



EPISODE 184: Sometimes You Have To Leave To Know If You Still Love Medicine - A Surgeon's Story

With guest Dr. Megan Brady

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MB: “Not every job is perfect and not every job is going to treat you well. It's very scary, I think, especially for surgeons to say, I'm miserable. It's not a 'you' problem.”

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. I'm your host, Heather Fork, and you're listening to episode number 184. When Dr. Megan Brady left her job as an orthopedic trauma surgeon, she felt physically and emotionally broken from extreme stress in a challenging work environment. She was excellent at her craft, but had no idea whether she would be able to return to practice and if she even wanted to.

Today on the podcast, Dr. Brady is going to share her story of how she navigated through a very difficult time to answer this question of whether she was meant to practice again,

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and if so, what it would need to look like. We'll be learning about some of the factors that made practicing so difficult. What Dr. Brady did after she left practice to help answer this million-dollar question to practice again or not, and the job she's doing currently that she loves. Let's dive right in. It is my distinct honor and pleasure to welcome Dr. Megan Brady to the podcast. Hey, Megan, welcome.

MB: Thank you so much, Heather. I'm thrilled to be here.

HF: Yes, I'm so happy to have you because your story, I think, will be helpful to a lot of listeners for a whole variety of reasons, and we learn so much from hearing the stories of others. So, thank you for being willing to share on the podcast.

MB: My pleasure.

HF: What I wanted to start off with is reading a description of when you first reached out to me what you wrote, and this was back in August of 2014. We had one session at that time, and then I actually didn't hear from you again until 2020, but this is what you wrote.

"I am currently an orthopedic trauma surgeon who left academics for private practice. I am looking for help finding a non-clinical career. My current lifestyle is not sustainable, and I have no enjoyment of work or life. I dislike patient care and my job. I am miserable. What I have is a lot of misery." Do you remember writing that, Megan?

MB: I do. I absolutely remember that. I was in such an overwhelming place where my job had basically taken over any peace or free time I had, and I was trying to meet other people's expectations that were completely unrealistic, and it changed my whole personality and approach to life.

First thing is I'd like to thank you because it was nice to have one person that you could reach out to to say that. It's very scary, I think, especially for surgeons to say I'm miserable. and I think also that it's important for us to acknowledge as providers that not every job is perfect, and not every job is going to treat you well.

I know that you just had a podcast about toxic work environments, but it's not a "you" problem. I was so deep in the weeds that I thought it was a "me" problem. and I was being told that because I was the only one that was trauma trained, and I wouldn't do all of the self-pay and some of the non-trauma problems that were inconvenient, and it was a really bad situation.

HF: I know you also mentioned that it was really hard to be a woman and be a trauma surgeon. Were you experiencing things related to gender too?

MB: It's hard to tease out because the same job had similar issues with a male surgeon, but I think that it was easier for people, since I wasn't married at the time, I didn't have children, to not understand why I wouldn't work the Christmases or after-school things where you can't just go do that. And unfortunately, it was easier for people when I would try to set boundaries to call me the dreaded B-word.

And so, I think that there was an element of that, but as it turned out, I think it was just a group of physicians who had unrealistic expectations about what was possible for one person to accomplish.

HF: There was a six-year period between when we first spoke and then you came back to me. Can you tell the listeners what was going on in 2020 when you reached out again?

MB: Absolutely. When I reached out in 2020, I had made a lateral move from the not-so-ideal work environment to another situation that was similar. And this job, there was an uneven work distribution. And also, I didn't agree with how patient care was being

provided. I think that there were different levels of care based on if you were an elected patient versus a trauma patient. And I was physically and mentally exhausted. My phone rang every single night, late. My phone rang every single weekend. And again, I found myself in a situation where I didn't have much peace outside of my life.

I was lucky that I met my future husband. I'm married now, but we were dating at the time. We would try to even take our dogs for a walk on a Saturday morning, and my phone would ring and ring and he would be like, "Megan, you can never get away." And I was kind of everyone's go-to. And at first I tried to tell myself, "Oh, this is flattering. You're really needed." To be frank with you, I spent the six years between when I first reached out to gaslighting myself into saying, "It's you, you're weak. You're not strong enough. You don't work hard enough."

And I had an epiphany in 2020 where I realized I can't keep doing this. In addition, in 2021 then, after we had started speaking, I had had a massive disc herniation twice in one year. And when eight men drug me out of my house in an ambulance, that was kind of the sentinel event of, "I can't keep doing this anymore."

