Stroke at 42: How Dr. Shaiba Ansari?Ali Returned to Medicine and Redefined Patient Care Transcript

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Introduction and Guest Background

Welcome to the Doctors Making a Difference podcast, where we help physicians to be empowered with the tools they need to successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. We are honored today to have Shaiba Ansari Ali. And I'm so pleased that she's been willing to join the podcast and join us as a guest and share her story.

Shaaba, do you mind introducing yourself to our audience? Sure. My name is Shaibah Ansar Ali, I am a rheumatologist, and I work in the Chicago area. I was born in Athens, Georgia, the same place where Ariane is from.

Nice. It was raised largely in Iowa in Midwest and did all my schooling here in Michigan from that school. That's a good synopsis. Very brief. I'm sure that describes a very long process of deciding and becoming and all that.

Well, so kind of walk us back to the beginning. You know, you ended up as a rheumatologist in the Chicago area and yet you started in Georgia. Did you always envision living in an urban area?

Well, I'm the first child, uh, first generation immigrants on the oldest child. So that's how my father got his PhD. Then we moved to Minnesota when I was young.

And then we move to Iowa and that was where we settled. He actually was a professor at Palmer College. It was the chiropractic college, like the Harvard of chiopratic colleges.

Uh-huh. so he was our professor there. That's where he grew up. We grew in the Quad Cities. There's kind of four small cities right around the river. I did my undergrad at Augustana College, which is a liberal arts college.

1200 students from middle college at that time. Oh, wow. So that's why I did my undergrad or pre-medicine and then I Did medical school at University of Michigan in Arbor and I learned very quickly that I have to embrace the colors blue and yellow But I had to paint red and white together There's some regularly going on there and then graduated from that school, went into residency at Leo and moved back to the University of Illinois in Chicago, moved to Chicago because I wanted to have a family and I needed childcare and have had a lot of family in the Chicago.

I didn't have very much in Michigan. So I moved into Chicago and started off as an OBGYN actually, I did that for about a year. Really? So you did a residency, a one year residency in OB-Gyn?

Funny, because six years into it, I'm like, yeah, i'm not going to do this because I delivered like 36 babies in like 24 hours. And I was like now, and I can just getting about four 30 in the morning to go around the hospital before surgery.

I like yeah. This is not the life I want. Then I'd see my atoning there. It was near retirement, you know, doing a C-section with me at like four in morning.

Like, Yeah, that's not life. Yeah. Babies, they love to come when they come. So I switched that up OB-GYN, but I'd signed a contract and I'm very like, I am like okay, signed the contract.

I can't leave these guys in the lurch. And I had good friends in that program. So like I missed a year. This year, the

year I learned what I could and kind of took it with me.

Then I switch to medicine at the same institution, University of Illinois. Did my residency there. Actually had a job all lined up as a hospitalist at one of the hospitals in downtown.

And two weeks before I started the job, I did a rheumatology rotation with Dr. Swebler, who's like one of the best attendings that ever was. And he makes everything amazing.

He gives you a backstory to everything. So he just doesn't say, oh, we're using this medicine for this. It was like, you know what? This medicine comes from this and this I've studied in, in a nunnery in France, like 12 people that better on it.

Now we use it every day and stuff like that. You always need the backstory. I didn't have a two week rotation and I'm like I want to do this, but I don't want it to be a hospital.

So, I went to my advisor and my adviser said, you know what, Dr. Swetler makes everything look interesting, so you have to go do a rotation with a boring room.

Make sure you really like it. The boring rooms will remain nameless, but I did that rotation. I was like I still like. And so then I, went back and I didn't.

But by that time you had to realize, right, a lot of people, fellowship they match, they They're not matched, but you know, whatever they, they're already had their spots in.

So I decided like, I think I want to say like in May of the year that I wanted to do rheumatology. Everybody said, we'll go work for a year or do research for year and then reapply.

Training Path and Career Changes

But then one person said you, know what, why don't you just call up all the program directors in your, in the Chicago area and just see, you might get lucky.

