



EPISODE 178 The hard decision to do residency or not - an MD graduate's success story

With guest Dr. Danielle Torres

SEE THE SHOW NOTES AT: www.doctorscrossing.com/episode178

[0:0:00]

DT: “I may not need to go through all those years of residency training to start doing that work. And so that was really an eye-opening thing for me to realize I could actually start doing these jobs now. It was definitely the feeling of choosing between the known defined path and the unknown, potentially riskier path.”

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 careers, 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 178. My very special guest today, Dr. Danielle Torres, made one of the hardest decisions that we can be faced with. When she wasn't sure if medicine was the right fit for her, she made the difficult decision not to pursue residency. If you're in this place of uncertainty and trying to make this decision for yourself, it's easy to feel alone and afraid.

www.doctorscrossing.com/episode178



I'm incredibly grateful to have Dr. Torres join me to share how she was able to make an empowered decision for herself. In sharing her story, Danielle will be giving a number of helpful tips and words of wisdom for others who find themselves questioning this well-trodden path. We will hear about different options for those who choose not to pursue residency, as well as a very interesting career path Danielle found in AI. I'm very excited and honored to welcome Dr. Danielle Torres to the podcast. Hi, Daniel. Welcome.

DT: Hi, Heather. Thank you so much for having me.

HF: I am so excited because this is a tough decision, really, and to get people to talk about it openly and share the arc of this journey is not that common. Like I said, I'm very grateful to have you here.

DT: Well, I'm happy to be here, Heather, and couldn't agree more that this is one of the more challenging decisions. It certainly was for me. If I can share any of my experiences that could be helpful to anyone else, I am eager to do so.

HF: Fantastic. I'd love it if we could pull back the curtain at this point in time when you were going back and forth. "Should I go to residency or not?" And your fiancé was hearing all this that was going on. So, take us back to this time, Daniel.

DT: Yes, you really hit it on the head there. It was a very difficult time for me. I was definitely very confused about which path I wanted to pursue. I was going back and forth in my head every other day and trying to rationalize why one approach or the other was the right thing to do. It was also during the pandemic, and we were cooped up at home. Every other day, a different reason, a different idea around why I thought I had finally figured it out. It was definitely a challenging period.

HF: Oh my gosh, I can picture it in the pandemic takes it to a whole new level. Well, help us understand what were the two different sides. Maybe take one side first then the other and share some of the thoughts that you were having.

D: Definitely. At that point in time, I had decided that if I was going to go to residency, it was going to be in psychiatry. The decision was really “Do I complete that application and submit my application for residency in psychiatry? Or do I just not apply at all to residency and pursue something outside of clinical medicine?”

And I think that second option was just a wide open, unknown territory at that time. I really wasn't sure what I would do. So, it was definitely the feeling of choosing between the known defined path and the unknown, potentially riskier path.

HF: When you were thinking about psychiatry, what was compelling you in that direction?

DT: Psychiatry really appealed to me because I was interested in mental health and definitely wanted to help people. But I felt that in psychiatry, there was a little bit more room for your own sort of flavor and how you want to practice medicine. And I had encountered physicians along the way who developed their own practice and really tailored their mental health practice according to their own flavor or perspective. And of course, sticking to obviously all the clinical guidelines, but incorporating other aspects of mental health treatment approaches as well. I definitely was drawn to that field for that reason.

But ultimately, I realized psychiatry is still a clinical medicine field. And what really drew me to it, I think ultimately was the idea of being a therapist and helping patients work through their issues without medicines. But ultimately, psychiatry is a medical field and does rely a lot on medical treatment.

HF: Now, what was it about doing clinical medicine and taking care of patients that was maybe giving you a bit of pause?



DT: It's a good question. I was definitely drawn to medicine in the first place for the reason you hear very often, I'm sure, which is to help people. And I fully and completely believe that that is possible in that field. But there came a point when I was working through this decision where I realized I really wanted to be mindful about which types of challenges I was going to sign up to solve in my career. And throughout medical school, I got a sense of what those challenges would be in a clinical medicine career. And I think it really came down to for me, those weren't exactly the problems and challenges I wanted to devote my time and career to solving. And that perhaps there were other challenges that might be more of interest to me.

HF: That is such an interesting point, you're bringing out thinking of what are the challenges that I really want to work on and what matters to me. What are important challenges? And you said we often go into medicine to help people, which is true, but it's also very broad. There are so many ways we can help people. Was there anything around the liability of patient care, or the risk involved that was a deterrent for you?

