feelings are valid, start to feel hopeful again, and have a concrete plan for making transformative changes.

Before we dive into these five questions, I want to share a story from my past about a time when I was seeking some clarity from myself and how a unique one-to-one consultation greatly helped me out.

This story takes place several decades ago when I first started to learn meditation at the Zen Center here in Austin, Texas. I'm not a Buddhist, but this was a great place to learn to meditate. I would get up at 04:30 in the morning and drive to the center where I would join a group of fellow students and our teacher. After two 20-minute periods of meditation and some instruction, I would leave and go to my dermatology practice.

During this time, there came about an opportunity for us, the students, to meet one-on-one with a well-known Zen master who is coming to town. This meeting is called Dokusan. In Dokusan, you have a very focused private meeting with a Zen master or teacher to talk about a challenge that you're having. I said, "Sign me up." Well, here's the kicker. The meeting is often very short. In Zen, they like to cut to the chase and eliminate the fluff. For this meeting, we would have a whopping five minutes.

When the day came, I was waiting in line with a bunch of students outside the Zen master's room. In my mind, I was working on the Cliff Notes version of my issue. I wanted to talk to him about a problem that I'd had in some of my relationships. How do you compress 30 years into 30 seconds? When the bell rang signaling my turn, I went into the little room, bowed and sat down in front of the Zen master. He was sitting on a cushion looking calm, but with a deep intensity in his blue eyes. His head was shaved and he was cloaked in the traditional black robes. My heart was pounding. As succinctly as I could I told him about my relationship troubles. He listened, asked some pointed questions, and then he spoke.

I will never forget his words. He looked me in the eye and said, "You need to fully express who you are and I mean fully, not halfway. You need to be who you are and not be afraid of what could happen when you say what you need to say and be who you need to be." Oh my gosh. Like a sword that cuts through the muck and the mire, these words were exactly what I needed to hear. He had gotten to the heart of the matter in five minutes.

A little background about me. I am a type three, the achiever on the Enneagram personality system that I talk about on the podcast. This type three has a tendency to adapt and accommodate to who they think they need to be in relationships and other settings to make things work out.



As they become healthier emotionally, they're able to be much more authentic. In some of my relationships, this tendency would make it hard to tell if the relationship was truly sustainable because I didn't allow myself to be fully who I was, which among other things made it hard for me to address what was bothering me or didn't feel right. I was very good at swallowing my feelings.

I think it was in a way this characteristic of the type three that enabled me to become a doctor when I never really wanted to be one in the first place. I adapted for a while to this role, but over time I became very unhappy and I knew I needed to leave.

The Zen master's advice was incredibly transformative for me, both in my personal relationships and in my career. And while I am no Zen master, that's for certain, and I don't have a shaved head, thank God, I do incorporate the helpful aspects of our meeting and his advice in the one-to-one consultations I have with physicians.

When physicians come to me for the first time, I want them to be able to fully express themselves wherever they're at and whatever is going on. I don't judge and I don't have a preconceived notion about what they should or shouldn't be doing. I don't try to talk someone into staying in medicine or to find the exit door. My goal in these sessions is to listen, ask a lot of questions and help each person find their own truth and best path forward.

To this end, I want to share with you five key questions that I'll often ask during an initial consultation with a physician. If you're at the crossroads, I invite you to think about how you would answer these questions for yourself. Without further ado, let's get going.

This first question is something that you're going to be very familiar with, which is “What is your chief complaint?” So often I hear from doctors that they are burned out and want to know what their options are. There are so many things that can be causing problems. There are all the administrative hassles, the endless inbox messages, phone calls, all the



clicking that you have to do in the EMR, the constant interruptions, being treated like an RVU generator, having to see more and more patients, the escalating patient expectations, not getting to eat lunch or exercise when you get home, missing out on your kids' activities and coming home stressed and irritated.

