



## **EPISODE #239 - Your Career Doesn't Have to Be One Thing. Hello Portfolio Career!**

**With guest Dr. Jess Jessica Beachkofsky**

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JB (00:00.11)

I've spent the past few years trying to find the balance between doing what really makes me happy, making money in a way that feels fulfilling and aligned, and just having fun and trying new things.

HF (00:20.704)

If you're at the White Coat Crossroads and questioning your career, you're in the right place. Join us as we explore the many career options for physicians within medicine and beyond. You can learn more at [doctorscrossing.com](http://doctorscrossing.com). And now, let's go Carpe that Diem.

Hey there and welcome to the Doctors Crossing Carpe Diem podcast. I'm your host, Dr. Heather Bork, and you're listening to episode number 239. You're probably familiar with an artist's portfolio, something they carry from place to place, opening up as needed with each piece inside representing a different facet of their work and creativity.

The concept of a portfolio career borrows that same idea, and it's what we're diving into today. It's a way of working where your professional life includes more than one role at a time, letting you use different skills, follow evolving interests, and build a career that can be more sustainable and growth-oriented than a one-track career might allow. So here's a question to sit with as we begin.

What if your career didn't have to be just one thing, and maybe it's not already? Today, I'm really excited to explore this concept with a wonderful guest and to bring it to life through her story. I'm joined by Dr. Jess Beachkofsky, who calls herself the Sunny

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Psychiatrist. I love that. And it was thoughtfully shaped her career into a portfolio model that reflects both who she is and how she wants to live and work.

Using Dr. Jess's experience as our anchor, we're going to explore what a portfolio career actually looks like in real life, different ways you can try this out, the advantages as well as a few important considerations and trade-offs to keep in mind. It is my true honor and delight to welcome Dr. Jess Beachkofsky to the podcast. Hey, welcome, Jess.

JB (02:23.842)

Thank you, Heather. I'm so happy to be here.

HF (02:23.842)

Yes, well, I saw on LinkedIn that you had in your headline, the sunny psychiatrist, and I absolutely love that. And you do have a very sunny personality.

JB (02:38.842)

Thank you. I take that as a huge compliment and yes, optimism and hope are a big part of what I provide my patients and the people I work with. So it makes sense.

HF (02:46.842)

I think that's so key for anything that we're doing. Well, as always, I love to start with your story because you didn't start out with a portfolio career. So do you want to tell us a little bit about your journey?

JB (03:29.452)

Sure, so I do wanna just throw in a little piece that's kind of funny, but I was an art major before I ever decided to go into medicine. And so I always think that's funny when people mention portfolios, it does bring me back to my old, old roots with a real portfolio, an artist portfolio, but that's a side point. So I joined the military to go to medical school, and then I did all of my training in residency in the military.

JB (03:29.452)

And then I owed a commitment after that. So I stayed in the military. So I'm a psychiatrist and I did all my training. went to Bethesda for medical school at the uniformed services university. And then I met my husband there. And so we got married and then we were



both assigned to San Antonio. And that's where I did my residency training and then stayed on as staff. So I worked in the unit there in San Antonio at the joint base.

San Antonio, which is an Army and Air Force base. And I ran the inpatient unit and I got to do lots of teaching at the GME center. And I got to work with a lot of great social workers and other techs, nurses. And it was just a really positive experience. And then in 2016, I was going to be getting out of the military. And I think that's around the time that we met because I was at a total loss for what to do next.

So it was challenging, but I knew I still liked something about patient care. And I was too scared to do anything else at the time. And I had a friend who said, know, hey, I do this telemedicine stuff with the prison system. It's easy. You know, you can do it when you move. were going to PCS, which is a military move back to Tampa, which is where I'm from. And so I said, okay, easy. We'll do the easy thing. And so I did that. I wouldn't say I loved it.