DT: Looking back, I don't know that that was something specifically I was thinking about at the time. But for me, I think something that really was on my mind was the ability to impact a broader scale of patients. I think with clinical medicine, I was definitely thinking a lot about the one-to-one interactions, which are incredibly powerful. You really do have the ability to change an individual patient's life in medicine. And I still am very moved by that, of course. But there was something in me that felt like I wanted to think more holistically and bigger picture about population health. And I felt that I could potentially tackle that more in a nonclinical career path.

HF: Was there something in particular that led you to this line of thinking, Daniel?

DT: There were a couple of things. One was during medical school, I had a couple of experiences that opened my eyes to these other types of opportunities. I had started

working at a startup in medical school part-time. And then I also did a research year where I worked on a research project doing online psychotherapy. Those experiences really opened my eyes to, “Wow, there are other things outside of clinical medicine that I'm interested in and that can enable me to impact patient care on a broader scale that I would maybe want to explore further.”

I also started researching different healthcare startups that were out there and identifying what roles physicians can typically get at those companies. And I realized that a lot of the roles, yes, were for people who had completed residency training and could sit on the boards of different companies. But I also saw examples of people who were working at other companies with just their MD. And that really opened my eyes to, “Okay, I'm interested in this type of work, and I may not need to go through all those years of residency training to start doing that work.” And so, that was really an eye-opening thing for me to realize I can actually start doing these jobs now, and I want to get started.

HF: Let's talk a little bit more about the pros and cons when you are making this decision. Some of the things that come up, obviously, are “Maybe I have a lot of debt and I just need to keep going because I have \$300,000 in debt and these are sunk costs and I need to make the living that being a physician would afford me.” People also question about the whole identity thing. “Well, what if I have an MD or DO, but I'm not a practicing physician? Am I a real doctor? What will other people think? Maybe my parents paid for everything and I'm going to disappoint people.” Were some of these things factors that weighed in for you?

DT: Definitely. Those resonate with me for sure. I'm trying to bring myself back to that time, and I definitely perceived the residency path as a more conservative, perhaps, approach, maybe less risky, more defined, more clear. I could picture my next five to seven years with that path, and I felt also that it would push me further down a very specific path, whereas I always perceived myself as more of a generalist or more of someone who has

a non-traditional path. I think there was something in me that was like, “ I had a non-traditional path into medicine. I don't know if I see myself continuing down this defined road for the rest of my career and pursuing something a bit more non-traditional, a little bit more not defined.” It actually felt better to me, felt more aligned to me.

But everything you said definitely also resonated. I think what we do with our time is definitely, at least for me, a part of my identity and how I see myself. There was definitely a lot of thought that went into, “Okay, well, if I'm not doing this, then what am I doing and who will I become?”

And yeah, I remember I received some comments from some loved ones during this time who, of course, really were supportive and wanted the best for me, but they would say things along the lines of, “Oh, are you sure? You don't want to be a doctor? Clinical medicine, you would be so great at that. You would have such an amazing impact on patients.”

And I know when they said that, they meant such a positive thing and I appreciated their support and thoughts, but there was also a part of me that was, “Am I selling myself short by not doing this patient-facing career?” However, thinking about it more, I realized that if my heart was not fully in it, I wouldn't be able to give my all to that career path. And so, this actually, this more aligned path just really felt much more natural to me. And I really feel that doing this and following my heart in this way enables me to really have the biggest impact that I could have.

HF: And we'll be getting to exactly what you're doing currently, but going back to this time when you were going back and forth and your fiancé was probably wondering, “Can we just flip a coin here already?” what helped you actually finally make that decision?

DT: Yeah, so looking back, there was one day and one experience that really just solidified everything in my mind. It was in this mix of back and forth as we were talking about, but

there was one day I had some time in the afternoon and decided I'm going to sit with myself and I'm going to write a letter.

And I've been a writer ever since I could write. I've kept journals my entire life, so writing felt very natural to me and helped me to connect with myself. And that actually turned into a 10-page letter over the course of a few hours. And in that letter, I wrote out everything that I had been thinking about this decision and really confirmed to myself why I was making the decision to not go to residency.

And that was an incredibly helpful experience for me because it helped me realize that I was making this decision for the reasons as opposed to acting out of fear or self-doubt or any of those other reasons. And as soon as I had that experience, I saw it on paper and I knew I was tuning into my intuition and that this was an aligned decision for me. I never looked back and I have not since.

HF: And did you share the letter with anybody?