The list of possible complaints could fill the Grand Canyon and they're real, but they can also distract us from figuring out what is the fundamental problem here. Just as when a patient comes in to see you with a laundry list of vague symptoms, your job is to find what is the root cause and make a diagnosis.

To use an analogy, let's take the example of a couple who is going to marriage counseling. They might come in, speak with a therapist, and the wife is complaining that the husband is always working, and even though she has a full-time job too, she's in charge of all the kids' activities and the schedule and the meal planning, and she's very fed up. He might say, "Well, when I try to help you, it's never right or good enough. I'll try to load the dishwasher, but then when I leave the room, you come in and do it your way. I'm just never good enough."

They too can have a laundry list of complaints and it's the therapist's job to see, "Okay, do we need to do an archeological dig here to find out what's underneath all of this?" And at the fundamental root of the problem could be this question of "Do we still really love each other?" And when you do that archeological dig and go down beneath the layers of resentments and disappointments and things that have happened, can you find that love? Is it still intact, or has it been shattered and the fragments are too splintered to be able to put back together again

This can be a question that we're even asking for ourselves in our work because there's so many correlations between our personal relationships and our job. We might be wondering, "Is the love still there? Do I still have the love for medicine or has it been lost to me?"



An exercise that you can do is think about your situation and write down all of your complaints, everything that is not working for you, what you wish was different, and then try and identify the chief complaint. What fundamentally is at the root of your unhappiness? Some of the things that I hear are, “I don't have a life. I'm working all the time and I really am not living my life.” I commonly hear too, “I don't feel like I'm making an impact. I'm seeing patients all day. I'm supposedly helping them with their health, but I don't think fundamentally their health is changing.”

You may be in a surgical specialty and the risk of poor outcomes is weighing too heavily on you, and you may determine that you really don't want to have that stress. So whatever it is, try and find that core issue.

Moving on to the second question, “How did you get into medicine?” Just as with our patients, after we hear a chief complaint, we often take a history. I really get a lot out of hearing the history of how a physician decided to get into medicine. How old were they, what were the influences, and then what was it like when they were in medical school? How did they choose their specialty? What is it like being an attending now? And catch me up to the present.

When you think about your own situation, how old were you? Were you one of those physicians who decided when you were five that you wanted to be a doctor? Perhaps you loved your pediatrician, or maybe someone in the family had an illness and you were really influenced by how amazing the doctors were in helping a parent or a sibling?

Or on the other hand, was it a situation where you came from a medical family and it was almost a foregone conclusion that you were going to become a doctor? Maybe you were given three choices: doctor, lawyer, engineer.



Or what I often hear too is that there wasn't anything specific that was really standing out for you. You were really good in school, you were good at the sciences, you liked to help people, and it made sense to be a doctor. It was not anything someone was going to talk you out of.

And then think about what it was like for you in medical school. Some people tell me that they really enjoyed the first two years. They really liked the book learning and the science, but then when they started on the wards, they discovered that they really didn't enjoy the patient interactions as much as they were hoping.

Conversely, other physicians will say, "The first two years I struggled a little bit or I just really wasn't that motivated, but once I got onto the wards, I was in my element. I loved seeing patients, I liked the learning and interaction, and I just felt more at home." I find that for individuals who medicine is really not a good fit, that it's out of alignment with them that very early on in med school, they start having doubts.

Next you want to look at, how did you make your decision for your specialty? Was it something that you were drawn towards? Were you really excited about it? I know when I was choosing my residency, I was really excited about dermatology. It was the only thing that I wanted to do. And even though it didn't turn out to ultimately be the right fit for me, it definitely felt like I was moving towards something.

Some physicians will tell me, "I picked my specialty based on what I disliked the least." They might have chosen pathology or radiology because they did not want to see patients and this was the best compromise that they could find. To go back to the marriage analogy, if we think about when we choose a partner, we rarely ever would say, "Well, there wasn't anybody that I was really excited about, but I chose the person that I least disliked." That just is crazy talk. Maybe there's a situation where it's an arranged marriage and you have a choice to pick three people, which I think you usually don't even have that kind of choice, and you pick the one you dislike the least. That is just hard



to even fathom going forward into such a commitment as a marriage. But it's also true for the commitment of a career path such as medicine.