And I did, I called Leila and they said, you know what, the guy who was supposed to come here, he actually can't come at the last minutes with family crisis.

He just called us yesterday. So if you want to. Come in and interview, You know, your more than welcome. very, very different and they both liked me. They always, if one liked a candidate, the other would hate it.

If the others liked the candidate this one, they would like that. So I guess I was the only one that they liked and so I got the gig. It was like a match made in heaven.

Like you called right time and right place and and the right program. I mean really they were looking for you. And then, about six days after I started my fellowship, one of my attendings was actually my partner in private practice now.

And he said, you know, I've been looking for a partner for five years, and you seem to be someone I could work with. Why don't you come check out my practice?

It's like, the person asked me, what are you looking? And said, you know, I really want to, the, as like the I've really won three days a week. You know?

I have two kids. I don't want, to I want work around my life. So I didn't wanna make it work my whole life and so he said welcome to come out, check out my practice.

And I'm looking for a part-time person. so unlike within a. Week I went and looked at his place. He liked me. Yeah.

Like Tim, like to staff, we got along.

and, so like a couple of weeks into my fellowship, kind of had like, a handshake contract and then I. Went from there. Well, you know, just this, your story thus far is a testament to the idea that we can change, because you went to school and they decided, well, OB-GYN is the thing.

And then you got partway through it and realized this is not the life I want, even though it's an interesting specialty. And then you got into medicine and then decided you want to do rheumatology.

I think a lot of us look back and you kind of give like, oh, yeah, I went to medical school here and I got this job. And when you're at the beginning stages of medical student, you think, it's just all going to be linear.

But it is not. Most people you ask them. It's fits and starts and turns and unexpected things that come into your life. And you just have to kind of rise to the opportunities that coming.

You did that even in your training years, which is pretty neat. Yeah, I did. I switched a lot, but it just happened that it worked out. If something is easily happening, it's meant for you.

It it too hard, if you're getting too many roadblocks or too good people around here saying, don't do it, then just don' do that. Yeah. Well, I think often we're placed in places we need to be to help make the, we only get to work for a few decades if we, you know, at most, and you want to make it the biggest impact, help the most people and also be able to live your life.

And it sounds like you've been able find that match, which is wonderful. Yes, yes. So I'm curious on your, you know, he chose rheumatology, obviously after working with a couple of attendings, You did the fellowship and now into your practice, have you found it to be what you expected?

Do you enjoy rheuma? Oh yeah, I love going to work every day. I do because, you know, growing up I was an avid reader and the best stories I read were Sherlock Holmes with Jerry and The Mystery Stories.

So it's where you pick up little details and come to the right conclusion. That's what Rheumatology is like. It's like every creation is a mystery in the beginning.

then Sherlock Holmes and I'm one of those people that I'll pick up a book and then I have to read everything by the doctor and Then everything that author wrote about and stuff like that and they found out that sir Arthur Conan Doyle is actually dr Doyel and Sherlock holmes the investigator was actually based on his mentor dr Bell and That's what he used to do in class He would stand people up and he would say, you know You come from this part of England and you do this and do you this when your family does this you just pick out little things so he was he's an observationist and much like, you know, Hippocrates or something like that.

So he would, he'd actually, that's how it would come for him making the diagnosis was 90% was history and physical. And so that what Dr. Doyle, actually wasn't that great a doctor, but he survived.

He was a much better writer. and so I was, I grew up reading Sherlock Holmes, not knowing that, and then this kind of rheumatology is like. I mean, I'm a primary care doctor.

I feel like at least half of my job is trying to investigate and figure out what is going on, you know, kind of the diagnostic side of it. And rheumatology, when I get something that is like really bonkers and like, what, is this?

It's so many different things. So I try to loop in my rheuma-tology colleagues all the time and say, help me diagnose because something's going. Sometimes it's not autoimmune, but sometimes it is.

They present with such interesting chaotic findings. Right, right. That's true. It's very true and Lee had a couple of conditions. Lee is my partner, Lee Lichtenberg, and he had couple conditions for me joining him.

I think that really made my career very enjoyable. He said, one, you have to keep learning. So he's like, either you become involved in CME at Loyola where you trained or at another hospital that you had to find.

