

15. Why Women are Leaving Medicine -
with Dr. Dawn Sears



FULL EPISODE TRANSCRIPT

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Michael: Well, hey everyone, and welcome back to Doctors Living Deliberately. So excited to have you here today. Hi, Arpita, how you doing?

Arpita: Good, how are you?

Michael: I am great and very excited to have with us Dr. Dawn Sears. Dr. Sears is a professor, a gastroenterologist, and an executive coach, and she focuses on wellbeing. She runs a program that helps to improve physician engagement, retention, and burnout, and her goal is to stop hemorrhaging women physicians. Welcome Dr. Dawn Sears. How are you?

Dawn: I'm doing great. Thank you, Michael. Thank you Arpita, it is so fun to be on doctor's living deliberately. I am such a strong believer unintentional living can change your life. And if we are not intentional, we get caught up in this flow, flow of busyness, flow of never arriving where we want to arrive and flow of continual improvement and burnout. So I love what I'm able to do in coaching and what I'm able to do in speaking and what I'm able to do with my programs. So thank you so much for this opportunity to highlight it and to be with like-minded other coaches who get it and are trying to help people. So like Michael, I'm a gastroenterologist and being a gastroenterologist you know, we're dealing with some pretty intense things, doing procedures.

Arpita: You're dealing with some poop.

Dawn: Our life is literally poop. So when you say it's a shit show, we literally are in that. And so sometimes there's stuff on the ceiling, it happens figuratively and actually in life. So it's kind of fun. And like Arpita, I'm a woman, so being a woman and a gastroenterologist put me in a very interesting section, especially in the nineties where there weren't a lot of us women physicians. So as a result, I was kind of a unicorn. I was a little bit different. And people noticed that as soon as I came in the room, they thought I was the nurse, they thought I was the tech, they thought I was the cleaner, et cetera. They never assumed I was the chief or I was the program director, or I was on the board of directors or whatever was the role I was fulfilling at the time. So I was able to be very busy on the executive level, on the leadership level, and very successful. As a result, I get asked to take care of all the new hires, all the new female anesthesiologists, the new female colorectal surgeon, the new female dermatologist. And I was like, whoa, I got three kids at home. I've got you know, nine fellows, I got nine APP's, I've got 14 docs. I can't take care of the world.

So I put together what was missing in my institution, which is a women leaders in medicine group. And as a result I got \$150,000 grant on that. I was able to show longitudinally that we removed burnout, retention, and engagement. Meanwhile I'm burning out myself unknowingly to my marriage, my marriage is dying. So I had to get a divorce. My world turned upside down, and at the end of that I had a lot of thoughts. I've done everything right. I've killed it. I've been publishing. I've got 10 outta 10 on press ganey for five years running straight, even though I deal with cirrhotics and

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alcoholics and addicts and angry people, but I make them all happy and I help them see possibilities, and I'm doing fine in my colorectal cancer screening. I'm doing fine as a leader. I've got the best engagement score of anybody through covid in a procedural related specialty in internal medicine. I'm the bomb and now I'm getting elevated to full professor, all this. And I was like, can't do it anymore. Can't do it anymore. And I walked away. And to walk away at the pinnacle of your career when you are the chief, when you are killing it on every metric was very humbling. But I knew I couldn't do it anymore.

So one of the thoughts I was telling myself was my ex stole X number of dollars from me. And that's what I believed. And so it made me wanna turn faster on the hamster wheel. Oh my gosh. I have to make it up cause we have a daughter with special needs, so I have to not pay for one retirement, but for two retirements. So I'm like, oh crap. Through coaching, I learned to reframe that to now there's nobody else spending all of our money. I'm in control of my money. I'm in control of our money. I'm in control of my destiny. I went, coaching's magic. I have to learn more. So then I got certified as an ICF coach and I knew that my sphere of influence and my magic was being an executive, being a leader. And so I wanted to help more women to be at the table because I'm watching all my women physicians feel like I can't do it anymore, so I apparently should quit. I'm like, no, there's an alternative. And when I say that, I walked away, I walked away for 108 days. So I took a sabbatical and then I came back in a different atmosphere. So I'm still there, I'm still teaching, I'm still educating, I'm still chief, unfortunately, I don't necessarily wanna be the leader right now, but it is where I am. So that's my story and that's what coaching did for me and why it's so magical. So now I still do a lot of education, teaching, coaching programs, and that's who I am.