If you would like to do an exercise, I highly recommend writing out your story. Pay attention to how you made decisions at key junctures, and were you moving towards something positive or were you more trying to avoid something negative, uncomfortable, or painful?

All right, on to the third question. The third question is, "How much money do you need to make?" And I'm not trying to be nosy here, but it is important to look at your financial situation. This often involves if you have debt, what your current salary is, going forward what's the minimum salary that you would need at least for the next year or two, and also what are your retirement plans and goals? Where are you in terms of already meeting your retirement goals? This information is so helpful because depending on what the answers are, it can really shift the conversation to looking at certain options and excluding others.

If someone tells me I need to make \$450,000, this is very different than someone who says, "I could be okay with \$150,000 for a bit, but I would want to increase that up to the mid twos or low threes over time."

As we talk about on the podcast, the range for nonclinical options is typically \$175,000 to \$350,000 for that entry level position with an average around the mid twos. Once someone tells me what they're needing and wanting going forward in terms of their income, then we can really start looking at options, whether that's doing things differently in their clinical practice or looking at nonclinical options or a blend between clinical and side gigs or something nonclinical on the side.

When I know what someone is needing and wanting in terms of their income, then we can really look at options that make sense for that person and make a plan. The podcast



163 that is coming out after this one is all about looking at your money when you're at the crossroads. My returning guest Dr. Jordan Grumet really helps us drill down on thinking about our retirement planning. What do we actually need and want? What is our resistance to looking at money? I definitely recommend checking that out if you want some help with your financial situation.

The fourth question is a little bit of a visualization. I ask you to imagine that you are 90 years old and looking back on your life. What do you want to have experienced that you haven't already? This could also be something that you want more of or something that you want to make sure happens before you leave this world behind.

They say that the sting of regret can be greater for what we did not do than what we did. And we're also busy. Life has a momentum that if we don't take time to really think about and be intentional of what we do want and what's important to us, before we know it, decades can even have passed.

I wanted to share with you an example from a consultation I did with a physician and she said I could share this with you, but a little background first. When she reached out initially by email, she sent me a description of what she wanted to talk about. She was an academic, she'd done a lot of research, she was getting grant money, yet she was questioning whether this was the direction she should keep going in, and she wanted to talk about that path versus exploring options in the pharmaceutical industry.

I thought, okay, all right, we can definitely do that, and that's where I thought this conversation was going to go. However, when I asked her this question, "Imagine that you are 90 years old and looking back, what do you want to have experienced that you haven't already?" she thought for a minute and then she said, "I feel like I have an entrepreneur in me. I've never had a business or done anything like this, but I think I want to have a side gig and see if I could be successful at it."

This totally surprised me because there was no hint of this at all in anything she had said so far in this consultation or anything she sent me in advance and it was really surprising. I asked her, I said, “Have you already been thinking of something? You have a side gig in mind?” And she started telling me that she had already been doing this research, she had a potential business partner, they had a domain name for their website, and she had been talking to people.

I loved her idea. I wish I could tell you, but I just want to respect that this is her idea and it has nothing to do with medicine or healthcare. It's completely outside of medicine. I thought it was a fantastic idea. I think she would be perfect for it. And I told her I think you're going to be great at this. And when you have your business, you're coming on the podcast to tell your story. This was a really interesting example. I wondered if I had not asked that question if it would even have come up in the conversation.

Back to you. When you think about your own situation, what is it that you would like to experience or have or do before that final sun sets on your life? Do you want to do something like this physician, create something of your own, leave a type of legacy? Do you want to find ways to use your creativity more? Perhaps you want to publish a book, do more art, play music, sing in a band. Do you have some goals for your health or fitness that are really important to you? Is there a way that you want to grow or develop? It could be using a new skillset. Perhaps you want to try out your leadership mojo.

