**EPISODE 194 Episode #194: An Anesthesiologist’s Decision to Follow Her Heart Led to a Rewarding Career Teaching at a Community College**

**With guest Dr. Melissa Wheeler**

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MW: “Have you considered teaching? Okay, great idea. That sounds fun. I've never tried something that was fun as a career. I really had no idea if I was qualified to teach. And I submitted my application. I got an interview, and they offered me the position. I just kept going from there.”

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.

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 194. Today, we're diving into a topic that generates a lot of interest and comments in the Physician Facebook groups. Can you guess what it is? It just so happens to be teaching. A recent post by a physician who started teaching science at our local high school received almost 300 comments.

There was another post from a burned out physician who asked if anyone had experienced teaching at a community college. The responses range from some physicians who said they were teaching at community colleges and loving it to a few who were incredulous why a physician would take this kind of pay cut to someone else who said teaching was a thankless job.

Today, I'm thrilled to have Dr. Melissa Wheeler with us to share her own perspective and experience on this topic. Dr. Wheeler is an anesthesiologist who teaches anatomy and physiology at her local community college. She started teaching part-time when she was unhappy in clinical practice and has since advanced into a full-time tenure track position as a faculty member.

In this episode, we'll be exploring what it's like to teach at a community college, qualifications, what a difficult week is like, compensation, and more. Dr. Wheeler will share why she decided to leave anesthesia and provide valuable insights for any physician questioning their career path. And I know there's a few of you out there. I'm absolutely delighted and honored to welcome Dr. Melissa Wheeler to the podcast. Well, hey, Melissa, welcome.

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

HF: I am really excited because this is a topic, as I mentioned, where there is interest, but we often don't know the ins and outs of how to even do this. So, thank you so much.

MW: Yeah, you're welcome. I'm excited to share my experiences. Hopefully people can get started teaching if they'd like to.

HF: Absolutely. To give a little context, when you first came to work with me in 2021, you had already made some changes in terms of your anesthesia career, and you had started teaching anatomy part-time at a community college, but you still weren't certain what the answer or path forward was for you. Would you like to go back and let us know what was going on that even made you consider leaving anesthesia?

MW: Yes, I started doing anesthesia in private practice out of residency. And over the years, I spent like about 10 or 11 years just doing anesthesia full time and then part time and kind of fell out of love with it, had a lot of anxiety and confidence struggles always doing anesthesia. And so, I had decided in 2020 that it was time to make a change for my own stake, really for my own happiness and health.

I had submitted my resignation kind of in the middle of 2020, and just randomly found a teaching job at my local community college and started doing that. I had already been teaching for several months before we started working together.

HF: And I know when we were speaking before, there was a sharp contrast between how you felt as a resident in anesthesia, and then what it was like that, that first job as a new attending. So would you like to give us an idea on a scale of 0 to 10, how much you enjoyed being an anesthesiologist when you were a resident?

MW: I loved doing anesthesia as a resident. I loved my attendings. I loved my fellow residents. I loved taking care of patients, all the different surgeries and physiology that we learned about. I would give it about a nine on a happiness scale, 9 out of 10.

HF: And then how about when you transition to being a new attending?

MW: Yeah, from the get-go, I could tell that I wasn't loving it as much as I anticipated or as much as I had in residency. I just felt less supported, less connected with the team in the operating room. And the focus was more on making sure things were going quickly. And on the business side of the medicine, instead of making sure I was taking A plus care of my patients. And it led to a lot of anxieties and stresses. I think my personal happiness as an attending physician was more in the two out of 10 scale.

HF: That's huge. hen I talk about at that rate, at that level, two out of a 10, you're hemorrhaging happiness. And what do we do in medicine when a patient is hemorrhaging?

MW: Well, we just try to stop the bleeding, resuscitate in the meantime.

HF: It's a critical situation, but you were at that low level for how long, would you say?

MW: Oh, goodness. I would say for about 10 years, I really was trying to make it work or faking it till I made it because everyone said it's typical to have a struggle a bit when you first start as an attending. And so I was trying to fake it until I made it for about 10 years or so.

HF: That sounds incredibly stressful to have to be under that kind of duress. And could you say in a nutshell, what was at the core of that distress?

MW: I think a lot of it, for me, was stress and anxiety and not being able to kind of compartmentalize between my work life and all of the things that were going on outside of work. I had two kids. I still have two kids, but they were younger when I was starting out and had one kid as an attending as well. And so the stressors of life were building up on the outside. And when I was also feeling very stressed and unhappy at work, in addition to not feeling fully confident in myself on a daily basis, I think that was at the heart of it.

