



## **EPISODE #232: You Don't Need the Perfect Plan: How Trying Things Out Can Lead to a Better Career**

**With guest Dr. Sonia Millan**

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SM (00:00.224)

It had the feel of a community hospital. And as time went on, that feeling was lost. Changes that you just had no control over but affected your patient care. And I just got increasingly uncomfortable with the lack of autonomy. And I just, it was the time to pivot.

HF (00:33.614)

Welcome to the Doctors 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 Doctors Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a non-clinical 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.

HF (01:23.214)

Hi there and welcome to the Doctors Crossing Carpe Diem podcast. I'm your host, Heather Fork and you're listening to episode number 232. Today, I'm very excited to introduce to you Dr. Sonia Millan, a board certified family medicine physician with additional certifications in sports medicine and lifestyle medicine. Before becoming a physician, Sonia spent eight years as a professional white water rafting guide.

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I love this, navigating real rapids long before she began navigating the twists and turns of medicine. After working in sports medicine, she eventually realized she wanted more flexibility, time off, and alignment with her goals and priorities. But here's what's fascinating. Sonia didn't jump into one new job. She experimented. She tried chart review, patient advocacy, prison system chart auditing, IRB roles, peer-to-peer reviews, and more. Some things clicked and some didn't. And then in an ironic twist, she ended up thriving in a role she once thought she would never do. Her story is a very powerful reminder that you don't have to have it all figured out before you start moving. Sometimes the act of trying, exploring, and what I call bushwhacking is exactly what leads you to the career that truly fits. If you've been feeling stuck, or waiting for that perfect plan before moving forward. This episode will show you how small experiments can create clarity and momentum. It is my true honor and pleasure to welcome Dr. Sonia Millan to the podcast. Hey, welcome Sonia. I'm so excited to have you join.

SM

Thanks for having me. I'm excited as well. And that was a really good intro with the bushwhacking.

HF (03:14.857)

So Sonia is a type 7 on the Enneagram, which is the enthusiast, and she brings in so much enthusiasm. And one thing about type 7s is they like bright, shiny objects, and they like adrenaline. It's one reason I see more type 7s in the emergency department than in other areas. So it's natural that she was an adventurer before medicine and that she also looked into these different options. But they also can settle and focus, especially when they find things that really resonate with them.

So Sonia, welcome. Tell us, I'd love to hear the story of how you got into being a whitewater rafting guide and then what took you to medicine. That's a very interesting pathway.



SM

I was always interested in medicine. In high school, I had wanted to become a doctor. And then I went on to college directly from high school, the usual route. And when I got to college, I found myself in more of a learning competitive environment instead of a learning collaborative environment. And I just looked around me and I was like, man, don't know if I want to have lunch with these people if I end up in this career. You know, that was like my litmus test for whatever reason was like, would I want to have lunch with these colleagues? And my answer was no. So I left the idea behind. I got an environmental geology degree. I did, however, like in my head, leave open the door. Like if I still want to go at some later point, then I'll return.

And I went to college in North Carolina and I had randomly answered an ad on the bulletin board for if someone was interested. said, do you like to raft big water? And I was like, sure I do. So I headed up to West Virginia, loved my rafting trip, and became a raft guide. When I graduated, I actually did work in geology, actually specifically petroleum geology in Texas.

For a few months, I wasn't happy there and I went back to the river and trained to be a raft guide. That was what I did for eight years. And then after eight years that, you know, just kept knocking in my brain, the little knock on the door, you know, do I still want to go? And so yes, the answer was yes, I did want to go to medical school. So I ended up at University of Tennessee, Chattanooga doing my prerequisites. I hadn't taken organic chemistry and all of this and prepped for the MCAT. So I did that. And I took the MCAT, did fairly well, and ended up in school. And yeah, that's where I landed.

That's a really good question. I will say that, as you mentioned, the Enneagram really matched up with my personality type. And I have a difficult time focusing until I get to a crossroad. Then I'm comfortable pivoting. In fact, I had told you that I gave myself an honorary master's in pivoting because I had learned from early on, like, if there's something I'm good at, it's pivoting and pivoting early. So how does that tie into rafting? When you're guiding eight people down Whitewater, and there's class four and five Whitewater in West Virginia, and you



plan on path A, and according to your skillset in your raft, you may not be able to get to path A.