HF: Yeah. It was your back really making it impossible for you to practice that stopped you because I think you really felt like you had to do this and there was something wrong with you if you couldn't.

MB: I absolutely did. And before I had the major back episode, I had been talking with you about pursuing other options, be it nonclinical work, the various ways to make like a collage type of career with the nonclinical work or even doing some clinical work. And I was very excited and hopeful about those, but the back was what solidified it. I had caught cauda equina. And so, when I couldn't do certain bodily functions on my own, it took me four months before I could really walk again. That obviously was the game changer.

But I will tell you that even when we were speaking about the other options before I had that, I spent two days lying on a hardwood floor with my legs on the wall because I couldn't stand it waiting for my surgery that had been scheduled. And when that finally happened, it forced the decision. But before that, I was honestly too fearful to make the decision because our whole careers were told, "You need to have a full-time job. You need to stay at your full-time job for 20 years and you're going to be gaining the rewards and the respect." And I was honestly just plain scared. I was too fearful to make a decision. I was mostly worried about what other people would think about me. And I was blaming myself for every single problem at work.

And then I think that I have a guardian angel. When my back finally did that, it gave me a second chance on life. And so, in a way, I had already made a mental decision to think about changing my career path, but I was too scared. And so, without the obvious reason, I would have done it, I think eventually, but I will tell you that it was a really scary time for me. And my self-esteem around that time was minimal, but it was still better than it was when I was having these problems at work. So, I don't regret one thing. I don't even regret having the cauda equina syndrome. Everything was kind of a blessing in disguise and I love my job now.

HF: I remember when all this was going on, I was really worried about you because you'd really strung yourself out and work was incredibly demanding. And I was afraid something even worse was going to happen to you. I had you draw a picture, which I sometimes have my clients do. It's like a cartoon where on side A of the drawing, you sort of put yourself as a stick figure in your environment so we can actually see what it feels like to you. And then on side B on the right side, you draw really how you want things to be. Can you describe what you drew on side A when you were really under stress, what that looked like?

MB: For me, side A was me standing in front of five patients on operating room beds, getting struck by lightning bolts with my feet on fire. And that was reflected in the fact that I felt

like at work every time some traumatic car accident or what have you would come in, it was my responsibility, even if I wasn't on call. And it felt like I couldn't keep up. And I would almost obsessively watch the local Facebook scanner page and be like, "What's going to come in now?" And that was me just feeling like I was all alone. And there were these five crushed humans that I had to fix all the while I was getting struck by lightning.

And also there were these other people, like three or four people in the background that were saying, "Dr. Brady, Dr. Brady, Dr. Brady", because the whole time you're trying to fix these broken humans, there are five or four other people needing you to do something else, be it a nurse or an APP or a hospital administrator. And when I drew that out, when you asked me to do it, I didn't say I hadn't thought about it. And then I looked at it and I was like, "This is a horrible life. No wonder why you're miserable."

HF: I know. And you see it physically in front of you. It's very telling. And your hair is falling out. You're very unhappy looking. There's ambulances pulling up and there's all these people yelling at you, "Do it now, do this, do that." And so, then on the other side, side B, what did you draw?

MB: On side B, I drew myself in a peaceful environment in front of a desk, maybe doing some nonclinical work and it's quiet and the sun is up. And then there is me operating on one patient and enjoying myself. And there's also a picture of me under a palm tree. And I think that was me wanting to find work life balance and other things to keep me active, clinically and nonclinically, but also to be able to have time to enjoy my life.

HF: Well, there are stark contrasts. And so we'll come back to this one on side B in a little bit, but I did want to bring in your Enneagram. We talked about the Enneagram personality test and your top two, which were tied, were the challenger, which is also called the leader.

And we see the type eight most commonly in surgeons. They have the most energy. They are okay with risk and they tend to make decisions pretty easily when they need to. They also often have the energy of twice the normal human or more. And it's one reason why you, what can happen to you happen is that you can overexert yourself to a degree. And it's really almost your body breaking down that stops you. Whereas other people couldn't physically have done what you did.

And your other top personality type is the perfectionist or the reformer type one. And they are very much about doing what's right even if people don't agree with me or I get in trouble for it or makes waves. The combination of these two makes you a fantastic surgeon. And it also can create some difficulties in an environment where patient care isn't always the top priority.