HF: I know when we were working together, you had already gone down to per diem in anesthesia, and you were also working as a medical director in a pre-op clinic. Do you feel that at that point it was too late to address the confidence and some of the imposter syndrome that was going on?

MW: I think so. For me, it was. And I know that's a very individual place to be, but I think I envision it kind of as a match burning. We talk about burnout, but a match only has a finite length that can burn for. And once you get to the end of the match, there's not anything left. And I feel like that's the point that I had gotten to when I ended up reaching out to you.

HF: I'm sorry that it was so hard and unsatisfying. And I think it's true. We often are told it'll get better, it'll get better. But for some of us, it may just not be the right specialty or even the right profession if we're not able to feel comfortable with the risk that's inevitable. Some of us leave, some of us find ways to deal with it. And you had looked into options. And so, when you came to me, as I mentioned, you were already teaching anatomy, but we did go through the whole soup-to-nuts array of what physicians can do, pharma, medical writing, medical communications, health insurance, disability, all the whole gamut. But did any of those things really call out to you?

MW: I think what was helpful to me in that process that we went through, considering all the options to potentially pursue, was actually focusing on what I wanted and taking a moment to actually think about what might be fulfilling to me that I could feel happy and satisfied with going to work on a daily basis. And yes, I did consider a lot of those different options.

Teaching was very appealing to me because I liked, I think we all go into medicine to try to help people. And that felt very tangible and teaching is very easy to see how you're impacting people on a daily basis because you're working directly with students all the time. Some of the other careers I wasn't as interested in because I felt that maybe I would get mired again in the kind of business aspect of medicine and the profit aspect, which I was not interested in pursuing.

HF: Yeah, it's interesting because I think it was valuable that you looked around, you opened up the funnel wide before you narrowed. And you said something I think very profound when we were working together and you said, “I feel like I've spent all this time and worry and anxiety figuring out how to meet other people's expectations without understanding what I need or want, that I'm getting lost in the shuffle.” And then you said, “I will try not to fill up all my time with tasks because it is in the empty spaces that I might be able to find myself.”

MW: Yeah, I think I was able to do that, take some of that empty time when I submitted my resignation without any sort of real plan. I just had open space on my calendar to really take a moment to focus on myself and what was important to me. But just like my previous self said, instead of trying to meet other people's expectations, think about what I actually wanted.

One other thing I wanted to say, and I think we may have mentioned this when I was working with you, is that for me, it was hard to admit that maybe I made a mistake in choosing the specialty that I chose. I didn't feel like I made a mistake in being a doctor, but I always strive for perfection. I think a lot of us do in medicine. So it was hard to admit to myself that maybe anesthesia was not a good fit for me. And I had the space to kind of realize that once I could step back from it completely.

HF: Was that helpful to be able to admit that or look at that?

MW: Very. And it's helping me now because I realize it's okay to make mistakes. And in fact, I tell my students this all the time, mistakes are actually a chance for you to recognize where your weaknesses are, where you need to focus your efforts. And so, I think it was actually very powerful to admit that I made a mistake or potentially made a mistake in choosing my specialty. And then to start thinking about with that lens, what would be more fulfilling and satisfying for me?

HF: Yeah. It sounds like there is definitely a lot of alignment for you, Melissa, in the teaching direction. Are there roots when you look back on your past, even when you're younger or in school, where there might have been some initial indications that this could be something down the road?

MW: Well, my dad was a college professor, so I always was surrounded by that as a career. And you kind of knew what the inner workings of that look like. And then also when I was growing up, I didn't play with a lot of dolls or those kinds of things. But when I did do those sorts of things, I would always like to play school and be the teacher. And I just remember I used to just find magazines or even my piano music books that I practiced in. I would just randomly flip through the pages and assign grades like A plus, B minus or “see me”. So, I did that even when I was younger.

HF: Yeah, that's great. I love that. I love that because often if we do look back, there are clues.

MW: And I still like grading, even though it can be a lot of things to grade, but I actually really enjoy it.

HF: What do you like about grading?

MW: There's kind of a rhythm and a routine to it. And I really get a lot of insight into how my students are thinking and how they're learning. And I really enjoy that part.