You have do something to see yourself up to date. And then his second thing was, when you find the people, you have to treat them well. And so that was for our staff, for instance, all the other medical offices at Christmas time, their staff would get hard or something like that.

We actually gave all our stuff double paychecks every holidays, which was huge for them. He was always the thought that there's enough money to go around, that you're a doctor, you make good money.

There are people that make less than you, and you are not going to get more poor by helping other people out. So he's like, there is more than enough to money go round.

And so he made us put away like 25% of our earnings, our retirement and stuff like that. He did a lot of that stuff too. But he's like, you know, find the people and you treat them well.

And then his third thing was he was very big on doing charity. So he is like if you are a physician, it's your onus to give back somehow. He said what makes more economical sense is seeing a patient for free in clinic rather than going and doing a free clinic and using up that eight hours.

So he and I would both see like one Medicaid patient or a free patient, a new patient I think every two weeks. So to work out it's like two patients a month and they would kind of add up.

But he was like, you know, we all had that responsibility so it was a communal effort. Those are his three conditions and that can set the tone for everything.

I like it. It's almost like you hear people talk about the attitude of scarcity versus the Attitude of Abundance. And from your abundance, you say, let's bless somebody else with this, whether it's your employees or your patients.

I think that's good for a lot of areas of life. If you approach it from an attitude, of abundance. scarcity where you say I'm not going to share, I am not gonna go outside of my little realm.

I think a life is a lot more full and it's more rewarding and, you know, seems like money comes and money goes but when you do something generous and kind with it, that means more than necessarily having more dollars in the bank.

It stays. It is stays, and I think I was listening to your podcast with Brian Chepson, I believe. Yeah, Brian's awesome. And he was saying, financial freedom, one of the markers of financial fame was being able to give back or being to do what you want to for others and not being fearful of having to that or not be fearful it's going to affect your finances in any way.

So I think that was, that's, these whole thing was you know, we have monies, you make good monie, s we are financially secure, but we had to, it's not good enough for just our home to be financially secured.

Finding Rheumatology and Practice Philosophy

Everybody else should be secure on this as well. Yeah. You know you've heard that phrase before where someone says if you do a really good job, people will give you lots of pictures of George Washington to say thank you.

In other words, you get dollars, but the point of it, the concept is that mindset of abundance to say, well, if I do a great job as a physician and I really take good care of patients and am more generous than necessary along the way, your financial house will be in order.

You'll have all that you need because they will honor you by coming in and your business will. Blessed from it. Whereas if you were really. mindset of scarcity and you keep everything and shut everybody out.

It might look good for your finances for a few years, but it's not very satisfying as a human being. And I don't know that you really make more money by doing that financially.

We do better when we're a mindset abundance and generosity. Yeah. And he was always stressed living within your means because I would see other doctors, especially, you know, they'd buy the fancy cars and the nice jewelry and go on these amazing vacations.

But monthly they had kind of tied up their money so much so that they were working to meet their living expenses. He was like, You have to live well, but then he's like you shouldn't make it about working, to maintain a lifestyle.

He was like, your work should be your, but it shouldn't be there to maintain your everyday things. He's very big on that, living within your means. Well, and I think this conversation about your career, I mean, this is really informative because obviously you were taught to be generous and also taught be careful and frugal with your finances because like we're going to get into it, you had a stroke as a young practicing physician.

You had something that was just crazy, unexpected at a younger age. It's so important to kind of have your financial house in order so that when something like that happens, you're a little bit prepared to weather the storms.

Yeah, share with us what you are willing to about that crazy chapter of your life. Well, you know, so I joined Lee in 2006, 2007. I've been practicing for about six years.

And you have to realize, even though I only worked three days a week then, we generated enough as far as a full-time practitioner. So we could each see, he would see a lot more, but I would say like 20, 20 patients a day.

That was just the normal for us. He would even see 30 patients that day, I don't know how he did that, that he wouldn't do that. We did generate a lots of RVUs, et cetera.