MB: Exactly. I was never as popular with some of my other partners that were more successful in the full-time corporate medicine environment. Because if something wasn't done that I thought was appropriate for the patient, obviously I would try to either fix it or say, "Hey, we need to figure out a better protocol for treating this, or maybe don't transfer this and stabilize it first." And so that was really difficult for me when other people didn't have the same patient care goals, but I didn't realize that I knew I was a perfectionist. I'd also never heard my personality be described in such a flattering way.

And so, it was really nice to realize that isn't always a negative thing, but it also opened my eyes when I finally sat back and took the time to think about what I wanted to do once I recovered from my back surgery and took some time off. And it made me realize there are some jobs that just won't work for my personality. For instance, another big corporate healthcare job, where you're working with other people and maybe profit and money is a little bit more important than patient care.

I don't do well in that environment. And I also like to work with other people that have a certain standard of care. And so, that for me was really helpful in helping me screen out

other jobs, because I knew what I don't succeed in is the environments that I'd basically left one for the exact same environment.

I didn't even bother to look at those jobs. And it saved me a lot of time, but also gave me a lot of peace because it was like, "You're never going to work out in that environment and stop trying to make yourself fit into someone that you're just going to be miserable in."

HF: I'm so glad you shared that, Megan, because it is one reason I like to use the Enneagram, because once you really understand your personality type, then you can think about going forward, what's going to be the best fit and maybe why things haven't worked in the past. And also, how can I capitalize on the gifts of my personality type? I'm curious, Megan, when you left, if you can think back to that time, what was the likelihood in your mind that you were going to do surgery again?

MB: I would say when I left, I thought that there would be maybe a 50% chance I would do surgery again. I was just tired. I was tired. And it wasn't the patient's fault. And I don't feel like this anymore. But I got to the point where I was so jaded that when patients would ask me questions in clinic, I would be kind of the outside.

But the inside, I would just think, stop talking to me, please stop demanding things of me. And when the nurses would come with more and more things to do, I would just feel like "I can't do this."

And so, when I originally left medicine, I thought it was going to be for a non-clinical career. But as time kind of went on, I had this niggling noise in my brain that was like, "You love surgery, you still love surgery." But I thought there'd be about a 50% chance of me going back to clinical work.

HF: A lot of people don't leave a difficult situation or they stay way longer than they should because they feel like they have to figure out what to do next to make a move. However, as you experience, sometimes it's hard to tell whether you still love medicine when you're emotionally exhausted and drained and you have all these features of burnout like you did. Can you talk to us about what you did during this intervening time to help answer that question of what do I do next?

MB: Absolutely. So my intervening time was a little complicated because I had that massive disc herniation and cauda equina. An emergency spinal fusion. And then I did a lot of physical therapy. But I also worked with you and just worked through myself. I thought about what gives me joy, what is important to me. And I reached out, actually call some friends and with a lot of courage, fake courage behind me, I told them what was going on. And turns out there are a lot of other surgeons, doctors, whomever, that feel the exact same way that the person going through bad times does.

I even reached out to a wonderful female orthopedic surgeon who had completely left clinical medicine. I spoke with anybody who had talked to me and it turns out everyone some days feels like this. And I think a lot of us feel like this a lot.

And so, after I had been given good advice, I realized, "Okay, I want to do some sort of clinical care, but not full time, necessarily." And I just randomly through talking to one of my friends found a job that was a travel job. And obviously, everyone wants the next thing they do to be the best, prove everybody else wrong. I am the best and it's going to work out and it was it was you, not me.

And I think that is the best piece of advice I could give anyone going through this again is don't be afraid to fail. If the next job that you do does not work out, it's not on you. It's okay. There's a reason why jobs have openings most of the time.

And Heather, you actually gave me the best piece of advice ever when you said this is your Lewis and Clark phase, you are exploring. And when I started this other job, it was not perfect. But when I only work seven or eight days a month, and I was doing surgery, even if it wasn't in the perfect environment, I was having a great experience. I like fixing fractures. I like seeing patients.

And where I landed had a great patient population. And so, that made me realize I want to do this. But the job was not for me. It was not right. And it took courage to be like, "Oh, this was another not perfect fit for me." However, I'm so thrilled that I had that experience because I made connections and I met other orthopedic surgeons. And it led me to find the job that I have now, which I absolutely love.