DT: I did. I feel most people who know me probably consider me to be more of a private person. But as soon as I wrote this letter, I really wanted to share it with the people who were closest to me. I remember sending it to my husband's parents. And then I told my own parents that I had written this letter and that I wanted to share it with them. And they were incredibly sweet. They actually drove all the way from Maine to Brooklyn to hear me read my letter aloud to them in person. And it was just a very, very special night with my parents and my now husband sitting there in our apartment together during the pandemic and reading this letter and just feeling their support and love for me, which really, really made the whole thing much more bearable.

HF: That is amazing. I just love that story about how they drove from Maine to Brooklyn, which is a pretty long distance, and you read this letter out loud to them. I'm wondering

if you could distill down the basic essence of why you chose not to do a residency that sort of came out in that letter, Daniel?

DT: There's a quote. I think I actually started the letter with this quote. And that's another thing about me. I love quotes. And this quote actually was one that I had on my wall growing up. It was along the lines of "Don't ask what the world needs. Ask what makes you come alive and go do that because the world needs people who have come alive." And I'm sure you've heard this quote before, but it really resonated with me and it still does to this day.

And that was really it for me. That's what it came down to. Medicine and a clinical career path checked so many boxes and would have enabled me to have that patient impact and all of those things that I wanted, but it didn't make me come alive. And I had to recognize that in myself and come to terms with realizing that that doesn't have to be that way. And there are other things out there that can make me feel that sense of coming alive. And through that, I really do believe that is what really enables us to have the greatest impact in whatever we do.

HF: When you're saying that, I got goosebumps. And whenever I get goosebumps, it's when someone is speaking their truth. And I love that quote, by the way, too. I'm curious because we really haven't talked about this. What was it that you knew was making you come alive if it wasn't patient care, direct patient care?

DT: You mean how did I know that there was something else out there?

HF: Yes, exactly. What was the thing? It's like you're choosing A or B and you knew it wasn't residency, but you knew it was something else. Did you know what that "what" was? It was already helping you to feel like it was going to make you come alive?

DT: That's a really good question. And I think I knew broadly and kind of vaguely what those things were, but I don't think I had a super crystal clear sense. But what I did know was

that this was not it. I knew very clearly that this was not making me come alive because I'm an incredibly enthusiastic, dedicated, excited person about what I do. And if I didn't feel that with what I was doing, it was a huge sign to me that I was not on the right path for myself.

HF: It makes me think of a situation where someone might meet a future potential spouse and they check all the boxes, they're stable, they have a good income, they're nice looking, they have a nice family, all those things. But there's just this feeling of "I'm not really totally in love with this person. And I don't know who I would really fall in love with. I just have faith that this is not it. But that person is out there."

DT: Exactly. And your word "faith" really resonates with me, too. I think understanding that sometimes you do need to take a leap of faith and you may not have all the answers, you may not know what the future looks like. But there's somewhat of that optimistic, faithful perspective that there is something out there. It might just take a little time to figure out what it is.

HF: I love this. I want to come back in a minute and we're going to talk about what you're doing now. And then we're going to really go into some questions that listeners might be having about their own situation and what their options are. So, don't go away. We'll be right back.

All right, my dear listeners, I wanted to share a resource with you. This is my starter kit. You can get this at the Doctors Crossing website by going to the freebie tab at the top of the page. The starter kit really helps you when you're questioning your career and you don't know how to look at your current situation, and how to work through exploring options and start making decisions. The starter kit is free and it has links to podcasts that could be useful. It's a nice hefty PDF. Again, you can get this at the Doctors Crossing website by going to the freebie tab at the top of the page. There are also other freebies at this site. So, have a look and we'll also link to it in the show notes.



All right, we are back here with my lovely guest, Dr. Danielle Torres, and we're going to be looking at what she's doing currently and then drill down on some questions that you may be having about your own situation.

Daniel, let's open this up to find out this mystery of what is a challenge that you're helping to solve that helps you come alive.

DT: Yeah. I'm currently working at a startup in the radiology and AI space where I work as a product manager. What I do in this role is help get our new products to market. And in our company, we are trying to solve the problem of quality in radiology, and we're using AI to do that.

HF: All right, AI is really big right now. I think a lot of people are interested in "How did you get this job? What's it like for you? What are you actually doing on the job?"

DT: Definitely. I actually got into this company, it actually goes all the way back to medical school, where I was just a second or third year in medical school and received what was basically a mass email to my class. And they mentioned an opportunity for medical students to work part-time as report annotators at an AI company. I, of course, thought that sounded really interesting and definitely welcomed the opportunity to make some additional money when I was a medical student. I said yes, and started working at this company. And at that time, again, it was in a very limited capacity on the AI team. And that evolved actually, when I decided not to go to residency. The company and I were still in touch, and they actually asked me at that time if I'd want to come on full-time.