So in 2012, as they got busier and bussier at work, and then I was actually busser and busy at home, it's kind of like I didn't really have a place to recover anywhere.

So I kind-of, I did manage my stress well. You know, there's people that exercise and manage their stress when I wasn't doing that well, so I'm getting more and more migraines.

From about 2012 to about 2016, was getting migraine and I getting like a cost-bearing asthma, but I don't realize it. And I was coughing every two, three minutes and I would catch a virus in fall and would cough by the next four or five months.

And then it would go away, you know, I'd be like, out of my mind, and then start all over again. It was so bad that my staff, they didn't even tell me about this, but they would block like a week or two in my calendar just not even telling me because they know I'll be coughing so much I couldn't do it.

And I was coughing to the point where, like to give an example, it's so nice to talk to a doctor because you know what this means. Like I would have a patient come into the room, start the clinic visit, introduce themselves, step out and cough.

Come back in, ask a little bit of the history, and step up and talk. Come back in to be a social fan, step out and call, come back and ask you have any more questions.

And so it was coughing like a lot. They would give me some naps and they'd be like, your oxygenation is fine. So I went to the ER a couple of times and sent me home.

I just didn't realize that it. It was that steady. and so in 2016, I paid off my student loans was a big one for me. I took advantage of it because Lee was always like, you should always try to look for opportunities where you can just reduce your debt.

He was all, think about that. So my parents, they sold their house in Iowa and they were retiring. I was like you guys, whatever monies you get from the house, give it to me and I'll pay up my student loan.

But then I will pay you back like thousands of dollars every month until it's paid back within a year. So I had done buying into my practice and I kept my finances the same for myself.

Then I borrowed the money from them. I paid off the student loan. And then within a year and a half, I payed them back. So going into 2016, i was debt free, which is great.

Like from a student loans perspective, it was that free. i had passed my rheumatology boards that January. That was supposed to take it later in the summer.

But one of my friends was taking a review course and i went with her and im like, okay, fine, ill just get down the way because we're both studying for it.

Why not? And so I did that. And then finally, after paying everything off, okay, I'm done. Then I was able to save up enough money and we went on a trip to Disney World with me and my boys and husband, the four of us.

Fantastic, did all the rides and all that stuff. Yeah, it was great. I want to say in May, and then in June, again, caught a virus and started coughing at work.

And one day I was at work and I coughed so hard that I felt like this electric shock go down my neck, but I didn't know what it was. And it just lasted for a few seconds.

But it's probably the worst pain I've ever had in my life. Then that pain stayed. During the day, I wouldn't notice it because I'd been working, But I couldn't sleep at night.

So being a rheumatologist and having doctor friends, you know, always on steroids, having muscle relaxants, everything. At night I just couldn' sleep, and during the days I worked.

I would just keep working. and then about a week later after that, July 1st, I was sitting at home and remember we see like 20 patients a day in clinic so on Thursdays I never time to finish my notes, so I would just bring them home.

So Friday morning, sat down to do my note and that's when the room started to spin and the weird thing was been two ways, like this way and that way. Like I don't know how to explain it.

It's like being on the worst roller coaster in the world. And I didn't like roller coasters. So then I went to the bedroom. My husband got him a lake and stuff like that.

I threw up about five times. Then I said, you know, I'm going to lay on this floor to get this. But I must have vertigo. Because I am 42, and I can't always vertigose.

If I lay down on a floor and think, do you have Meniere's disease? I was like, 50-year-old. What is this about? And then that's when I realized I couldn't move like I could she'll everything but I put him when was choking on saliva I was like, wow, I'm having a stroke and so on the inside I completely alive I I can live stream this much what I did in my book I kind of live-stream the stroke And I realize I didn't know so then I went back to in My mind medical school you read about the dying butterfly and the guy who had the you know, basal artery thrombosis and locked-in syndrome So I said, oh my god, i'm happy what he's having And so then I, I remember just kind of the next day, it was kind in and out some that the paramedics in, being a stretcher, then on out again.

Then I wake up in the ER, nobody knows what's going on, but the neurologist diagnosed me in three minutes. And then wake again, and then something happens in dark, something goes into my body, some electricity and I'm something I can move everything.