Even though on paper, my return to clinical medicine wasn't the right fit, and it was a failure, it wasn't. It was an absolute success. It just wasn't meant to last any longer than it did. And so, if I could tell anyone out there listening, don't be afraid to quit again. It doesn't matter. No one cares. I thought they did. And some people, especially in orthopedics, it's a little bit competitive, they were like, "Oh, you quit another job." And it's like, "I did. I did. It wasn't right."

And the group of people that I've met through this experience are wonderful surgeons. They are excellent partners. But they've all become friends and some have become colleagues. And so, I wouldn't trade this experience for anything, but it opened my eyes about, "Okay, what do you want?" And then that led me to have the job that I have now.

HF: That was golden, Megan. I love everything you said, because it's so true that we are very averse to feeling like we're failing, but it has nothing to do with failure. And I love this reframe of it either works out for you to be long term, or it's a learning experience, you get more information about yourself. And it can be incremental, you go to the next thing that helps you get another sense of "Do I still want to do clinical? Yes, no." And then you can keep improving. But yeah, that was so beautifully said.



Now, we're going to dive in in a minute about what you're currently doing now. But first, I want to take a short break to share a resource.

All right, my dear listeners, as many of you know, I do offer a one off consultation. This is an hour where we meet on Zoom. And you can talk to me about your situation, I will do my absolute best to help you. And this is one of the most favorite things I love to do. And I feel like in an hour, I can really help you look at what's going on, explore your options, get validation, hope. And if you do end up needing or wanting additional coaching, I do have a program that I offer. So, if you're interested in learning more about my one-to-one consultations, you can go to the Doctors Crossing website under the schedule tab. And there's some information there. You can also reach out to my lovely assistant Kati at team@doctorscrossing.com and we'll have a link in the show notes that mentions this email address.

All right, we are back here with Dr. Megan Brady, orthopedic surgeon. We're at the point now where you've had your break, you've gotten better physically, mentally, emotionally, you tried out another orthopedics job. How are you feeling about your love of medicine and caring for patients at this point?

MB: That completely returned. And it was better than it's ever been. Because as we progress in our career, we get more confident and the practicing of the medical part becomes more enjoyable because it's less new. And so, when I got to go back with the years of experience, and I wasn't in this pressure cooker all the time, I realized that, "Hey, I love, I love orthopedics. It's a great job. And even if I'm working long hours, I still love it."

And so, it really made me realize that I enjoy patient care. And it even made clinic a lot better. It made me realize I enjoy talking to patients. I enjoy taking care of them, but talking to them and hearing their stories. I used to think when people said that they were lying, but it turns out it's really satisfying. And there are a lot of good things you can learn from everybody, but it's also just a really satisfying career path.

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HF: I'm really glad that you were able to follow this arc and end up here. And if you had found that you wanted to do a nonclinical job, that would have been great too. You had a lot of interests when we filled out that exercise with all these different things you could do. You had three, fours and fives, almost all of them. So, it wasn't like there wasn't anything else you could have done. Now let's talk about what you are doing now. I'm sure everybody's very curious.

MB: Just real quick, when you talked about the other nonclinical stuff, I actually did do some of that for fun. I did a little consulting for chart review. And I also did a little expert witness stuff. And so, I still do a little bit of the expert witness stuff. So I did find other things that I enjoy and it was worth doing. Maybe you didn't make a million dollars, but still, you learn and you experience something else.

But right now my full-time job is I work for a wonderful company that is a group of surgeons that staff hospitals in need. And it's called SAMGI or Surgical Affiliated Medical Group Incorporated. I am the associate medical director of ortho trauma for a hospital and I take about eight to 10 days of call a month. And I work hard when I'm on call and the rest of the work that I do is more administrative and I can do it wherever.

And I absolutely love my job. I have wonderful partners. Everyone cares about patient care. We all care about results. We care about treating people well. And because I'm not working for a hospital, I'm working for a company that is made up of surgeons. Outcomes matter. The patient experience and satisfaction matter. And some of the more financial things. Obviously that matters to some extent, but it's not nearly as enforced and emphasized as it was at other jobs. I love every day that I work now. And I have never said that before.

HF: That is fantastic. Can you tell us a little bit about what your day-to-day is like and how this is structured?



MB: Absolutely. My days that I am actually doing clinical work on call. The only time I'm taking care of patients is when I'm on a 24-hour block of call. And I typically do five or six days of call in a row. My back doesn't allow me to do more than that in a row. But we get to the hospital like 06:20, 06:30. We round, we do the list. I start operating at 07:00, round in between patients. There's a team of APPs that do an excellent job of keeping the service running while we're operating.

