**EPISODE 187 Don’t wait for doors to open, get scrappy in your career quest**

**With guest Dr. Georgette Chekiri**

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GC: “We have a lot of resources at our fingertips. We have a lot of transferable skills. The more that I have stepped into the realm of nonclinical medicine, I've seen how those skills can transfer. There are a lot of opportunities for doctors in the nonclinical world.”

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.

Hi 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 187. Today, we're talking about getting scrappy in your career and not waiting for doors to open. But before I introduce my terrific guest, I want to share a story from my own past where I had to get scrappy. This was back when I was a third year resident in dermatology at the University of Miami in Florida. I had really wanted to go back to Austin. Even though I'm a Jersey girl, I had moved to Austin after college and fell in love with it.

We didn't have sites back then like Indeed or LinkedIn to look for jobs. So I wrote to every single dermatologist in Austin asking if they would hire me. Yes, this was before email was common. I got some nice letters back, but no job possibilities. Most derms like to hunt alone.

I was determined to get back to Austin come heck or high water, even if it meant working at Burger King. I decided to call each and every office where I hadn't heard anything back. After a string of “no thank you” calls, I spoke with a nurse who told me to call back the following evening to speak with the doctor. When I did, the dermatologist told me he had just decided the night before to sell his practice. No way! Who was I looking to run a practice right out of residency? I wanted to be an employee and ease into things.

Long story short, I ended up buying this practice at an incredibly affordable price. If I hadn't made myself call around and find this opportunity, and if I hadn't been willing to do something way, way out of my comfort zone and get scrappy, I don't know if I would have been able to come back and live in Austin, which is where I really wanted to be. And I certainly would not have had the experience of owning my own practice.

My lovely guest today is family medicine physician Dr. Georgette Chekiri. We're going to dive into Dr. Chekiri's story and hear about how she's gotten scrappy in her career, which began with an early aim for a job at Taco Bell and continued on with a stint at Disney World, a chicken processing plant, and other pursuits, one which in particular paved the way to her current role as a medical director in life insurance medicine. I'm excited to have Dr. Chekiri share her story and provide helpful, actionable advice and great tips for an empowering mindset to help you create opportunities for yourself rather than waiting for them to come. It is my true honor and pleasure to welcome Dr. Georgette Chekiri to the podcast. Hi, Georgette. Welcome.

GC: Hi, Heather. I'm absolutely delighted to be talking with you today. I've been a fan for a long time.

HF: Oh, you're so sweet. Well, thank you. Hearing your story has been so inspiring to me, and I'm really happy to bring you on to the podcast because as physicians, we tend to like the paving stones put out in front of us with a nice path that's tried and true. And that's how we got into medicine. And we're not as comfortable or as used to finding these alternate pathways or what I call getting scrappy. We are scrappy by nature. We do our things. We're willing to work hard. So it's in our DNA. I just think sometimes we need to shift our mindset a little bit. So I think you're here to really help us out with your story.

GC: I'll try to do so.

HF: Now, let's go back early on and tell us just a little bit about you and what you were like as a kid because we're going to go back to when you applied to work at Taco Bell.

GC: Oh, yeah. Well, in the beginning, I wasn't certain if I was even employable. When I turned 16, I wanted a car and my own money. That meant a job. And my town wasn't a very big town. There weren't that many opportunities. I heard that Taco Bell was hiring. So I took myself down to Taco Bell and talked to the manager and filled out the application and waited and then found out that I didn't get the job. Don't know why. I don't know if they're looking for somebody older, more experienced. Don't know. But I kept looking and eventually found a job at a mom and pop bakery and enjoy that very much. I stayed there until I graduated from high school.

HF: How did it feel when you didn't get that job at Taco Bell?

GC: It felt really bad. I know it was an entry level job, but it never feels good to be rejected. Yeah, it felt terrible.

HF: It's funny you mentioned that because I applied to work at Denny's when I was about a similar age and I got rejected, too. I never even got anything. And then I ended up getting a job at a bakery in Bambergers, which was the Quaker Bridge Mall, worked at the bakery, which we weren't really baking. We were just heating things up that have been frozen pretty much.

GC: Oh, that's great. So we have something in common there.

HF: Definitely. Definitely.

GC: Yeah.

HF: Now, I know we're going to fast forward a little bit, but tell us just a little bit about what prompted you to go into medical school.