I'd wake in a cat lab on Intubated. And they're passing a wire, a ranger moved a stroke of a brush. And I'm like,

okay, well, I got some of my feeling back because I kind of has a really sharp scalp.

Well, he's coming towards me because they knew it was me. I was like that I hope that doesn't happen. Oh, but I don't feel that. But then he came he made the cut, they got up there, didn't find anything.

Thank God it all gone by then. And so they'd given me TPA and then they had done that and the big stroke had broken up into three small ones. So I guess they ended up in maxcipital and my cerebellar hemispheres.

Then I woke up again, I was in the ICU and a horrible headache and I'm still on that roller coaster like sensation. But then the swelling died down, spent a month in rehab.

And then when I was the month and rehab, the first week I had some competitions and it was very irritable because where they had made the cut to go in the femoral artery to do the, I hadn't that one.

percent of people that has a sensory artery on the backside of the temporal heartbeat. Not everybody has that. And so they had nicked that when they were closed up, so it was dripping blood on me inside.

So about a week later, I bled like a pint of blood in the bed and I coded and they carted me off to the hospital. Holy cow, this was a saga. And I came back to rehab the whole time.

I remember that the doctors were talking to me. And like, they must know I'm a doctor because the words they're abusing are like we appear. If I was a normal patient, there's no way I would have understood that.

So I, remember even your rehab, I asked the nurse, like you know, the doctor, right?

Stroke, Diagnosis, and Rehabilitation

And she was like your doctor. And so over the years, my patients had always said, you explain things very well in clinic that we understand, because you have to realize in rheumatology, it's complicated diseases.

And not only do we have diagnose it, but explain it. But we just start the treatment very quickly in some of these cases, especially if you want to see if those kidneys or whatever.

And so, and they're very scary medications. And, so my patients were always like explaining things so well. I was like, yeah, I'm sure other doctors do too.

You know, whatever this night, you're a nice patient, but then when I became a patient I realized what they said were true. The words that the doctors were using were things that I only learned after doing eight years of medicine.

They were speaking doctor, it's a different language. It's a very different language and it's not about, I think it wasn't, they wanted to do the best for me.

They had a good intention, but I couldn't understand them. It was like speaking to somebody who was in a foreign language or you don't them, you know, II could understand it.

I know the other patients couldn. So yeah, so I got my surgeries, did a month in rehab, and then after that went two months at self rehab at home. And as a doctor, I kind of did what I did and knew what to do.

Then months before I was able to go back to work, but remember I could see 20 patients a day. Now I can see like four, it was taking me an hour to see each patient.

Also significantly slower. Yeah, very mentally draining because I lost the ability to write. I can't write now. Even now today, you still can write? No, I type everything or I'll put like, if I have to order it, like I read my own writing.

Like, before I got a prize in fifth grade for my writing, Peter, this is very important to me. I could write very well. And now I couldn't write at all.

So, but I, it's like in clinic, I'll write L for labs or X for x-ray or me scribbles. But then I have to dictate that very quickly. Once I get back to my office, because in five minutes, can't, don't remember what I wrote and I can read it.

But yeah, so I couldn't write, I lost some of the hearing on the side. I've really loud tinnitus in this ear as well. It's like a jet engine is right here the moment I'm talking to you.

That's, like, that kind of sound. And then I had trouble with balance. So I just learned how to become, give injections with this hand. This hand became stronger for me.

You know, it's hyping on my… On dominant hand? I had to learn how to type more with my non-dominant. I did learn to do a lot, but then it's all about repetition, right?

It just, it was all that repetition. So, you know, I was in rehab, and I learned about Frank Goebel's Ladder, the Forgotten Father of Rehab Medicine, taught everybody I know that because I like to teach, so I'm teaching everybody about it.

But then I really read up on his techniques. And so then his whole thing was whatever you're going to for rehab do it quick and do like a thousand times over.

So I would, I had printed out 510 twisters from the internet and I will go through them three times a day. And the ones that were difficult, um, teeth and the one's that are easier to remove from that pile.