HF: All right. I'm sure a lot of the listeners are wondering, “Well, how did you get into teaching? What's it like? What's the pay?” And all these other nuts and bolts types of questions. How did you find that first job? And what made you even look for it?

MW: Well, I started looking for it because my mother-in-law actually said, “Your brother's a teacher, your father's a teacher, have you considered teaching?” And I was like, okay, great idea. That sounds fun. It sounded fun to me. And I thought I've never tried something that was fun as a career. I mean, medicine is fun too. But anyways, I looked, we have three local community colleges nearby. And so I just looked at their job board and I saw that there was a listing for an anatomy instructor and adjunct instructor. And I emailed the chair of the department first before submitting my application, because I really had no idea if I was qualified to teach being that I hadn't done any textbook learning or had any lectures or anything for like 15 years, something like that.

But he emailed me back and he said, yes, please, you sound very qualified. And I submitted my application. I got an interview, which at that time was all on Zoom and I had an interview where I had to do a teaching demonstration, which when I first got the email with that information, I was feeling a little overwhelmed because I never taught anything. I really didn't have experience at all. But I just put something together about 10 or 15 minutes on, I think it was about blood, which is in my wheelhouse as an anesthesiologist. So that felt very comfortable to talk about. And they offered me the position and just kept going from there.

HF: All right. So, this is wild. It's not common for a physician to go and teach at community college. However, as you said earlier, you really wanted to ask yourself, “What do I want?” Now, as you're going forward in this direction, which is not the norm, were there doubts in your mind or voices coming up questioning even this bit of a new foray?

MW: Definitely. I didn't know what my capabilities would be in teaching. I hadn't really had experience other than teaching other residents or medical students when I was in my training. I was nervous about teaching in front of a class, big classroom doing cadaver dissections was part of the course as well, designing a course, writing exams, all of these things I had never really tried before.

That was very intimidating and overwhelming at first, but I just jumped into it and took off along with help from the other faculty there. So, there were a few faculty members who really were great mentors at the beginning and helped me along.

HF: How much time did you have to prepare to teach this course and anatomy after you got the job?

MW: It was about two weeks from the time I got the job offer to the time that the semester started with the students. And so, I had two weeks to get together a syllabus and a rough outline of how it was going to proceed through the semester. And then at least get my first lecture done. So yeah, not so much time.

HF: Okay. This is so impressive. And I hope everybody listening is clinging into this because there's some really important signs here and there's signs that you can look for in your own situation is that when we find something that we're connected to, I think on a soul level, or there's a lot of alignment that even though doubts come up, like they did for Melissa, “Well, I haven't taught a big lecture. I don't know this curriculum. I don't really even know how to do this whole different thing. I wasn't trained on it. There's no training that they're really going to formally give me. How can that happen in two weeks? But I'm still going to do it.”

And so, when we are willing to get uncomfortable and this was major discomfort to do something, it's a real sign to you that there's a deeper purpose here for you. And so, I really want to honor, and I'm glad that you're articulating this was, this wasn't like you walked in and they had the whole curriculum and the code of columns were done and you just got up there and you just read it. You had a lot to do in two weeks. How was that first semester?

MW: It was demanding in terms of all the class materials that I had to prepare and record. Because this was a hybrid class at that time and refresh my knowledge. There was a lot of refreshing that I had to do about anatomy that I hadn't thought about for years. But what I found was I really enjoyed that part. Actually, I really enjoyed refreshing my knowledge. I love the classes in medical school. I love my first two years of medical school a lot. Relearning that anatomy, I really liked it and I liked kind of distilling it down to the level that was appropriate for most of my students are planning to go to nursing school or some other kind of healthcare profession. They don't need the same detail that we needed in medical school. And that also helped me feel more confident and comfortable going in was just all the background, all the clinical experience I had, I could say, “Oh, this is very relevant to you as you go forward in a potential medical career.”

HF: Now you had mentioned earlier, Melissa, that you wondered if you had the qualifications to do this. Can you speak to what is required at least for teaching at a community college that you're aware of?

MW: Yeah. Typically to teach the biology courses, the courses that I teach are in the biological science department, you need to have at least a master's level degree in that subject matter. And an MD far exceeds those requirements. I had well above the degree qualifications. And honestly, that's really it. Most of the other faculty members are PhDs.

HF: This is important because some people might be wondering, “Do I need to be board certified, clinically active? Do I need some type of teacher's certification?” All these things that we wonder about other jobs.