SM (07:11.214)

You may try path A and you learn pretty quickly that you need to, I gotta move. I gotta move to path B or these people are gonna kill me. So I, know, I, that is something that I have harkened back to a number of times in my life. Like just watch what's going on around you. If it's not working out, it's okay to pivot.

And so that's helped me enormously.

HF

I have never heard this before and I absolutely love it. You gave yourself an honorable master's in pivoting. That is so great because it just shows that we can change because we often think, we start on this conveyor belt that leads to our MD or DO and we become a doctor and we die with our boots on. We don't think about pivoting, we actually have skills for it and mad skills. So let's just talk for a minute, Sonia, about

What wasn't working for you that made you think about leaving this career in sports medicine and you were trained in family medicine initially?

SM

Right, when I got into it, I was very happy the first few years of my career, I had interviewed at what was at that time had the feel of a community hospital. It wasn't, but it had that feel. And as time went on, that feeling was lost because it's a hospital that is actually like a very large health system.

SM (08:49.164)

But as time went on, the interest for the organization was sort of making everything more uniform across all of their hospitals. So we ended up losing the ability to like, you know, knock on the CMO's door. And so that translated as time

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went on to changes that you just had no control over, but affected your patient care. And I mean like,

implementing these massive phone systems and an EMR that wasn't working well. And I just got increasingly uncomfortable with the lack of autonomy. And I just wasn't, yeah, it just wasn't for me anymore. And so yeah, that was, it was the time to pivot.

HF

How many years was it since you were in practice when you decided you wanted to change?

SM

Eight, I had stayed eight years at the same organization. I know a lot of people changed earlier on, but I hadn't. was eight years, which in a way made me kind of sad because I trained nights. You know, we had our four years of medical school. I did a year of general surgery because I had gone in with the idea that maybe I would do trauma surgery. And then that just didn't align. Like I actually really liked surgery and there's no knock on surgery. But that was another one of those times where I was like, do I want to have lunch in this environment? And the answer was no. And only because, as anyone that's in general surgery knows, it's not a very well balanced sort of lifestyle, which I know is taboo to say well balanced. But I really did enjoy, you know, time with my family and this and that.

SM (10:36.856)

It was just a very hard life. So I pivoted into family medicine, which I greatly enjoyed. did. From there, I did my year of sports medicine fellowship. So that was nine years of training, and I only made it eight years in practice. So I knew when I found you that I did not want to leave medicine. I enjoy medicine like the subject matter, and I did not want to leave that. But I knew I had to step back from that clinical role.

HF

Sonia, I'm curious. So when you were burned out and thinking about making a change on a scale of zero to 10, what was your career satisfaction with 10 being? I absolutely love this. Zero, Kellgon, take me down the river away from here.

SM

I was about a five when I reached out to you.

HF

Okay, so I consider that pretty low. My cutoff is a seven. So it wasn't a two or a three. You weren't hemorrhaging happiness, but you weren't really skipping to the loo. You know,, you're having a great time. There were some issues. So you reached out to me and we started the coaching process. And what were you thinking you might end up doing? Did you have some ideas at that time? What might happen?

SM (11:53.976)

At that time I was very interested in being a patient advocate. You had a guest that had worked as a patient advocate. One of them had started her own business with it. I had looked into a medical review officer. I was interested in that. And chart review. Those were the three that I was thinking might be a really good fit for me.

HF

And we had also talked about you potentially having this mobile ultrasound business where you'd go around and you'd do these different procedures.

SM

Right, so I had a mentor, a preceptor in fellowship that had his own clinic. And we had tossed around the idea of learning how to do ultrasound guided injections and feel like that was one of my strengths. So we tossed around the idea of working with him and adding that as an option in his practice. So yes.

HF

Right, so there were a number of different things. And so what are some of the things briefly that you tried and how did they go?