It's relatively busy there. We typically have a full OR day. And then at night, if somebody does have a catastrophic injury, we'll go back in and operate. Otherwise, sometimes you get to have a nice night of sleep. And then when I'm not doing the call or the direct patient care, I am helping solve problems, improve protocols, working with the emergency department and the general surgery teams to improve patient care and patient flow. And helping the clinic staff make sure everyone gets their follow-ups and just troubleshooting things in addition to improving patient care. It's really, really satisfying.

And I still have time to do some expert witness stuff. I only do it for a local law firm when the patient has been wronged. But it's given me a lot of time to do other things. And also, I have multiple days each month where I can travel. Going back to my picture, that of me under the palm tree, I do that now. I was taking maybe a week of vacation every two or three years before when I was working full-time because it was too much to come back. You'd have all these fractures waiting for you or problems.

Now I have someone I trust as much as myself taking over when I leave the hospital and I don't have to worry about that. I can't say enough good things about this model and especially this company. It's a delight to work for. And I think that this could be the future of orthopedic trauma. It's getting busier and busier in most hospitals. And I think this is the future of orthopedic trauma is to work with a group of people and staff rather

than having one or two surgeons. Because frankly, it's just too much. And I think once you get tired, patient care is less than ideal.

HF: Is SAMGI a nationwide company? Could physicians in other parts of the country apply and potentially have the kind of job that you do?

MB: Yes. SAMGI is based out of California and they have facilities where they're staffing mostly orthopedics, neurosurgery and general trauma surgery. I think we do some urology as well, basically in various parts of the country. And so, it is an opportunity for anyone that's looking to make a change. It's like locums in a way that you can stay in your home base and travel as many days as it works for you or based on what the facility needs. But it's not like locums in that you're not having to work with a locums company and you always get paid because SAMGI pays you. And so, you don't necessarily have to fight with a facility or a locums company to get paid.

Your assignment is you go to the same place. And you make friends and you get that familiarity. And so, I think it's a less stressful situation than doing locums. I did locums for a bit before I started this job and I landed at a really great place. But I've heard stories where it's plus minus. And with SAMGI, they take care of the battles. They take care of the fighting for lodging or money. And so, it's nice. And you also know your partners and they care about quality so they won't put someone who's not qualified in a position that's not right for them.

And so, you don't have to worry about, "Well, when I show up, will there be 18 postoperative complications I'll have to fix and a bunch of stuff the other person couldn't handle?" It's not like that. It is an absolute delight and has really made me even love orthopedics more. It's wonderful to have partners that you can bounce ideas off of and I learned from them and we just really get along.

HF: It sounds really collegial and that's really helpful because practicing medicine can feel very lonely at times. We're just about out of time but there is something I wanted to ask you Megan. Whenever we're in a situation and maybe it's not working for us, like in the environment where you're in this really challenging work situation, there's always the external what's going on outside of us, but we also bring our personality type into whatever we do and there can be ways in which we may be making it harder too, such as maybe having boundaries that aren't the best for us or being too critical of ourselves and even others. I'm curious, what did you learn about your own personality and did you modify anything from what you learned from this experience that's helped you going forward?

MB: The first thing I did was stop being so prideful and I actually started talking to my colleagues and before I was too embarrassed or didn't want to admit that I had feelings or shortcomings, and when I started speaking to other doctors and they're like, "No, I feel the same way." Even mentors I've had, it made me realize I'm not as alone as I thought I was and I had to swallow my pride.

And the other thing is I had to learn how to set boundaries. I had no idea how to set boundaries. You don't get into medical school having boundaries. You don't be successful in residency if you have boundaries. I had to relearn a skillset that I was not good at and I'm so thankful I did that because that has really paid off in my life and every aspect.

HF: Well, thank you for sharing that. It is really inspiring to have you on the podcast and I think your story's going to be very helpful to many of us out there who are trying to figure it out ourselves. So thank you Megan.

MB: You're very welcome and thank you for having me.



HF: It's been a great pleasure. Alright, my dear listeners, I'd love it if you could share this podcast with one person today who you think could be helped by Megan's story. I'm also asking if you can rank the podcast if you haven't already. If you feel compelled to give it five stars, please just go to the app that you love to listen on and give it those five stars. I would be most grateful, and it really helps get the podcast out there and have other people find it who haven't heard it already. And as always, don't forget to carpe that diem. I'll see you in the next episode and bye for now.

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Podcast details

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