Arpita: Dawn, it's been amazing. I know we started our journey kind of together. We were in a physician's coaching program together, and that was just amazing to see how all of us kind of transformed during that period of eight weeks. But I'd be curious and really interested to know when you were in that space before you decided you wanted to make a change, what was actually the pinnacle, the point that you kind of mentioned a pinnacle, but what was, where were you before and how did you become to recognize that you needed coaching? Like what was that activator for you?

Dawn: Yeah, I just didn't do it anymore. No matter what I did, now we know the term buffering, you know, I was overcompensating with extra work, extra killing it on extra things, and I was exhausted. I was physically, emotionally exhausted. And I wasn't showing up in my whole life intentionally. I wasn't showing up with my friends, with my family, with my kids as I wanted to. I was angry as Arpita understands. I, I was very frustrated that I was doing everything right and right, here I am in the Christian circles, and so I was the perfect Christian wife, and one of the pinnacles was when the church told me that the reason for my husband's behaviors was because I was a strong woman. I'm like, please show me the scripture for that. I'm super confused. And so to know that I was doing everything right at home, at work, biblically in the marriage, and yet it all still was falling apart. I needed more and I needed to be able to capture my thoughts and be able to go, wait, there's a

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disconnect here with my reality, and I can't be that much of a screw up, so I'm not to blame for all of this.

Arpita: Yeah. Wow. That had to have been so just like a major challenge almost. Like, so scary is the basic word for me that's coming up for me just to take that leap of faith to say I need to do this. That's, that's just very, very inspiring.

Michael: Can I just highlight one thing that you, that you mentioned was the difference that, so physicians, I feel like they do one of two things, right? They get into a, a, this period of burnout and they feel like they have two options, work so much harder and just like burn themselves out so much faster by working so much harder so that they can escape or walk away.

Dawn: Correct. Exactly.

Michael: What do you think about that? Like it's so fascinating cause we all do it.

Dawn: Mm-hmm. We all do it. And that's exactly where I was too. So coaching actually showed me some different ways, that there are so many options that you have, but we're trained in medicine to think that we should be grateful for this job and grateful for the circumstances of the job. And isn't it wonderful that I booked you an extra 20 patients this week? What? Like, are you kidding me? Why should I be grateful for that? So that the abuse we get so used to it and accustomed to it that we can't imagine anything different. So being able to train and allow and give permission to physicians to have a voice, have value, know their value, and ask for what they need. And that's what I do in executive coaching is say, wait, wait, wait, wait, wait. Any other industry you're not gonna tolerate this. Why are you doing this? And you do have options? No, I don't. Cuz they'll fire me. I'm like, really? They're really gonna fire you. They're down seven of your specialists. You know, they need a cardiologist. Believe me, they're not gonna fire you. So if you literally say, I need off every Wednesday so I can take care of my kid after their therapy appointment or whatever, I promise you, they're not gonna fire you on the spot. They're gonna say, how can we work with you? And they just go, wait what? They're really not gonna fire me. I mean, they literally believe that they're gonna be fired, especially through Covid, because we all thought we were bulletproof and then Covid happened and we actually saw our colleagues lose their employment.