SM (13:28.522)

Right, so one of the first things I started was for a company that does telehealth, I had tried the role of the patient advocate because I thought it was a great thing to be able to kind of walk patients through, let's say a diagnosis, help them obtain a second opinion, gather their documents. And it sounded really great, but just in practice, it wasn't quite what I was looking for. There was quite a bit of report writing and trying to get a hold of various people on the phone. It just wasn't quite the right fit. I also did independent chart review and that was fine. That really wasn't bad, but the reimbursement sometimes can get a little bit unpredictable because quite a bit of it is like a certain turnaround time dependent, which is okay, but sometimes they were quite tight. And then the charts come back to you and you may have moved on and it was difficult to recall, you know, the framework you were in when you first made your determination. So like these are not, they're not bad roles. They just weren't quite the roles for me. I really did like the chart review in prisons. You actually have to go to the prison and based on a rubric of things that we want to make sure that the appropriate healthcare is being delivered. So you're looking through the rubric, checking through the chart, you know, did this patient with hypertension, you know, have an echo or whatever was necessary for that condition. So I did that as well. And I had, before I had left my previous organization, I had joined the IRB for the purpose of exploring, you know, would I like the idea of being a principal investigator or working in pharma and my idea because I had heard it on the podcast with somebody had tried to or had gone into pharma via their getting their toes wet through an IRB. So I did that for a while and that was fine and many of these roles are fine. It's just a matter of fitting with what it is that you're prioritizing and your needs and intellectually what your needs are.

HF (15:31.816)

I love it, you would send me these updates of, this is what I'm doing. I'm still doing this but I'm not doing that anymore and what helped you find the thing that



you're doing now and I will be talking about that and when you have been doing a bit of a smorgasbord.

SM

Right, so I had left my previous role full time and I was okay. Like I had mentally prepped to pick up hours and roles in various areas to sort of patch together full time work. And I was totally okay with that. I had set myself up mentally for it, financially for it. I was good with it. So I was doing that.

A friend of mine who I knew from, well, he's a physician and I knew him from the gym. And he had done a number of roles just out of intellectual curiosity. He had always worked full time for this organization that I actually ended up in. And so he was like, you know, you should give them a call. They're looking for someone. They might be looking for someone that's doing it for utilization management.

And I was like, hmm, I don't know. But I had interviewed with this organization when I came out of fellowship and I liked the organization. However, I was looking for a role that was a government or nonprofit because I was using the public service loan forgiveness program. So the only reason why I was like, oh, I really like this place, but it's just not going to work out for me right now. Well, I went back and I interviewed with them and I had that same feel of this is a small place like a community hospital. And this organization is a five county HMO in Florida. They provide, they have their own clinics and physicians that are hired by the HMO, but then also contracted physicians. So it's a small place.

SM (17:43.214)

105,000 members or patients that we take care of. And so it was the right fit in terms of my lunch litmus test. Do I want to have lunch with these people? And so it passed the litmus test of lunch. And then it was like, is this the role I'm going to enjoy?



You know what? I really have, I mean, I'm at a 10 out of 10 right now for my role is in utilization management, actually, which is the role that I thought that I wasn't going to enjoy. So there's that.

HF

I know, you came in through the back door and I love that you have these great turns of phrases like lunch litmus test, what I want to have lunch with people and that's how often people pick their specialty. Like are these the people that I'd like to hang out with? Like the ER docs, or the ortho pods, or the ophthalmologist.

You sort of find your tribe and you don't realize how important it is that not only is the work that you're doing meaningful and you're happy with it, but the people that you're surrounded by are your tribe and that was sort of what had been missing, I believe, in the other roles.

So is this plan that you're working for sort of like a mini Kaiser, but you're not the physician doing the clinical work, although there are doctors you're doing utilization management for this program?

SM (19:02.964)

Exactly. And so I was hired, I left my role full time in November of 2023, and I was hired for 25 hours a week in December of the same year. And the following March, I was offered full-time work. And so it entails sort of two different areas. One of them is when referrals leave the network, it should be because there's something that we cannot offer.

The patient and they need to go to tertiary care or just outside for whatever reason. So there's that side of it. And then the other side is what they call concurrence, which is the in-patients in the hospital setting. Do they meet criteria for inpatient versus observation?