GC: I think it's a common story among people who end up in medical school. I was good in science early on. I wanted to be a vet and then an anthropologist. And then in my high school biology teacher said, “Hey, you're really good at biology. Why don't you be a doctor?” And my 17 year old brain said, “Yeah, why don't I be a doctor?” And so I just got on that doctor train and that train took me all the way through college, medical school, residency. And there I was.

HF: And how did you choose family medicine?

GC: I like the variety. I like being able to see people from birth until death. And I like the relationships that some of the family doctors had with their patients through the years.

HF: Now, when you were a resident, this is when you had your job at Disney World. Can you tell us a bit about how that came about and what that job was?

GC: Yeah. A lot of jobs come about because somebody you know might be doing a job and they might need help. In this particular case, a friend of mine was working at an urgent care and part of the job was to go to the different Disney resorts and see patients at the hotels in Disney World for cash fee and prescribe the medication, dispense the medication. It sounded like a good job to me. And it turned out to be a lot of fun. I got to see the inside of just about every resort in Disney World.

HF: Were you riding around in a cart or something?

GC: Yeah, well, the urgent care had a car. It had a special urgent care car that had the urgent care logo on it. What kind of car was that? It was like a Ford Focus wagon. And I would drive this Ford Focus wagon around Disney World and schedule the patients, stop at the resort, see them, move on to the next one. So it was really interesting. It was an interesting experience.

HF: Now, often when we're going to try something new, especially when we're not really experienced, say we're a resident, we're not fully minted, our skills are fairly new, we can talk ourselves out of doing something. Were there what-if thoughts that came up? Like, “Well, what if it's something I can't handle? Or what if I go into somebody's room and then they're an ax murder and no one will find my body?” Were there some what-if thoughts that came up for you, Georgette?

GC: I didn't think too much of the safety aspect of it at the time. At that time, the Disney property was considered a pretty safe environment. I certainly had some reservations about seeing patients on my own, being a resident, but my residency was really good in training us to be independent. And I just got through it. I figured if I was going to be a doctor, I needed to learn this stuff and figure it out.

HF: Now that's a real can-do attitude, thinking it's not so much what could go wrong versus I can do this, I can figure it out. It sounds simple, but it actually is the key to so many things that we can talk ourself out of is that shift from “What could go wrong or what are the problems?” versus “I can figure this out.” And I love that you brought that out because it's such a transformative mindset shift.

GC: Yeah, I think that as doctors, we're trained to figure things out. So if we can figure out a diagnosis, why can't we figure out something new for ourselves as far as a career or a career shift, for example?

HF: It's so true. It is a transferable skill, figuring things out. I love that you reference that. We do that all the time in medicine, but somehow when we get into a different landscape, making a career change, and there's not a tried and true path, that ability to just say, “Well, I'll figure it out”, somehow leaves us temporarily and it can take some time to step into it again.

GC: Yeah, I think you're right. But I think it's important for us to just keep in the backs of our heads that we have a lot of resources at our fingertips. We have a lot of transferable skills. And the more that I have stepped into the realm of nonclinical medicine, I've seen how those skills can transfer. There are a lot of opportunities for doctors in the nonclinical world.

HF: Excellent. Now, before we leave Disney World and go on to the next…

GC: Do we have to leave Disney World?

HF: We can still keep the costume. Whatever costume you want to wear. Do you remember any interesting cases from that time? Anything that stood out or just an experience just being in Disney World and being a young resident?

GC: You're really limited when you go into somebody's hotel room with regard to what can be diagnosed safely. The majority of cases that I saw were going to be simple upper respiratory infections, sunburns, things like that. Occasionally, I would see a celebrity or two. That was exciting. That was probably the highlight is just seeing the different hotel rooms. Some of them are quite luxurious with kitchens and dining rooms and all these things that up until that point, I didn't know existed in hotel rooms. And just doing something different.

HF: Well, I guess what happens in Disney World stays in Disney World. So I won't ask you about those. Where would you like to go next in your story of being scrappy?

GC: When I was starting my medical practice and wanting some extra money trying to start that up, I found an opportunity on a message board (there was no Facebook at this time) for a chart review for disability claims. And I called up the medical director and talked to him and he asked me for a redacted sample of my work, which I provided to him. I had done some workers' compensation work in the past with my urgent care experience. And he hired me and entered into a great relationship. I worked with them for 18 years. And looking back on it, I think that that experience shifted my mindset to being someone who is not just capable of doing clinical work, but also capable of using another part of my brain to do nonclinical work.

HF: Can you talk just a little bit about what that was like when you were doing those reviews?