But it was workable. So I had easy hours, very consistent pay, now cattle call, see all the patients, write the meds, and paper notes that had to be scanned. But the hours were okay. And then it just wasn't very fulfilling. And so you and I had kept in touch and you were constantly feeding me all these great ideas about other things I can try. So while I was doing that kind of work, I tried some other non-clinical things, some of the utilization review,

In management, I did some fitness for duty reviews and some disability reviews. did a lot of paperwork checking things and none of it really stuck. I made some money doing it, but it just didn't click right for me. So I've always continued to look. So that has been fun. But the prison system patients, they started to wear on me. So I had a friend who was like, don't, don't keep a square peg and round holding it.

You know, she said, I use headway, which is a platform that does billing for you. So you don't have to worry about learning that piece. And so she signed me up and I started a private practice and it was very small. And it was delightful because I could pick my own patients and make my own hours and do everything I wanted to do. And it was lovely. But then I got to a very busy clinic and it wasn't lovely anymore. I didn't like it. I didn't like being busy. So I've spent the past few years trying to find the balance between doing

what really makes me happy, making money in a way that feels fulfilling and aligned, and just having fun and trying new things.

HF (06:31.452)

All right, so there's a lot here and you've made some significant transitions coming out of the military. I know that can be pretty daunting and you did the prison work. What would you say your career satisfaction was when you're doing telemedicine for the prison system? Like zero to 10, 10 being really happy, zero, not at all.

JB (06:52.452)

It was probably a four or a five. I felt like I was a sunny spot for the people that were there and it wasn't my business to know like, what are you here for? What did you do? How dare you? So I just wanted to be able to provide excellent mental health care to those patients, but it was so hard and you can't unhear things and people will just tell you stuff. I just, it just, it really, it really zapped me.

HF (07:19.452)

And when we talk on the podcast a lot about how seven is off in the cutoff, seven out of 10, like that, that's good, you're not hemorrhaging happiness, four to five, over time that's really taking out of your emotional, personal bank account, your satisfaction bank account. And so it's important to look at how you make decisions and why you're making decisions and listening to yourself. And then you decide, you did some different things like, the utilization reviews, some disability reviews, fitness for duty.

And then you took another turn, a pivot into having your own private practice. And kudos to your success. You got too busy, all right? And now you're looking at, now what do I do, you said, that brings me happiness, good financial income, and fulfillment. And so how did you start to think about this next chapter?

Because someone might have said, you could just cut back the number of patients that you're seeing and keep doing your private practice.

JB (08:23.452)

Yes, and I did do that, but I also, I don't know if this sounds weird, but I also felt lonely. It's very lonely to only spend time with patients and not even have some staff. So I didn't

mention, but there was an interim where the same contractor that I worked for, also had some outpatient clinics. And I did a transition and did work for their outpatient clinics for a little while.

And it was lovely to just have a staff member to text with in between appointments. It just that tiny little touch point of somebody that isn't a patient. And so I knew that that was important to me. It was always important for me to collaborate and work with other people. When I was on the unit, I was always part of a team. I love to work in the psych ER and see people and work with nurses. I have always loved that. And so it was almost the opposite thing to sit at a computer and just talk to patients.

And have that be my only interaction for work, I knew I couldn't just solve the problem by seeing less patients. Financially, it still would have been okay, it was not. Money is nice, right? So it's nice to still make money. And I just knew there had to be some other things that I could be doing that would allow me to have more connection with people than just my patients who I adore, but they are patients and there are limits to how I can interact with them.

HF (09:56.452)

You brought out a really key point, so I want to make sure we pause for a minute to flesh this out, if you identified what's missing. And that's something any of you listening out there who might be thinking you could use a little diversification in your career is think about right now what is missing and just identify that she has felt loneliness. And part of what was missing was this connection and more collaboration with people who were not necessarily patients. So this can be a bit of a signpost to lead you to, then, what might I look for? Because we're going to be talking a little bit about there are a lot of different things you can do to make a portfolio career. To put in that artist's portfolio, it could be your oil painting, your watercolors, maybe you do ceramics or sculpture or weaving, visual arts, textile. So this is what we're going to do to help you think about your portfolio careers.