I've really enjoyed the brain work behind it because I really like to go down the rabbit hole on a medical chart. I just love it. Love, how did this person, you know, how was this treated? How did they end up in this position? So that was the intellectual aspect that I really enjoyed about medicine, learning more about medicine. And then, you know, I had to relearn my hospital medicine. So there is that aspect. It's always a challenge.

and the people that I work with are always willing to help in terms of, this patient has this case, is this something we can do? Do we need to send it out or what have you? And it's really been a great experience to help patients get where they need to go. I'm also encouraged if I recognize something that's happening. For example, somebody's going to the ER four times for the same wound on their leg. And so I'm encouraged to identify these patients and say, you know, is there something, is there a specialist we can send them to because this wound clearly isn't getting any better. Do we need to support this person with home health care and wound care? And I'm encouraged to identify patients that are just not getting the care that they need. So that's another aspect that I really love about the job that I'm doing now.

HF

And what were your preconceived notions about doing UM before that where you said, no, I'm not, never going to do that. Right.

SM

I mean, that just goes to show you that sometimes you just have to, like, I remind myself when something doesn't sound so good to me that I have to be curious and not judgmental. That's just like a little mantra I have for myself when I disagree with something or I immediately have this like no response. I'm like, okay, we need to get curious and not judgmental. So that's what I did.

HF

Curiosity is such a great antidote to judgment. That's fabulous, Sonia. And so being a small health plan and also being able to look at individual patients and

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think about what could make the situation better. I'm sure that's very satisfying. And one thing I wanna touch upon too is that when we get into these jobs, there can be growth potential. And so we may not say, well, I don't want to do this job because I would die of boredom if I did this for the next 20 years, but talk to me a little bit about growth opportunities in the setting that you're in.

SM

So that's really also, again, the lunch litmus test led me there, meaning like, this is a group of people that not only would encourage me in the role that I'm doing and help me do it to the best of my ability, but it turns out they've also been very wonderful at supporting my professional growth. And like I'd mentioned, I had looked into a medical review officer previously.

HF

And just for the listeners, what's an MRO? What do they do?

SM

Sorry, it's somebody, it's a physician that reviews urine drug screens. And then, you know, if there's a negative, it's negative, no big deal. If it's positive, it has to go through a process of verification and then speaking to the donor of the sample and figuring out was the cause of the positive because it was the medication that that person was taking or not, it, you know, an illicit drug use, et cetera. So I had looked into that role previously, but I found that there weren't very many positions available in that role. So I sort of, I had let that go. Also, this is another thing I had done just for my own pure interest. was very interested in incorporating Lean Six Sigma into healthcare. Lean Six Sigma is an engineering process or system for process improvement, which I think we all can understand like that we want an easier workflow and having the supplies that we need when we need them. So Lean Six Sigma in healthcare is sort of a newer thing, but I've always had an interest in that. Well, and then it turns out in the role that I'm in, I had noticed that I got an email from one of my colleagues and below his name it said, you know, MRO, Medical Review Officer. I was like, no way. So I, you know, I called him up and I was like, can you tell me more about this? you know, please keep me in mind if there's, if you need any more help in that area, because I'm really interested in learning how to do that. And then sure enough, like a month later,

they were like, yeah, we could really use you to cover when someone's gone on vacation or whatever. I'm like, perfect. So I ended up getting certified as an MRO. And then, you know, fast forward another couple of months and I get another email. again, under the title, it says, black belt, Lean Six Sigma. I was like, no, the stars are aligning. So I called him up and I said, hey, I, you know, I had already had my, white and my yellow belt, which I guess if you do martial arts, you realize that that's like no big stuff at all. So there's like, We all got to start somewhere.

So he was more than happy to hear about my interest. And I said, yeah, I'd really like to move further in that. And he was like, well, now, we have a way to do that. We have a parent company that does a lot of training and they encourage people in Lean Six Sigma. I literally just finished my first three training days of an intro course that you need to move on to get your higher belts. I guess like a martial arts master in Lean Six Sigma. So I'm on my way. And this, where I work, was, you know, very happy to have me, you know, learn more and develop professionally and be able to use those skills to make all of our lives just like running smoother because ultimately, right, our end user is the patient and so we're making their lives better. But also too, I really feel like a higher purpose for me is keeping clinical physicians in the clinic. Because if you enjoy being a clinical physician, like I wanna help you stay there, even though it's not quite for me anymore. Like it's important that we support our clinical people to stay clinical. And if it's not for you, that's great, support you in non-clinical. But yeah, I really feel like that's. Something I want to do is make it easier for everybody, know, smooth out their clinic process or whatever, and it helps everyone involved.