It really could be anything, but it's helpful to just take some time to reflect because it's easier to turn the wheel a couple degrees when you have a long distance in front of you and really actually get somewhere different than if we really aren't intentional about what we want for our life.

Now this brings us to the fifth and final question, which is, “When you think about making career changes, what kind of worries, fears, doubts, or concerns come up for

you?” This is where the rubber meets the road. It's possible that you can have identified the core issue that's bothering you. You can have an entire blueprint for making changes, but then nothing actually happened. And this is because it's really typically what's between our ears, that amygdala, these fear-based thoughts and feelings and beliefs that are actually the biggest roadblocks to change that anything external to us.

Invariably, when I ask someone towards the end of the conversation, I say, “If you're going to do this on your own, what are you afraid might get in the way?” And I might hear, “I'm afraid that I actually might not leave my situation, that this risk of doing something different feels too big. I don't want to face that uncertainty.”

There's an image that comes to mind for this kind of fear, which is that you're on a sinking ship, a little life raft comes by and the water may be kind of choppy, it could be even a bit dark and you're afraid to leave the sinking ship and jump because you're afraid you might fall in the water or it won't be a secure life raft and then you'll be in a worse situation.

We talk a lot on the podcast about all the different fears. A common fear is that if you're unhappy now, you may not be any happier in something new and you have this issue to face: “Am I chronically unhappy? Will I ever be happy?” Sometimes it can feel safer to just say, well, I'll just stay here and then I won't have to risk knowing that maybe I'm just an unhappy person, which I really don't believe that's true for anybody.

What I recommend doing for this is something I mentioned in podcast 152, which is to take a piece of paper, divide it in half so you have a column on the left, a column on the right. And in the left sided column, write down every single fear that comes to mind when you think about making changes. It could be loss of identity, what will other people think, disappointing your colleagues. We got lots of them, so write them all down.

And then on the right side, what you want to do is have an objective reframe to respond to this fear. An example might be, you could be afraid that if you leave clinical medicine, the door is slammed shut and you won't be able to go back if you want to. The objective reframe could be that before I leave, I'm going to find out what I need to do to maintain an active license and my board certification, and I'm going to figure out what time period do I need to reevaluate things if I am potentially staying nonclinical, but might want to come back.

For a lot of specialties that's about the two year mark. For some surgical specialties, that can be sooner. But if you just prepare in advance, that can prevent something happening where you can't go back or it's a big mountain to climb to go back.

When you take the time to objectively reframe and respond to your fears, you put them out in front of you, they're no longer going around in your head and giving you whiplash and sabotaging your plans to move forward. So, it's a very helpful exercise.

Okay, my dear friends, it is time to be wrapping up here. I want to do a quick recap on these five questions. The first one is, "What is your chief complaint?" Identify what is the fundamental issue. Two, "How did you get into medicine?" Write your story. Number three, "How much money do you need to make?" i.e. "What is the minimum salary you need initially if you're making a change?"

Four, "Imagine that you are 90 years old and looking back on your life. What do you want to have experienced that you have not already?" And five, "When you think about making career changes, what kind of worries, fears, doubts, or concerns come up for you?"

Now, obviously I ask a lot more than five questions in my consultations with physicians. However, this is a place to start. If you want some additional things to think about at the crossroads and you haven't listened to podcast episode number 152, I highly



recommend that one. In that I talk about five ways to get unstuck when you're at the crossroads and I bring in other questions and things that I explore. If you want to check out 152.

If you're interested in having a one-to-one consultation so we can get to the heart of the matter, it would be my honor to see how I can help you. Please reach out to my assistant Kati at team@doctorscrossing.com. We'll put that email in the show notes. I wish you and your loved ones a very happy and safe New Year. As always, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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