GC: In the early days, they would send me charts in the mail. Xerox copies of charts. And I would take a look at all of the medical records. They would send me a list of questions. And then I would type up a response and I would send it back. As the years went on, then this turned into a fully electronic experience, but in the beginning, it was reams of paper.

HF: Yeah, things have really changed. You were doing workers' comp reviews, but you're also, I think, doing disability and some more utilization management type reviews.

GC: Right. I did disability reviews for quite a long time. So just the disability reviews. And then I wanted to branch out a little bit. I started incorporating utilization review, mostly in workers' compensation as well. And that was later on. And I went through just about all of the names on your resource, on your website. And I would call each of them up. I would say that for everyone that said yes, there were probably at least 10 nos. They're always looking for somebody different. Sometimes they're not looking for your specialty. But every once in a while you get that yes. And that one yes can turn out to be a really good yes. So it's worth all the nos.

HF: That's such a good point because sometimes what can happen to us is we're not used to rejection. If you've gone into medical school, you've done well, you're used to being at the top of this and that. And also, when we interview for our clinical jobs, we're usually hired. But when we go into the nonclinical realm, it's startling and it can offend us and it can shake our confidence a bit. Even when we do something like reach out for a job, a part-time independent contractor job at a chiropractic company. And what can often happen is you don't hear back. You get crickets or maybe they don't want you. And what I've seen happen to physicians is they'll feel, “Oh, well, if they don't want me, then I'm probably not qualified for this. And then I'm not going to go through this list of 50 companies because I don't want 50 rejections.”

GC: Yeah, you might get 45 rejections, but you might get a couple of yeses and then a maybe in there. A lot of times their panel is full at that time, but those needs change all the time. And there was one company that I reached out to who said that they didn't need anybody in my specialty, but if I got a certain certification in workers' compensation, that they would have worked for me. I got that certification and then they had worked for me. I think it also helps to ask if you do get that rejection to have a good understanding about why. Is it that you need to call back or is it that it's just a hard no? Or is there something that you can do to pivot a little bit to make yourself more marketable? Because sometimes the answer is yes.

HF: That is another excellent point. And I know I've had clients who try to get feedback if they didn't get the next interview or go to the next level. And sometimes you can get it and sometimes you can't. But it never hurts to ask because you're right, it can be very good information. And sometimes it might be, “Well, you didn't have the right license.” And then you might then go get some additional licenses or do something like you did, get this training certification so you can do work that's helpful for them.

GC: Right. Yeah. The real reason someone's hiring you is they have a problem they want you to solve. Patients to be seen, charts to review. Like it or not, it's usually that they need to make money somehow. That's the bottom line. Whether we like it or not, that's usually what it is.

If you can tell someone how you can solve their problem and back it up with some type of concrete data, if it's RVUs or how many patients you can see, how you improved a workflow or patient health, then that can be the difference between getting the job and not.

HF: Yeah. And that's another good shift because we're often thinking about ourselves and what we want to get out of the job and how we're going to make a good impression. So it can even stress us out by thinking about ourselves and how we're going to be perceived. But when you shift it to how can I be of service? How can I help this company? It does an interesting thing as it takes the pressure and focus off of us. The spotlight goes on to the company and it actually helps us be more confident and relaxed. I love that you brought this out.

GC: Thank you.

HF: All right. So we're connecting the dots here. Where would you like to take us next in your story?

GC: When I was moving back to my hometown, I was looking for a job and one of my physician friends who I'd known for a long time back in my hometown had mentioned that the local poultry processing plant was hiring. And I said, “Well, I'm not really qualified to do poultry processing.” And she said, “No, no, it's a staff physician job.” And I thought it sounded interesting. So I applied to that and turned out to be a fascinating job. I loved the people there. The work was very interesting. And I just have to say, it's one of those, maybe not the most prestigious job that was in the area, but I felt like I was doing a lot of good there and really enjoyed every moment that I spent there.

HF: I know when I think of a chicken processing plant, it kind of freaks me out. And before we recorded, you told me that you actually had to go in and tour the facility. I'd love to hear a little bit more about what you loved about this job and what was that like to go inside one of these chicken processing plants?

GC: Well, it was interesting. I did have to tour the facility from time to time so that I knew what the jobs were that the workers had. If they did get injured on the job, I would know how and when to return them to work safely. If the injury that they had was commensurate with what their work was. And it was a very interesting experience. So we started out at the beginning of the plant where they would bring the chickens in with the trucks. And I would follow all the way through until the end where they were nuggets.

HF: Oh, my gosh. I don't know why, this may be because I was a vegetarian for a while.