MW: Right. As far as I know, you don't need any of those things to be qualified for community college teaching job.

HF: Do you see other physicians in the community college environment who are also teaching?

MW: Yes. The chair of the department, the one that I emailed before I sent in my application is also an MD. He did not complete residency, so he didn't practice clinically. He just went straight into teaching. And then there are other retired physicians who teach as adjuncts within the department.

HF: This is great news because physicians are often wondering, “Well, what can I do if I want to slow down or I want to, I'm actually in retirement.” This is a great option here. And I'd love it if you could give us an idea of how your week is structured, Melissa.

MW: Yeah. Right now I'm teaching a full, like a hundred percent teaching load because I'm a full-time faculty member now. For me, that means two courses. I could teach two of the same course, like two physiology sections or one anatomy, one physiology, those kinds of things. I have some control over when, what days and times my classes are. In the coming semester, I'll be teaching Monday through Thursday, Monday, Wednesday morning, and Tuesday, Thursday from 11:00 until 04:00. And then I'm off on Friday. Friday is a non-instructional day. And then I have some office hours that I have to do.

I usually put those either before or after my class, but I'm usually on campus for around six hours or so on the days that I'm teaching. I have other obligations like department meetings, college meetings, those kinds of things. They do want us to participate in the governance, the college governance. There are obligations outside of just teaching that are expected of you.

But at the community college level, there's no requirement to do research or publish or anything like that. The focus is really just on being a good teacher and providing that service for your students, which I love also.

Otherwise, my time is my own. I do have other work that I have to do outside of those hours when I'm at school or in meetings, but I can do it on my own. I can be there for my kids. I'm home for dinner. I'm around on the weekends. And then I have the full summer off, so three months roughly, and six weeks off over the Christmas break.

HF: Wow. That's a lot. And we'll be getting to that in a bit when we talk about compensation and how that factors into the compensation. Now, I'm curious, Melissa, this was a whole new venture for you. What surprised you when you got started doing this?

MW: I think the most surprising thing for me was how much I love working with the students and getting to know them through the course of the semester and watching how much they learn and develop. It's really exciting and it's really fun. It's really cool to see students of all ages and all backgrounds go from knowing not so much about science to being really interested in science and the body. That's what surprised me the most, is just how fun that is.

HF: I definitely can feel that as a genuine expression of what you love about your job. I think that's beautiful. And I'll just share, when we were working together, I asked you, “Well, what kind of feedback have you gotten?” And you said that you got nice evaluations from a faculty evaluator. And she said that you have a knack for this, that you're good at explaining things, using analogies and that you're not intimidating, which is wonderful. And I think that a lot of physicians say that they really get feedback that they are good at explaining things and breaking down complex medical topics for their patients. If this is you and this is what you like and you're listening to this, this could be something to even consider part-time.

Now I want to take just a short break to mention our sponsor, and then we'll be back to talk about compensation and a little bit more about the students. So, don't go away.

Hello, my dear listeners. I wanted to share something important with you. Recently, two of my physician friends suddenly developed medical conditions that prevented them from working. One day they were fine, and the next day they weren't. One is currently on long-term disability, and the other is undergoing evaluation. We hope she'll be able to return to work, but it's uncertain.

It's crucial to ensure that if something happens and you're unable to work, you are protected with the best disability insurance available. The details of disability insurance can be complicated and the fine print confusing.

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Dr. Stephanie Pearson, the co-founder of this company, is a disabled physician herself. She has made it her mission to help other physicians secure their financial future through optimal disability and life insurance policies. I'll put the link for pearsonravitz.com in the show notes, and don't hesitate to reach out if you have any questions. They are here to help you.

All right, we're back here with our wonderful guest, Dr. Melissa Wheeler, and we're talking about teaching at a community college. Now, as I mentioned in the podcast, physicians often question this direction because of the compensation. We know teaching is a noble profession, but it's often not compensated the way it should be. Can you speak to the truth of compensation from your own experience?

MW: Yes. For full-time compensation, it definitely would be a pay cut, I think, for most physicians, but it's something along the lines of $100,000 to maybe as high as $140,000 per year. Now, that's per year over 12 months, but as I mentioned, I have about three months off over the summer and then six weeks off for winter break.

The other perks are I have excellent low premium health care for my whole family, and I am contributing to a pension, so depending on how long I work, I will benefit from that after I retire, and I can also contribute to tax-deferred investment vehicles as well. I have a 457(b).