So now opening up the possibilities for flexibility. Myself as a chief of gastroenterology, predominantly male dominated specialty, I always worked point eight and some of my male colleagues would be like, oh, how are you not working on Fridays? I'm like I take a 20% pay cut and a 20% reduction in my benefits and my retirement and vacation. Well, I want that. I'm like, okay, which day do you want off? Oh, really? I like, yeah, really? We have this thing called scheduling. I can schedule around that. And then everybody wanted to go part-time, which was fine. The world did not fall apart. So we modeled for the Department of Medicine, how a super intense specialty, we can

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all work part-time and the world still rotates and colonoscopies get done and polyps get removed. We can do that for every specialty. It's the weirdest thing. So we have more control than we ever thought, but we have been attuned to there's only a certain time that doctors are allowed to work. And that is from seven to six, Monday through Friday and you have to do it until you're dead. Maybe there's a different way. And so I think that women physicians have been able to show that and model that and show it to leadership too, because then you end up with better engagement and retention, which is what leadership really cares about. Cause they don't wanna lose that 500,000 to a million dollar recruitment for a new physician. So it's been fun to educate leaders on that, educate CMOs on that and talk about the difference with the charting and all the administrative duties that women disproportionately carry, and how we can account for that because we know that we follow metrics and follow metrics and data, we'll make better decisions. So I love to empower the leaders, the CMOs, as well as the worker bees, and it's great when we all work together and are playing by the same rule book, which isn't the rule book of the 1960s and seventies.

Arpita: Right. Oh yes, totally. And it's amazing how that culture kind of gets embedded, not only in the physicians, but also some of the supportive staff around you. We've noticed even with our office, we've made some changes and, you know we've told the staff, one of 'em actually got promoted to more of a supervisory role, and she was, I don't wanna work after 5, 5 30, you know, and you could tell she was very concerned about working more than 40 hours a week. When we turned to her and said, well, we don't want you doing that either. It was just like a, oh, you know, so it's not just the physicians, it's also the entire, the ancillary staff, everybody kind of unwinding this culture that we've created to recognize that it's not sustainable. I mean, it literally is not sustainable to keep doing it that way.

Dawn: Yeah. Great point. That it does. It goes up and down. I love that.

Arpita: Totally. So what would you say when, if you would think back to what was your one thing that really benefited you from the first decision to go into coaching, to get coaching? What was that incentive that you had that made you say, I'm gonna do this and like kind of reinforce that I've made the right decision to go this path?

Dawn: To stop feeling the pain and the pressure and to...

Arpita: We're not laughing at you. I'm like, but it's like obvious, right? Yeah. I just didn't wanna feel the pain anymore.

Dawn: To stab myself all day long, So yeah. So a coach helped me remove the scalpel from my own hand that I was piercing myself with and removing the scalpel from everybody else's hand and maybe just walk away from the, from the others that were stabbing me. And I was like, oh, I'm allowed to back away. Huh? And even turn away and walk away. So yeah, the freedom to be free

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from pain. And as Michael was talking about the overcompensation that I was doing that was just making things worse. And so getting me freedom of how about we stop doing that? How's that working out for you, Dawn? And I'm like, eh not so good. And they're like, yeah, why don't you stop doing that? I'm like, that's right. I have a choice. And so I, I literally didn't think I had any choices. So I felt very trapped in so many ways in my life. And so realizing that, ah, I can make these first decisions and then it just snowballed and I was addicted to decision making on my own behalf like an adult. Hmm.

Arpita: Yeah. And how did you prepare for your reentry so that you were going to uphold this living intentionally? What did you do to make sure that you were going to stick with that?

Dawn: Yeah, it was very conscious, very, very conscious that I knew I would easily go back into 20 years of a habit and a lifetime of a single profession, of how I showed up and how I did it. And so it was more of the Elsa let it go, let it go, and not take everything personally, not try to problem solve for everyone, not try to fix things for everyone and realize a lot of the coaching strategies that I learned whether you're talking about Katie Byrons, is it true, is it really true? What if the opposite is equally and as true? Which is what I did with the money thing to realize I was making more money on the other side of divorce than I ever was. And what are you gonna do about it? And then looking at the thoughts, feelings, actions, how are you showing up? That was very helpful for me. So using the coaching things as well as the manuals that we hold for people is my relative showing up the way that I think they should show up. And, oh wait, that's not even who they are. They're, they're still being who they've always been. Why would you think they're gonna be someone different? So, you know, if you see an alcoholic who comes in with a Bilirubin of three and fever, and he's intoxicated. You know, the diagnosis, this isn't a mystery. I'm not like Schistosomiasis has been to Egypt lately. You know, I'm, no, I know what this is. And so when a relative shows up being a jerk or judgmental or whatever, I'm like, of course they are. And so coming up with the new terminology at work, of course they didn't, you know, actually fulfill my orders. Of course they sent back that CAT scan and why would I think differently?