What's missing? How might I find it in this buffet of options that we have? So let me give it back to you. identified you're missing this connection. What happened?

JB (11:03.452)



Well, I think that's also part of why when I was poking around with some of the utilization review stuff and some of the, you know, the chart work, I realized that even though that was nice financially and it worked well in my schedule with two little kids, it didn't meet that need. And so I realized I had to stop looking for more of that when I wasn't happy or I was bored or whatever, like more of that was not gonna help. So while I worked,

JB (11:32.878)

In the clinic, the post prison clinic that I worked in, the office manager that I worked with was delightful and she did everything she could to make me very happy with my schedule and all of that. And it was a lovely exchange that we had, but she had asked me if I would help with some nurse practitioner supervision because the clinic was run by a psychiatrist and then everybody else who worked there except me was a nurse practitioner.

And I didn't understand any of that. didn't know what it meant. And I just said yes, because I am a yes person. I say yes to lots of things, because I don't learn anything about anything until I try it. So I said yes, and I was assigned a nurse practitioner to supervise, which only meant I needed to go to a meeting once a month and participate in the meeting, which would have case reviews and that sort of thing, and answer questions. If the nurse practitioner had questions about things, I was supposed to answer her questions.

And then do a little bit of chart review. So look at some of her notes and whatnot. It was not hard and I got a small stipend for doing that, but it was more just the experience and it was pleasant and I enjoyed having the meetings. It was great. Like I got to go to this meeting where there would be, you know, eight different people and we would talk about cases and discuss things and share resources. And I just, I really enjoyed that. It was only one hour once a month. And occasionally she would call me and ask a question and we'd look at some research articles and through it and it was just very fun and I thought there is something here. So that was my first taste of that thing that I do working with nurse practitioners and I didn't actively do much with it but I knew whatever was happening there was positive and I was enjoying it.

HF (13:17.452)

I love how you said, don't learn anything about anything until I try it. True clarity comes from action, not analysis. And that's so much of how we can learn in this process is just trying things out and not finding all the reasons why it's not gonna work before we even get to try it.

JB (13:37.656)

For sure. Yeah, I don't struggle anymore with the idea of failure because to me it's just like I want to do it or I don't want to do it. It's not really a failure. It's just like, let me try this thing and do a little experiment. Is it better? Is it worse? Do I like it? Do I want to keep doing it? And it has served me very well.

HF (13:55.452)

That is great, because the only failure is really failing to try something out. Exactly, exactly. All right, so you did this supervision for the nurse and you really liked it and then what happened?

JB (14:09.452)

And then as I was getting busier in my private practice, the clinic ended up closing. And so I didn't think anything else about it. And then as the clinic closed, those nurse practitioners all went off and found their own places to work, then had supervision there. But the office manager that I had worked with, she started doing freelance work. And I thought, I'm busy and I don't want to do all of the admin. It's not actually very fun. So I was hiring her to do just a few hours here and there.

And she said, "Hey, you supervised one of our nurse practitioners in the past, I know some people, would you be interested?" And I was like, I don't know. Let me check with my practice insurance. And they're like, yeah, yeah, we cover supervision. Like, okay. Like I didn't know these things exactly. Because the first time I just said yes without knowing what I was doing. And I talked to a lawyer and I got more information and I made sure that I understood what was really being asked of me to decide if this was a good fit.

JB (15:07.178)

It was really reasonable. She helped me come up with what was sort of like middle of the road market pricing based on what had been going on. And I thought, wow, this is great.



And then she helped me find a couple of people. And so it was just delightful. I got to meet these people and engage with them. And it was just a really fun experience to find like-minded mental health providers that really wanted to do good work. And I was sold.

This is what we do. then, so I will be clear, like, I don't do it all by myself. Like, she coordinates the meeting. Can I do it by myself? Sure, I could. But she coordinates the meetings and sends out the emails. So I don't have to do that. And she does a lot of those little nitpicky things, like I have the contracts and she sends them out and she manages the paperwork. So that's also very nice. The paperwork needs to be managed because the Texas board anyway has, they give you a 24 hour turnaround.