HF: Well, that is a lot of vacations. You are off for about four months of the year.

MW: Yes, and it's the same time some of my kids are off from school, so that's very nice. I have the option to teach over the summer if I choose to, but right now I'm choosing not to. That's another way to increase compensation.

One thing I can't do, though, is take vacations during the school, the semester when I'm teaching. I really am expected to be teaching in person, so I can't take a week in the middle of October to take a trip unless there's some kind of an emergency, really.

HF: Right, that's understandable. And if we do the math, and let's say, for example, we figure $120,000 in the middle of what you said. You said $100,000 to $140,000 for full-time, and you're working eight months out of a 12-month year. That's the equivalent of $180,000 right there. That's often like a family physician or primary care physician's salary when you calculate that. Now, you're not getting the actual dollars because you're working less, but you have a lot of time. I think for some people that would actually be very doable.

MW: Yeah, it's a great option for people who are able to cut back on their salary a little bit, but want more time, more flexibility.

HF: Right, and they could also do part-time teaching as you did before. And can you speak to the compensation if you're working part-time?

MW: The compensation for part-time faculty is definitely less than full-time faculty, so the pay is not quite the same. At least in my district, it's about 80% pay parity, and then it's not for a full year. I would say per course, per semester, I probably made about $15,000 for a large course. If I was teaching two, that was about $30,000 to $35,000 a semester. If I taught in both fall and spring, it was about $70,000 or so. Plus, you don't get the benefits.

HF: Let's talk briefly about these steps to get started. I know some physicians wonder, “Do I need to get training to do this?” And I've had some clients look into master's and teaching programs, and they felt like they really needed that. But your example demonstrates no, you do not. But are there some things for a physician to do or consider if they're looking at this path?

MW: I think the best thing to do is just get experience. I'm sure it would be great to go get a master's in teaching if you have time and the funds to do that but I don't think it's necessary. I think you learn the most by doing. See one, do one, teach one. Just getting your feet into the pond and see how it's going.

HF: Yeah. And you learn fast, we learn fast, we're used to sink or swim and it save you a lot of time and money as you mentioned. Do you have any words of advice for a listener just in general who are maybe unhappy and they're considering change but it feels overwhelming and when they look into the future, it's all foggy. And you've been through this experience. So, what words of advice might you give a physician who feels like “Well, everyone else on this podcast seems to have figured it out a different way but I'm not going to be able to do it.”

MW: Yeah, my advice is because I definitely was there, I knew I needed to change but I felt very scared by the whole thing. And I got some advice from my friends which I really took to heart which was just be bold, be brave, have the courage in yourself and the confidence in yourself that you are good, you have a lot of qualities that would make you very good at something that you're interested in pursuing as a career. So, be confident in yourself and I do believe that things work out.

HF: That is fantastic advice because we did a lot of hard things to get here and it just it was who we are and that doesn't change when we want to do something different. We don't suddenly lose that part of our personality. I just realized I'd mentioned we're going to say a little bit more about the students. Before we go I'd love to hear any stories or anything specific about the types of students and any maybe examples that come to mind that kind of touched your heart.

MW: It's one of the greatest things about the community college teaching job are the students. They're very diverse at a community college. They come from a wide age range. I have students that are straight out of high school, this is their first college course. And I have students who are you know in their late 30s early 40s who are trying to embark on a new career kind of like I did. I feel a lot for those students who are around my age and have kids and all these obligations and they're doing something for themselves to try to better themselves.

That's kind of the unifier between all these students that I have in my class. They come from a wide array of educational backgrounds so many of them have weak backgrounds in science and math and they need a lot of help and support to help them throughout the semester. And I actually really like that too because you can show them that math is important because it helps you understand science and that science doesn't have to be so intimidating. That's another thing that I really like about the students is that they're so different from each other and it's so fun to get to know each one of them. They're all so such different individuals.

HF: Well, it's so inspiring, Melissa, and I think you are a natural born teacher that the genetics came through from your family too, and I'm glad that you got to follow this arc of loving to teach when you were just playing as a kid and then now really getting to do it in your life wearing the MD hat. Thank you so much for coming on the podcast.

MW: Thank you so much.

HF: All right, my dear listeners, thank you for listening. And if there's someone you think could benefit from this podcast and Melissa's story whether they're interested in teaching or not or just need some inspiration for making changes, please feel free to share. And you can let me know that you've shared the podcast and I will do my happy dance for you virtually. As always don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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