HF

One thing I love about your story, Sonia, is how you saw at the bottom of the email, MRO, and then you saw Lean Six Sigma, and these were things you were interested in before, and you didn't just go, oh, that's interesting, they're doing that. You took initiative. Like, no one handed this on a platter to you. You asked, you sought out opportunities. So I think that's a really good point. We're almost about to wrap up here, but I have a few things I really wanna ask you. One is, what would you...

Put your career satisfaction at this point on a scale of zero to 10.

SM (28:02.478)

Definitely a 10 out of 10. I'm very happy.

HF

Wow, wow, that is so great. And then what advice would you give physicians who feel like they don't really know how they would even start looking for some of these things to do and how they would even know whether this could lead somewhere?

SM

Right, you just, you have to take the first step. And then you know what, you string together a bunch of steps and you Phoenix your way out of it, you know? You will get to the other side if you just keep putting one foot in front of the other. And it is quite all right if you go down one path a little way and you're like, you know, not quite right. Because I think when we get into medicine, it's a very well-worn.

And you don't necessarily get the best looks if you veer off the path. And people may have looked at me leaving my job without another full-time job lined up and been like, whoa, that's scary. But that's why you surround yourself with people that will support the idea that you are going to find your path, and it's out there for you. You just keep putting one foot in front of the other.

HF

Sonia, know, something that comes to me as you're speaking is that you really are a manifestor. Like you get ideas about things and then they come to fruition. It's like you're calling them in from the universe. Like how does that resonate with you?

SM (29:36.43)

When we were doing our coaching, I had mentioned that I really wanted to get more in tune with just tapping into my intuition. And you had encouraged me to delve a little bit deeper into that. And in the subsequent coaching and in the subsequent time since we've done the coaching, I've really gotten more into my own spirituality and I've really gotten into my own intuition and I actually had a small tattoo that's hidden under my watch and it says, let go, be still, receive. It is actually in my handwriting and it reminds me that what I learned on this path is I have to let go of what isn't for me. The things that I try to just make happen, you know, we're all good at making things happen, but is it really for me?

So let go of things that don't serve me, negative emotions, negative people, and then being still. Just not trying to fill the voids with busy work or bad habits. And then receive reminds me that I have to be open to receive what is for me. And I can't receive what's for me if I haven't let go of what wasn't for me. And so...

That's sort of just been my, the spiritual journey I've been on along with this sort of work satisfaction journey. So that's why I've really gained great fulfillment in both areas of my life.

HF

My gosh, I love this story. Can I see your tattoos? Sonia, can you hold it up? We're on Zoom right now. I know the listeners can't see it, I love that. That is so beautiful. Well, you definitely are manifesting and I think that's a great reminder for all of us. It's especially healthy for type sevens to be still and just listen to their inner guidance. But it's great for all of us. So thank you for sharing that.

HF (31:41.71)

Well, it has been such a wonderful pleasure to have you on the podcast. I love your energy, your enthusiasm, and also how you've been an adventurer. Like earlier, before medicine, you were an adventurer. And here, what I call, you did the Lewis and Clark game. You went out into the unknown and you found a wonderful new career in life for yourself. So congratulations, Sonia.



SM

Thank you. I appreciate it. And thank you so much for the work you do.

HF

Yeah, you're so welcome. I love what I get to do and as long as I don't get fired, I'm going to keep doing it. So my dear listeners, thank you so much for being here. I wouldn't do this without you. I couldn't do it without you. And if you're out there feeling like you're trying to navigate the white waters of medicine and you don't want to capsize and you don't want to die of exhaustion paddling so hard, I'd love to help you. You can reach out for a one-to-one private consultation that we do on Zoom.

Just email us at team at doctorscrossing.com. That's T-E-A-M, team at doctorscrossing.com. I'll put that in the show notes, as well as a link on the website, and we'll get back to you with the details. And don't forget to share this podcast with someone who could be helped by this information and inspiration before the sun sets tonight. And as always, don't forget to carpe that diem, and I'll see you in the next episode. Bye for now.

HF (33:08.792)

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