HF: Oh, this is an incredible story. You answered a mass email, you got this job during medical school, and it's turned into a new career path. How has what you're doing changed from what you were doing as a medical student annotating to what you're doing currently?

DT: Yeah, so before I was working in a very specific role, helping to provide data sets for AI model development. But now I work on the product team. And so in this role, I definitely have a much bigger picture perspective on what our company is trying to do by bringing different products to market. And in this role, I get to work with individuals across many different teams, which I absolutely love. It's a highly cross-functional role.

And in this role, I have a variety of different responsibilities, including managing our products that are already launched, driving strategy, and supporting future product investments. And again, ensuring that we are aligned across the organization with our highest leaders, as well as our technical stakeholders.

HF: It sounds like a really nuanced job and not one that we think we have skills for when we graduate from medical school. Can you talk a little bit about the skill set and if someone's thinking, "Well if I left after medical school, would I be eligible for a job like this? Could I get something like Danielle has?"

DT: Yeah. First of all, I think these types of opportunities are definitely out there and expanding rapidly. What I really enjoy about my job is that I get to use my medical background. People have also referred to this as speaking the language of medicine, which is a valuable skill that you gain in those years as a medical student. It's like another language and you speak it. And so, that's a valuable skill.

And what I really enjoy is being able to use that background, but also gain so many other new skills. And in this role, because of my background, I get to work really closely with other radiologists, but I also get to work with people with very different backgrounds from business to technical backgrounds. And in this role, I get to learn so many new things, like I mentioned, including all of the principles around the product, as well as just broader picture things like how you run a company and how you think about strategies.

HF: Do you ever think, “Well, maybe I should have done a residency, and then I would feel like I became a clinician and I could bring more to the table?” Does that thought ever enter your mind?

DT: It's funny you ask because, during that decision process, I thought for sure I would have these thoughts often, but I cannot tell you that I've had that thought once since leaving clinical medicine behind. As you can probably tell from this interview, I think things through very deeply. The fact that I have not second-guessed this or had any second thoughts says a lot, I think.

HF: If someone is listening to this and wondering that about themselves and thinking, “Well, I wonder if I would feel like not commensurate with my peers, if I were working with say radiologists or I was with other physicians who are clinicians”, how would you help them with that feeling or thought?

DT: Yeah. I think one important thing to remember is that none of your experience is wasted. Everything that you've been through has made you the unique person that you are today, and that enables you to add value to whatever role you're in. I think just always remember that you're not quitting, you're stepping away for your own self. And I also would say that it's never too late to make a change either, no matter where you are on that path. There are opportunities outside of clinical medicine all along the way.

And another thing I would say is if there's anything you can be doing to start exposing yourself to things that you're interested in and figuring out what's out there, what strikes your interest, that can be a good way to start getting exposure while you sort out this big life decision.

HF: Right. Because if we can see a different path forward, like you found, we can tell whether doing residency or doing a partial residency, maybe getting a license would be helpful or actually waste of time and opportunity cost.



DT: Definitely. And I will say during this time when I went through it, I tried speaking to as many people as I could. Anyone who left medicine at any point along the way, they have their own perspective and they've talked to different people and they've got a lot of really helpful insights. I would recommend talking to as many people as possible and hearing about their stories and learning from them as much as possible.

HF: I think that's so critical because once you see other people have done it and they're thriving and they found a new way, it feels more doable. One thing we're going to talk about, Danielle, is other things that physicians can do with their MD or DO if they don't do residency or they do a partial residency.

DT: Because I went to medical school through this humanities and medicine program, I know a number of people who went into more humanities-oriented paths, such as people who write books or for the New York Times. I have a friend who actually I went to medical school with who works at a medical communications company. I know people also who have worked at other healthcare companies, and other startups. I have a friend who works in venture capital. I also know someone who works in education. Something entirely different than medicine altogether. Really a wide range of individuals.

HF: I love those examples, Danielle, because they're a reminder that we can absolutely do something in healthcare. But we could also choose to go completely outside of the box. And that might be revisiting a passion or an interest that we had before we even decided to go to medical school.

Now, if you're listening to this, and you're trying to decide if you should do residency or complete residency, I want to just add that with your MD or degree, you can potentially work in many of the nonclinical areas that we talk about on the podcast, such as in pharma, health insurance, public health, consulting, medical writing, you can work in informatics, for example, with EMR, you can do teaching. And as Danielle gave in her

examples, you can work in education, venture capital, and medical communications, for startups, you could also have your own business.