And so now I just don't let it get to me and I just go, okay, well yeah, I, I really do want the CAT scan, any who I'm moving on and I'm not gonna let you stab me anymore cause I'm gonna walk away and go do something else and you're gonna keep you know, doing what you do. And so I don't go for perfectionism anymore. I don't go for overwork. I don't try to overcompensate. I just do the best I can. And I go, okay, good enough is good enough. And that's one of my favorite things to coach on for all of our physicians is good enough is good enough. And nobody pays you for an A plus and when you provide A plus care, but a B minus note, you actually eat dinner with your family. Nobody feels bad. And you never get a note from administration going, oh, that was a B minus note. Why'd you do that? They're like, praise God, close that chart. That's all they care about. Did you close the chart?

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Michael: So good. I really, I really like that. That is so good. You don't get praise for A plus notes. So, but you do get dinner with your family for B minus notes.

Arpita: I love that. That was such a great little nugget.

Dawn: Yes. And that's one of my favorites to coach on because honestly, that's what every physician wants. They just wanna see their family and they wanna have pride in their work that they have performed to the highest level, high school, college, med school, residency, fellowship at the first five years of their work to earn who they are. So they can't stop. Cause they've been doing it for 15 years and I give them permission to go, stop. You've already earned it. You've already arrived. You have already earned your spot at the table. You don't need to prove it to anyone anymore. Now just continue to give awesome care because that comes easy to you and get home with your family. Because they're only gonna be there for a certain amount of time and then they're not gonna care about you anymore after age 17, until they're 25 again. Yeah. There's that seven year block. You can work your tail off again if you want.

Michael: Now you wrote this article "Why are Women Leaving Medicine? Gaslighting" that kind of blew up on Kevin MD, got shared over 2000 times, and so I was hoping you might be able to talk a little bit about, first of all, maybe explain to our listeners what gaslighting is and then how do you coach female physicians not to leave? Like how do you convince them or how do you talk through, how do you coach on this issue?

Dawn: So yeah, the Kevin MD article was because I lived it and I continue to hear women's come to me and immediately start defending their experience thinking they're the only one. And of course I had to tell 'em, oh honey, we literally all go through that. And you're right, administration, leadership the support staff are all gaslighting you. Meaning that they are telling you one thing when reality is different and they're making you think you are the problem. And they say, oh, well I send these notes to all the physicians. Really? And so, oh, in the Kevin MD article, I went ahead and pulled out the data to support it. Cause anytime I tell stories, analogies, et cetera, I wanna back it up with data. And that's how, that's how I do my speaking. It's probably a third story, a third data and a third call to action. And so that was the same thing in the Kevin MD article.

And so one of the studies I was alluding to was talking about how women physicians in a primary care clinic, where it was equal male to female gender of the physicians that the women were getting 26% more messages from the patients. And I would see it all the time. I would be like, oh, Dr. Seer, so sorry. It was my brother's funeral, so I started drinking. I'm like, okay like I, I'm not a priest. I can't forgive your sins. Thank you for telling me. And the guys are like, oh well, none of my patients would ever send me that. I'm like, I know. And they send it to me all the time cause they want to please me. They see me as a sister, as a mother figure or something. And they're trying to validate their behavior. And then the study also showed that women physicians get 23% more messages from

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support staff. Again, should I really get that CAT scan or whatever asking us to clarify orders where they don't do that to the male physicians, so it's not in our head. And that's what gaslighting is, is when, when we're like, oh my gosh, am I truly being treated inappropriately or am I making this up?