So if they need to investigate someone you have 24 hours to provide your records of supervision. And so I keep the best records that I can. I'm very organized, but she also keeps a separate set of records so that we have double coverage in case there's some emergency that comes up.

HF (16:22.452)

Now, obviously some people have different feelings about supervising providers, nurses, PAs, and I don't want to get into the different feelings about this. It's something that's available to do if you want to do it. If you don't want to do it, that's completely understandable. And so I'm curious, Jess, could you give those people who might be interested just a little nutshell description of what they might be making a range and then what that actually might involve whether they need to be in person, have meetings in person, whether they're on Zoom, how often they might need to do this.

JB (16:58.99)

Sure, so right now I'm licensed in five states and I have people that I supervise in three of those states. All the states have different rules about how this works and in some states they don't even call it supervision. In some states they're collaborative states and there are different requirements for each state. Texas happens to be a pretty strict state and so Texas has higher requirements for the physician.

But that also means you can charge more if you want. So the nurse practitioners that I supervise in Texas pay me \$750 a month. So each one of them, that's the rate that I get in Texas. It can go higher than that and there are people that pay lower than that. So,



you know, I am very upfront with how this works. When I get people that are going out on their own for the first time, I'll give them a pay structure. So I'll let them start off lower. And, you know, I have a soft spot for people starting their own business.

So I get it, it's hard to pay a lot upfront, but within six months, yes, I'm getting 750. In Texas, it will require a one hour meeting per month. I do that as group supervision over Zoom and we just have a one hour meeting and all of my nurse practitioners get on at the same time. Everybody is assigned different dates to present cases and then we have discussions.

I screen all my nurse practitioners before I take them on to make sure that they practice the way I am comfortable working with. And I see this as an opportunity for me to help improve the care that is being provided by mid-levels because they're not going away. And so for me, this helps me feel like I'm part of a solution by helping these people just provide really excellent patient care. And so that's important to me.

HF (18:45.334)

Thank you for explaining those details. I think it's something for the right person, and can be a great thing in your portfolio career. So let's look at just what all you have now going on in your portfolio, including the supervision and having your own practice.

JB (19:00.334)

Sure. So I have my practice. have nurse practitioner supervision. I also do DBQ evaluations. So those are the VA's disability and benefit forms that they need a psychiatrist to do reviews for. It's just a short interview with a patient and there's no treatment involved. So I enjoy doing those. It makes me feel good. It kind of brings me back to my military roots. So that feels nice. And that creates some more income for me. And then I also do some CEUs teaching for therapists and also some speaking. So that's another one of those things that just kind of happens. I work with a bunch of therapists or I have over the years and they're always asking questions and saying, you should do a little course on that or you should do a little class on it. So I did, I made some, some CEU courses that people can access their digital and they can just, you know, watch them. And then, you know, the CEU is automatic. They get their certification afterwards.

And so that's a fun way for me to sort of put things out there into the world to be helpful.

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It doesn't, that doesn't make a lot of money, but I have had some speaking gigs that come from that, that again, I say yes to things. People say, Hey, do you want to come to our conference and talk about this thing? We'll pay you this much. And I'm like, okay, that sounds fun. and so I put together a thing and I go, cause I enjoy this. And for me, that's great. Because I get to work with people again. It's working with an audience and talking to interested people. So I enjoy that. And the speaking is it's.

All of this is unpredictable, but it's fun for me and it can be lucrative. That I don't market at all. I just take things as people ask for them. But that's another piece of the pie.

HF (20:38.334)

All right, so I love your portfolio and you have the teaching, speaking, you have your private practice, you have the supervising and collaboration, and then you also do these evaluations for the military. Okay, so let's, if someone's listening and they're thinking, what are some potential downsides if I have a portfolio career and maybe some things to think about ahead of time? Maybe they're full-time W-2 employees.