But I did that for two months to clear up my speech. I learned I have to move my tongue differently on the inside to get the right sound on outside. So to me, it feels like I'm slurring, but people in front of me say, no, you're not.

but I feel like they am because I am living it differently. It was that kind of stuff. A lot of self-reapp. And so then in 2020, I'd always done medical education because I like to teach, even as a fellow and stuff like that.

But then I went back to work in 2016, and I had the stroke. Three or four years, it just kind of gelled. And then about a couple of years ago, before the pandemic, I started this series at work called mansplaining rheumatology because my staff would always come to me with the same questions over and over again.

Oh, and like, dude, I told you this five times already. How could I not know this? So then I start the series where it was just once a week, five minutes during the lunchtime where I would just go through a room such with disease.

And I was put in the history right after Sweller. Like this is how it started and this, you know, this how we got here. And this was what we do. This is why we could do it.

They loved it and then I turned that into like a YouTube thing in 2024. So I did, but I. Did medicine in 2024 and now in 2025 I'm doing rheumatology. During the COVID.

Because that telemedicine rate, I had more time. So I wrote that book and I hate writing. I really, really hate reading. It's like one of my heroes stories with this.

And it's leading on paper for me. so I would write a line a day and then it took me eight months. A line of day. At the end of eight, months, think I got like a 17 page document on word perfect.

Then I turned that into a book. Well, so tell us about that. I mean, I want to reflect a little bit on unpack this because you shared this crazy story at age 42, you got pretty devastating stroke.

You got hemiparesis, You had cerebellar involvement. With that, it sounds like ataxia, language involvement, but you really had a significant amount of rehabilitation to rehabilitate your speech and your ability to walk and get

around and you still have Deficits to this day, but how cool is that that you were able to go back to work and find some ways to do it?

And even though writing is obviously very challenging for you, you are able. Write your thoughts down over a period of time and kind of get your words into more of a concrete statement.

So you could talk about it. What's the book called? What did you write? It's called One the Doctor Has a Stroke. It says very short book because what I did was when I wrote the book and like, I don't like writing, so I like Ted Talks a lot.

Sir Kenneth Robinson was my favorite speaker. So I read a book about Ted talks, like how to make the perfect speech. And they were like only make things that are 17 minutes long because after that people don, you know, they lose interest.

That's why this book on Word Perfect was 17 pages. I kept paring it down, parying it until the 17th. So I made it so that it's something more geared towards the patient.

It's very simple words, but it kind of like one of those Warner brother cartoons where your audience can be at different levels, right? So it is for a patient to read that takes like 20 minutes.

Basically what happened to me, live stream the stroke and then how I rehabbed and how other patients can do what I did just as easily and hopefully get the same benefit.

Thus it was one those things where I had to do it. Well, so where can people find that book? Well it's on Amazon. I felt published it on amazon back in 2020 when the doctor has a stroke.

Well and I want to hear a little bit about you. You said you felt that you had to you're compelled to write the book and it sounds like the intended audience wasn't fellow physicians.

It was for patients who have been through challenging circumstances. Yeah. Yeah, it was for both ends, I think, just to see it as being like I was, you know, intubated in a way, because in these positions, so I wanted the physicians to kind of see how they look to me.

But then I also wanted to patients to care. The patients was more the rehab part, like this is what you need to do to get back to hopefully where you were.

And for physicians is more like, this what your patient is saving. But it was kind of like, you know, that quote by Muhammad Ali, the boxer, right? Where he said, in service to others is the rent you pay, or your room on earth, something like that.

So you have to give back. I feel like the universe, like literally everything lined up, having that neurologist there who knew what he was doing, getting the TPA in time.

Because if I'd gone to other hospitals, I had neurologists tell me that we would have never given you the tPA. Because he had a vertebra artery dissection too, and I guess he don't do that in that, whatever.

But having the right neurologist, having their right care, the best family and that support and all that stuff. So everything kind of, Mary and Joy is their local rehab place here.