And so I would have physicians come to me and I would be complaining or sharing of, you know, I've gotta set my kids up at camp. I've gotta do this, I've gotta do that. I've gotta lead this division. I've gotta answer all these emails, I've gotta do all these pre-authorizations, gotta see all these patients. And I just, I can't do it all. They're like, Dawn, you have the same 24 hours in the day that I do. I'm like, actually, I kinda don't think I do. And so in the study it also shows that women in a dual physician relationship, women do 8.5 more hours of domestic work at home with the kids in the, and the household, things like that. So all the things that we feel about time scarcity, about payment, about opportunities, about leadership issues. We even know at the Supreme Court, the women get talked over eight times more than the men. At the highest level that we have in the United States, in the civilized country, women are still talked down on and overridden by the men. So when you feel like your idea was stolen by John at the board of director meeting, you didn't see something that didn't happen. It literally did happen.

So anyway, so the article was just putting the evidence behind it. And also a call to action of let's actually consider compensating women with an extra 20% admin time because we're, we're doing it anyway. And you can't say patients stop messaging your women physicians. They're going to keep doing that. And if they don't and when they don't, our press ganey's go down. If we say, I have stronger boundaries than Phil. And of course you don't call Phil Phil, you call him Dr. Smith, but you do call me Susan. But that's a different story. Same story, but different version of it. So anywho it's letting them know that these are the realities. So I coach women on here's the data, here's the evidence. Go to your leadership with metrics because your leadership's all about metrics. Show them this study, actually pull the data in your own division to how many messages, which is being recorded by Epic all the time. Did your four male partners get in your three female partners will get, go to administration and say, Hey, you want me to continue to provide the highest quality care with the best press ganey and the best recurrence of patients coming to us? Gimme 20% more protected time. Mm-hmm. Than I can do it or gimme 20% raise to make up for that.

And they go, oh, oh, okay. Yeah. And so as I wanna empower women to have data to come back to leadership because otherwise they believe they're the squeaky wheel and they're just whining just to complain. They're Karen-ing and we don't want any Karen-ing and we don't want any just griping. And we definitely don't want man bashing or any of that. We just want metrics. We just wanna be treated fairly and we wanna realize that we want it all to be a level field, but it's not. It is way skewed. And that's okay because we can't change it. It's not okay, but it's just the reality. And I'm not gonna fight with reality. That's a big thing I learned outta coaching. I don't longer fight with reality anymore. And so instead we're gonna change it just a little bit. And so if we change it a little bit and acknowledge the differences in biology. So the other innovative solutions that I always propose is

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women have more body parts. They have more things go wrong with them, and 80% of childcare and elder visits are accompanied by a female, not a male.

And so we end up taking our family because we're the sandwich generation to the physician. So as a result, the time off that we get for medical care, we don't use it for ourselves. We don't use it for our own mammogram and our own teeth cleaning. I didn't have a teeth cleaning in seven years and it wasn't cause I had poor dentition and I was ignoring it. I literally didn't have the time. I've got three kids, one of which has special needs, so she sees seven subspecialists, including traveling to Cleveland Clinic in Houston to the children's hospital. So what am I doing with my medical time off? I'm caring for the world, right? So if we give women an extra five to seven days off a year, just based on pure biology and society of societal expectations, you're setting us up for success, then we're not taking last minute leave at the end of the day or the end of the month, or the end of the whatever, we can plan for it. So we do that already with health insurance, we charge a different rate for women versus men, especially if you're a 20 year old woman, because you're expected to have a pregnancy 85% of the time and so you're gonna have complications. We do that with our teenage boys and they're driving, that we have to pay more than our teenage girls. We do those different with life insurance. So why are we acting like men and women are the same robots at work? We're not. And with our time off and our benefits. So I try to give leaders real concrete solutions that can differentiate themselves so that their women will stay and be attracted.