JB (21:07.426)

I think the biggest thing is to know how you do with time management. I am a very motivated person when it comes to having unscheduled time and figuring out how to maximize it and to use it effectively. So the nurse practitioner work comes with chart review. And so I have to make sure I have the time set aside each month to do that or the availability to just answer calls here and there. And so my schedule is set up so that I can make that happen.

So I think if you know yourself and you know how good you are about staying on task with things, there can be a lot of little things all over the place that need to be managed. I have a spreadsheet or I use my iPhone reminders like crazy, I keep a lot of things in my notes and just like ping, ping, ping, like things will tell me like, go do the same, don't forget about that thing. And so I'm not letting things fall through the cracks.

HF (22:01.334)

What are some other things someone should consider just if they're looking into a portfolio arrangement?



JB (22:06.334)

I would say aside from time management, you also have to look at what kind of time you have to set aside. So if you're already working for an employer, what is your availability during your workday? Are you gonna be able to answer a call or will you be able to take care of something? Does your employer have any issues with you participating in some of these activities? I do everything on my own. I'm a contractor for other things and then I pay all of my own insurance.

So I know that I will be covered for my malpractice in all of these things because I've discussed this with my malpractice carrier. And so I know that I'm covered for all of this. And then some of the other things about, know, do you need medical benefits? Do you need a retirement plan? Because of my military work, I have VA benefits. So I already don't have to worry about some of the things that other people may have to worry about. But these are things to consider as well as sort of a fluctuating income. My nurse practitioner and patient income is fairly stable.

JB (23:04.216)

But these other things don't necessarily lead to a regular paycheck every month.

HF (23:08.216)

Yeah, so you just mentioned so many things that are so important for people, making sure their employer allows this kind of work. Do you have the time? Will it fit in your schedule? And if you're thinking of completely letting go of W-2 income where you could get your benefits, look into getting healthcare benefits for yourself, if your partner doesn't have them or you need them otherwise. And sometimes certain things that you're doing may require what's called errors in admission insurance. It's not expensive.

Can be a thousand to two thousand a year for some of these other pursuits where you're not seeing patients, but you're doing patient adjacent work. So a number of considerations, but nothing that's a deal breaker. And of course, if you are an independent contractor, you'll be needing to manage your own taxes. And paying those too. So you don't want to end up with a big bill from the IRS. All right, so before we wrap up, Jess, I wanted to give the listeners two different buffets.



That they can walk up to and see if any of these might appeal to them. The first buffet is going to be the more traditional medicine adjacent options. So some of these you've already mentioned, but let's go through a little bit of a list together. So what might they think about?

JB (24:23.216)

So I think some of the obvious stuff is like the utilization reviews, the disabilities chart reviews, expert witness things. I do telemedicine and I do supervision, nurse practitioner supervision, and I do a lot of teaching and speaking. But there are other people that think to do more consulting or advising. I worked as a medical director in the past, but I have been reached, people have reached out to me about taking some medical director positions. And I've looked into it because I am curious sometimes, like one person was for a CMS place and I was like, that sounds kind of cool. I didn't actually go with that one. Medical writing is a really common one. And this is all the more medical-ish stuff, which is where I've kind of hovered around in the different, still using my psychiatry backgrounds to do these other activities that aren't just patient care.

HF (25:16.216)

That is an excellent list. And it just reminded me that in the show notes, I am going to put a podcast that I did a while back with Dr. Anisha Mehta on side gigs. So a lot of these things will be mentioned in a podcast. And you can also go to the [doctorscrossing.com](http://doctorscrossing.com) website under the podcast tab and put in any of these categories such as chart review or telemedicine or teaching or medical writing, and you can find podcasts that cover these topics.

All right, now let's amble up to the more out of the box buffet that could potentially be part of your portfolio. What are some things doctors can think about?

JB (25:55.216)

So I think some of the more common things is coaching. I have plenty of physician friends that have put their toes into coaching. And of course, that's what your story, at least part of it is. There are some authors, people who write fiction or nonfiction. My

favorite is niche practice. I got my menopause society certification. So I have some very specialized work that I do with certain patients.