Now, if you're applying in one of these sectors where a lot of clinicians are applying, typically the job and the job title are going to be different. So it can take some time to figure out what your entry point would be. And that's where networking and getting advice from others can be very helpful. If you're already in residency, and you feel you need to leave, and you haven't done so already, it's helpful to find out how much time is needed to get a medical license. Usually, it's one or two years depending on what state you're in. So if you're able to get that license, obviously, it's going to open up a number of different doors.

As Danielle mentioned, it's so important to talk to people and explore your interests are and what other people have done. And as Danielle mentioned, it's so important to talk to other people, find out what their path is and explore what interests you is will often feel very messy and unclear in the beginning and confusing, but it's part of the process and know what's normal, and that clarity will come

DT: Totally. I couldn't agree more. And I think I went through this phase where I would compare myself to my other medical students and people I went to medical school with and compared to them who did residency, I always felt like, "Oh, well, I don't know as much or I don't have as much experience." But when you compare yourself to other people who didn't even go to medical school, you really do have a valuable skill set that only so many people in the country in the world have. And I feel like harnessing that and being confident about that is really powerful.

HF: I'm curious, Danielle, what is it about your current job that feels like the challenge that you want to solve?



DT: Yeah. Every day I got to work on really challenging problems about how we improve the quality of health care and radiology. I'm not just at the individual patient level, but yes, that but also at a population level. And in this, we're also using cutting-edge technology and innovation, which is constantly changing and evolving. It's keeping me on my toes. It's really challenging and really exciting. And I'm learning a lot every day. And also, I get to work with amazing people and learn from people from all different backgrounds, which is something really unique to working in this particular industry. I'm really enjoying it.

HF: Well, I can tell you, you just have this glow to you and I love your energy. When you've been talking about this path that you chose, it really makes me think about how we'd have a lot more sustainability in medicine if people could practice clinically if that's what they want to do, but also feel like they're doing something connected to, having a greater reach or just being able to continue to learn and grow and interact with other people because we can get pretty isolated in the patient room. And so, I think a blend of these two would really help a lot with sustainability.

DT: Definitely, and the more and more I talk to people and even in touch with my friends who are in residency right now, I know so many people are interested in creating their own path in medicine. And for me personally, that started right after medical school. And I know for many of them that will come, that will happen at some point in their careers if they want it to. And I think that one of the beautiful things about medicine is the level of flexibility and ownership that you can have over your career. And whether you do it now or you do it in the future, whatever is best for you, I think it's possible and it can happen. I'm excited for people who are interested in this type of thing. And I do feel that people can really make it work.

HF: Yeah, that's super encouraging. Before we wrap up, I want to address something that's on a lot of people's minds when they're considering this, which is the finances. We had mentioned that you had debt and that people often have \$200,000, \$300,000, and

sometimes even more in terms of student debt. How would you recommend they think about this? And do you have any guidance on income earning potential if someone doesn't do a residency?

DT: Yeah, I think that's a totally valid and really important concern and something I really thought about as well. When I looked at what I could make as a resident and what I could potentially make working, I realized that I could actually have a higher earning potential earlier on working in a job outside of clinical medicine. Of course, you can reap the benefits of a higher income later down the road with clinical medicine but I realized that I was willing to take that higher salary up front and just work continuously to grow my earning potential in my career path outside of medicine.

And again, I think this is another area where depending on what field you go into, obviously, that earning potential can vary. But I really feel you can make it work. And for me, I think just being happy and being really fulfilled was a priority. I think the financial piece was definitely a consideration, but one that I was confident would work out if I found the right path for me.

HF: And it's true, a lot of the salaries in medicine are going down. And I see people who go into nonclinical jobs and people that I know who didn't finish residency, the areas that they've gone into have been very rewarding for them financially. There really is no limit to what we can do. I'm glad you gave that type of reframing to this question that often deters people from doing what they need to do.

This has been a lot of fun to have you here. I know it's going to be very helpful to many people who are trying to make this decision for themselves. Thank you so much, Daniel.

DT: Thank you so much for having me, Heather. It has been so much fun.



HF: Well, thank you again. And my dear listeners, I just wanted to remind you that if you're in the starter kit freebie, you can find it at the Doctors Crossing website under the freebie tab, or you can go to the link in the show notes. And as always, don't forget to carpe that diem, share the podcast, 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 and check out the free resources tab. You can also go to doctorscrossing.com/free-resources. And if 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.

[00:33:49]

Podcast details

END OF TRANSCRIPT