And we know that women physicians do provide not lesser care and sometimes superior care. We've got the data from the heart attack studies and the ER for 10 years of data that if you're taken care of an ER in Florida by a woman physician, and you're a woman patient, your survival is double. And if you're taken care of in an ER as a woman patient by a man who is on shift with a woman that your survival improves by 25%. So just having a woman in the ED working as a physician, it spills off to other men and their behavior and the treatment and the outcomes of women patients. So we all benefit because your sister, your wife, your mom, your daughter is gonna have a healthcare problem and having more women in healthcare actually ends up with amazing outcomes, surgical outcomes, compliance outcomes and so I try to empower all my women with data.

Arpita: That's amazing. I think you're, just the facts that, you know, having the facts, the facts, the facts, let's present it that way since we've been, whatever we've been saying to date has not really gotten any impact. So this is what we're gonna do now, and it's making, it is making a difference. And I think that with your armamentarium with what you're giving women that you're coaching, it's really allowing them to kind of feel confident when they speak up to make that change for their own benefit and for everybody else around them too completely. So, well, I have really, really enjoyed this time with you, Dawn. There was like, this is a jam packed episode is all I have to say. It's so many good nuggets. So I guess just give us some tidbits on how people can reach out to you, what things you might be having coming up for you in terms of programs that you're involved in. And let's go from there. Tell us how they can get in touch with you.

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Dawn: So you can get in touch with me on Gut Girl, MD on Twitter and I'm on LinkedIn. So those are some of the easiest ways to get ahold of me. It's been fun getting invitations to do grand rounds or other things through LinkedIn. I'm like, oh my gosh, who knew? Doctors were gonna actually connect on LinkedIn, and I think this is where Michael and I actually connected was on LinkedIn. So it's kind of fun. And then of course you can just send me an email dawnsears@dawnsearsmd.com. And you can also find my consulting practice and coaching practice at gutgirlmdconsulting.com. And there I offer one-on-one coaching, group coaching, as well as being able to come to your institution to start a Women Leaders in Medicine program. I believe every institution needs 'em. They move the needle and they help your colleagues to stay there. And then we're coming out with an Emerge conference, which is replacing the ACE conference that we did in the past. And so we're super excited for that. That's being formulated as we speak. And I'm learning how to make chocolate. So I'll be letting you know about that in the near future. Got a child with special needs and I'm trying to teach her new skills. So anyway, it's kind of fun. So I may be starting a nonprofit there in my spare time, so I gotta be sure I'm not doing the buffering thing and working too hard.

So that's some self coaching there that I'll be talking to Arpita about later. And other than that I'm excited to do the group coaching that I get to do with the American College of Gastroenterology, American GI Association, and I've been dealing with the US Army and other institutions and it's just magic when you get in the room with other people that are all looking for a better life and you encourage each other and go, oh yeah, you should ask for that raise, da da da da. And so we feed off of each other in a positive way as opposed to what we do in the parking lot, which may be a negative way after work. So get yourself in those spaces. Get yourself in group coaching, and it'll change your life.

My final piece of advice is pivot constantly. Because then you're making life a dance party. You're always pivoting, so keep pivoting. It's not a bad thing. It's not a, something to be scared of or angry about. If you're just taking a straight line, that's very boring. So expect your life to be full of pivots and opportunities. Thanks so much for letting me,

Michael: What I love about all of that is that when you were kind of burning out from medicine, you were working so hard and you just listed this like enormous list of all the things that you're doing. And you do it because you love it and it's fulfilling. And so we as physicians I think, think that it's just because we're working so hard, but really it's because we've lost some of the fulfillment in what we're doing, and when you find the things that light you up, when you fill your life with the things that just bring you joy, you can do all of these other things that you're doing, including learning to make chocolate, which please keep me posted on how that is going. I would love to be a taste tester for you, but I, it's just so much evidence that it's not the working so hard that's the problem. It's the finding the things that bring you the joy, that light you up, that refill your cup, to keep you going. And so it's all about, again, living life with intention, living deliberately, and you are a prime example

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of that. Dr. Dawn Sears, thank you so much for being with us. So, so happy to have had you here today.

Dawn: Thank you. Thanks for the opportunity and thanks for the voice. Take care.

Michael: Have a great one.

Arpita: Bye.