Maybe a med spa or working with a weight loss clinic. Real estate is a big one. I don't have experience with that. I know plenty of people that do well with that as a side thing. Franchise, ownership, and then there are some other just creative side businesses, things that you might do that's more of a sort of like my past, a creative arts thing. I'm actually looking to open an Etsy shop where I sell stickers. So just not to get-

JB (26:54.35)

Just to have fun and share positive things about mental health and maybe perimenopause. And then of course the course creation stuff, YouTubing, you could become an influencer. There are a lot of other things that are not just medical, but that you're probably in a pretty decent position to do just because you are a physician.

HF (27:14.216)

I love these lists, Jess. You've done such a great job at coming up with them. And I hope people who are listening now will feel freer, that they do have options if they're feeling a little stagnant or having some burnout, that all of these things are available to you and there are ways to try them out without risking the family farm. And we don't have time to get into that on this podcast, but that's certainly something we could do for a future topic.

Jess, I'm curious, what is your overall career satisfaction 0 to 10 at this point?

JB (27:45.216)

It's a 10. It's a 10. I'm thrilled with where I'm at right now. I love it.

HF (27:50.216)

And what would you say to someone who's maybe at a three or a four or a five and they're thinking, well, this is great for Dr. Jess and we didn't mention your enneagram type, but you're a type seven on the enneagram and you like doing a lot of different things. That's naturally part of the type seven's personality is diversity. Oh yeah. And learning and sometimes shiny bright object syndrome. But what if they say, well, well, that's not my personality and I feel very risk-inverse. So maybe this is not going to work for me.

JB (28:24.216)

I think you can't, a paternal optimist. You can't ever say it's not gonna work. And there are ways to try things in really small doses. I did not go from a four to a 10 very quickly. It was a slow, slow process, but I was told yes to a lot of things. I know there's a lot of pressure out there in the world right now just to say no to everything. Like you're saying yes to too many things. And that drives me absolutely batty because there are a lot of people that are probably asking you to do things that could lead in a direction that could be very fulfilling for you, whether financially or just emotionally or both. And it only comes from saying yes. So I think saying yes to small things where you know you can give a little and see what happens and just kind of be open to experimenting and trying things and then really assessing afterwards. Like what did I like or not like about it?

What was the scheduling? Did it require more than I wanted to give? Was the pay reasonable or was there any pay at all? Did you even need to be paid? Did it feel fulfilling in ways that didn't keep you out of four where you are right now in your job? That would not, you don't want to make a lateral move. I want to only climb up that number line.

HF (29:41.216)

I love this and it reminds me of another podcast that we'll link to in this episode and this one's on doing test drives, like doing these small experiments to find out if something could be feasible for you. So Jess, this is such a wonderful conversation. I love having my sunny psychiatrist, well not my personal sunny psychiatrist, but the sunny psychiatrist on the podcast. So thank you. How can people get in touch with you if they'd like to reach out?

JB (30:09.102)

I think probably the easiest way to get in touch with me is just from my LinkedIn profile. You can find me there on LinkedIn and then just send me a message. I'm not on it every single day, but I'm on it often enough that I will get back to you. And I do really love engaging with people who have questions. So feel free to reach out to me and ask me whatever and I'll answer if I have got an answer. But it's just BeachkovskyMD. That's how you find me at LinkedIn.



and Beachkovsky is spelled Beach K of Sky. So there's a K there in the middle.

HF (30:42.216)

That's beautiful. That's beautiful, that sun coming through the sky. I will put that link in the show notes along with the other ones. And as I mentioned, there'll be some podcasts in there that may be helpful for you if you're thinking about doing some more deep diving. And you can always go to the [doctorscrossing.com](http://doctorscrossing.com) website, hit the podcast tab, and you can put in the search bar most of these topics we've covered on the podcast already.

And if not, let me know and we'll do an episode on it so you can do more research and get more information and then get into action, of course. Don't just stay researching. So as always, don't forget to Carpe that Diem and I'll see you in the next episode. Bye for now.

HF (31:30.208)

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