GC: Yeah, I'm a pescatarian. But oddly enough, it didn't have anything to do directly with that experience. Maybe subconsciously that's one of the reasons now why I'm a pescatarian. But at the time I ate meat, no qualms.

HF: And what did you love about this job, Georgette?

GC: I liked being able to serve a segment of the population who oftentimes falls through the cracks as far as health care goes. The people that I met in the clinic were provided health care through their employer and could come see me for a work related injury, but they could also see me for any type of personal medical issues that they might have. And they were very sincere, very hardworking people. I just enjoyed spending time with them. It was a fun laid back atmosphere, fast paced. There was an urgent care aspect of it as well that I liked, injuries, for example, being able to help somebody in the moment was also satisfying.

HF: What would you say would be a takeaway point of advice for the listeners about this job that you did?

GC: I would say, don't worry about what other people think about you. When I had this job, I did hear comments from some of the doctors in the community, although I did have a part time job in the community as well for a time, about how the patient should get a quote real doctor, not a chicken plant doctor, for example. Even though I was providing quality medical care, same medical care, they would have gotten outside or I'd like to think better.

I actually had a friend who would call me up and when he would call me up to talk to me, he would make clucking sounds like a chicken. He knows who he is. But the point is, at some point in our lives, we have to quit worrying about what our friends say, what our family says, what our old medical school colleagues say, what our neighbors say, what your dog says, whatever, and do what you feel is right for yourself and your family and your career. And I absolutely feel like I've been able to do that.

HF: Exactly. And this is really bad, but in a way, don't be a chicken to do what you want to do and do what you need to do. It's going to work for you.

GC: I like that.

HF: I'm going to take a short break here to share a resource and then we'll be right back with Dr. Georgette Chekiri.

All right, my dear listeners, Georgette did mention that she did chart review and we're going to find out how this chart review that she did has led to her current role, as I mentioned in the intro, as a life insurance medical director. If you're interested in having a free list of a bunch of chart review companies that you can reach out to, you can find this by going to the doctorscrossing.com website. Go to the freebie tab at the top of the page and you'll find the chart review list there. There are a bunch of other freebies there, too, such as one on using LinkedIn, one with interview tips, a checklist for your CV and resume. There's a guide on telemedicine companies. So, go there and just check it out and I'll put the link to the freebies in the show notes.

We are back here with my wonderful guest, Dr. Georgette Chekiri, and we're going to go to the next thing that she did, which came from an unexpected source. All right, Georgette, do you want to tell us what happened next?

GC: Well, I was working in a medical office, just regular primary care, and had a patient come in that I hadn't seen for a while. I had been treating him for diabetes, high blood pressure, high cholesterol, and he had lost about 60 pounds doing great off his meds. And I asked him, what in the heck did you do? Because I didn't do this. And come to find out, he had started a program with a health tech startup that treats diabetes with diet, and was doing wonderfully. And so, I emailed the medical director, and I told him how impressed I was with these results. And I just said, “Hey, if you're ever looking for help, I would be interested in learning more.” And he emailed me back and said, “Hey, we are looking for somebody. Are you interested in a part-time contract job?” And I said, “Yes, absolutely.” So don't be afraid to ask. You never know who might say yes.

HF: Absolutely. I love this story, because one of the things that happens when you go outside of the traditional job sites, and what everybody else is applying for, is you don't have any competition.

GC: That's right.

HF: And you said the operative word, you said, I emailed the medical director. You didn't think in your mind, “Well, I wonder if they have any openings. I don't see a job description anywhere. They're probably not. And if I reach out, what are they going to say? No one's going to respond.” It's so easy for us to talk ourselves out of things. And I can't say this strong enough that making that first email, just taking that initiative, is where it's an easy place for us to get hung up. But I love that you just did it. And so if any of you are out there wanting to connect with someone on LinkedIn, or send an email to inquire about something, and you're feeling like, “Well, who am I? Who am I to ask? Or what are they going to think?” Follow Georgette's advice, and don't worry about it. Who cares if someone clicks like a chicken at you? It doesn't matter. It just doesn't matter. If you get what you want, that's what's important.

GC: Absolutely. Yeah. You never know who's going to say yes. And a lot of the best jobs are not advertised. They're word of mouth jobs.

HF: It's so true. And so think about where you might want to be working now, or someone you might want to work for, or work with, or even have as a mentor, and just reach out to them. Okay, we're getting close to the end here. I wanted you to talk about how chart review led you to the job that you're doing currently, and a little bit about this job.

GC: Yeah, after about 20 years in clinical medicine, I decided I was ready to make a pivot, and was actually listening to your podcast when Megan Levant came on and talked about her experience with insurance medicine. And maybe it was just because I had done the chart review with the disability claims. It resonated with me. And I thought, “Wow, I can't believe somebody would pay me to do that.” I was so excited about it.

And I listened to the podcast again. And then I just started following the steps that she had outlined. I got the mentor through the American Academy of Insurance Medicine. Even though it seemed kind of strange that a medical board would have mentors, it's true, and attended the meeting, which was virtual at that time. There was a course that she recommended to take. I did that.

And eventually, my mentor, through word of mouth, told me about a job opening at an insurance company. And I interviewed for the job, and got the job. And one of the reasons that my boss told me that he hired me instead of some of the other people who applied was because of the experience that I had with the chart review.

HF: Yeah, that's great, Georgette. I love that you brought out that you listened to a podcast, and there were steps outlined in the podcast, and then you started to follow them. There are resources out here, but you didn't talk yourself out of following a step. What do you think could have happened in your mind to talk yourself out of doing anything after you listened to the podcast?

GC: I suppose I could have turned it off and thought, “Well, that's not for me. It sounds like a lot of steps. It's a lot of expense.” And it did take some time. It took about a year and a half. I have to say, I was thinking, “Gosh, this has taken a long time.” Because we're used to, like you said, applying for a clinical job. And then they're like, “Oh, could you have started yesterday? Can you sign your name? Okay, let's go.” But the nonclinical world moves a little slower than that. So there are certainly some areas that somebody could get discouraged.

HF: You're absolutely right. People often ask, “Well, if I'm trying to plan, should I give my notice now? How long is this going to take? Should I keep my job or should I give my notice if I have a long notice?” And the answer always is it depends. But I've seen it take from anywhere from three months to three years.

GC: Yeah. And one other thing I should mention is that I gave my notice after I talked to my boss the first time. He didn't offer me a job. He just talked to me. And I don't recommend that for career advice at all. But having a nonclinical job or something else on the side allowed me to say, “Hey, even if I am not working clinically anymore, I have something else that I can do.” I think that it's been really good for me to always have something else to do so that if there is a job that I wanted to leave for some reason or when I wanted to travel with my family or even I sustained an injury where I wasn't able to walk for a long period of time that I had something else that I could do that provided some additional support.

HF: That's a great point, too, because when we diversify our platform, it gives us confidence that we have transferable skills and that we don't feel like we have these golden handcuffs.

GC: Right.

HF: We're not going to go into detail about the life insurance job. I'll link to Megan's podcast where she dives into a lot of the details of what it is to be a life insurance medical director. But I'd love it if you could give us a brief description of what you do.

GC: As a life insurance medical director, my main job is to provide guidance to the underwriters at the life insurance company to determine the mortality risk of life insurance applicants. Basically trying to figure out if they're an acceptable risk for various life insurance products. I also do some work with disability and long term care, in part because of the experience I had previously.

Other things that I do is update the manuals for life insurance that help the underwriters determine what risk might be for a particular impairment. I provide educational seminars for the underwriters as well. So those would be my main job tasks.

HF: What would you say your job satisfaction is on a scale of zero to ten, Georgette?

GC: I wouldn't want to say ten for anything, but I would say 9.99. I'm very happy.

HF: Wonderful, wonderful. Well, are there any last words of advice that you'd like to share for our listeners?

GC: I would encourage everyone to at least consider having some type of job on the side. I think that it provides a lot of insurance for the future. It provides a way to pivot if something goes wrong in another part of your life. And it can open a lot of doors and it can be a lot of fun. You can have a lot of really interesting experiences in your life that are enriching in so many ways.

HF: Well, that's really great advice. And if you haven't heard a podcast that came out last week, 186 with Dr. Nisha Mehta, she covered a lot of interesting side gigs that you can do. So check that out if you hadn't heard it yet. That's 186. And that will maybe help spark some ideas and things you can do and get scrappy like Dr. Georgette Chekiri. Well, thank you so much, Georgette, for coming on the podcast. This has been really great, and I thank you so much.

GC: Thank you, Heather. And thanks for all of the great work that you do. It's really been a pleasure.

HF: My pleasure. I love it. I love helping physicians. And as always, I want to remind you, don't forget to carpe that diem. Your life is incredibly important and valuable. And I'll see you in the next episode. Bye for now.

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Podcast details

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