It's one of the most, I was able to go there. Now I should probably not question where I work at. They did a really great job. A lot of things just kind came together at the, right place for me to have the stroke, but then also for to recover.

I felt like I had to give that. Yeah, you felt compelled to share your story, not just to like say, hey, this is me, but to tell doctors, Hey, when we speak doctor, and not everybody understands, to be intubated and be conscious and

alert as a unique experience that nobody wants to have.

And to be able to relate to your patients or to other patients who experience really severe issues and say there is a way forward and these are some steps that I took and maybe you can too.

I think that's neat that you felt not only the compulsion to do it and the desire, but then you actually did it. You wrote a book and I'm sure it's benefited those who have read it Yeah.

It's a very short read and it's like a 20 minute read. And it basically is there because to me, I didn't know how much I desire had to do health literacy stuff.

I did it know that was the thing for me. Cause I've done my research project and fellowship on health, literacy, like what prevents lupus patients from getting the right care and stuff like that.

Low health or literacy was a big one. But I become more and more interested in that. So that was why the YouTube channel, that's why I go throughout survivor groups.

I got my local senior center. That's, I'm giving these talks just to hopefully, cause I always thought, you know, when patients said you explain things, but I was like, Oh, they're just being nice.

You know? It just, it made a scary situation. Well, scary. It's very nice to them. But when I became a patient, and I realized that what they were saying is right.

Doctors don't explain. Because we're way up here, which is great education-wise. But really, my rule of thumb is if a 13-year-old, if my 13 year old nephew can't understand it, then my patients can either.

So that's a rule that I make in my head. That's good way to think about it. Communication implies that both people are receiving the communication. And so if you speak in high doctor speech, and you talk to somebody that doesn't speak that basically that same language or have that vocabulary, the communication is not really happening.

Like you're saying it, but the person you are explaining it to is now receiving it and therefore communication does not happen. It's good for all of us to kind of check ourselves.

Am I using words that a 13 year old would understand? Am i saying in a way that I'm explaining in such a that the persons going to go home and be able to explain it their family.

You know, because I think that's when good communication happens. The person who receive the information should be able to go then explain at least the basics to somebody else.

And if they can't do that, then we haven't really communicated effectively. So I'm glad that you were able explain that. Yeah. When I did the research thing at Loyola and my fellowship, most people's medical literacy is at eighth grade level.

So that's usually about 12, 13. I mean, they may be very educated otherwise, but their health literacy or their medical terms that they know is that eighth-grade level when you think about it.

That's kind of where I got that number from. Yeah, it sounds like you started this YouTube channel. It's a present to yourself, right, as a physician.

If your patients understand what you're saying, that makes them more compliant, which means less complications, because you can sleep better at night, so it's present yourself if you communicate effectively with them.

What's your YouTube channel called? You talked about mansplaining things to your staff. I wondered, what do you call your a YouTube channels to explain things?

I think that's a good idea. It's called mansplain medicine. And I ran it by a 20 year old son of you at the time, like my sons and their friends and stuff like, you know, is this in this day and age to use this term and.

And some of my patients, it's funny, my older patients love it. And my patience that are like less than the age of 50 love, but that category, like 30 to 60, they don't like it at all.

Oh, really interesting. But they perceive it as paternalistic or whatever it is. Yeah. It's not meant to offend anyone. Nothing like that. No, its like tongue in cheek.

Its just kind of funny. Right. It was just funny. You know, it was funny and it kind of, I think it makes younger people want to click on it more, you know?

Because they're like, oh, what's this stuff like that? because they are interested. That's what my son said. And a lot of my sons friends are like subscribers.

I said it's so weird when I see a YouTube video sent to me and that's my mom. Speaking about something. But yeah, so that's how it started. So I did a series called Man Swinging Medicine all last year.

And I'm the type where if I find something difficult, I'll do it first and I do more often until it becomes easy. The Man's Swing Medicine videos, was releasing one per week.

There's a lot of writing, a lots of photoing and editing. Then Rheumatology this year, now I am doing one YouTube video every two weeks. I take two week's time to write it out and edit it.

Because even though it's more like a four or five minute video, they're not very long. I think the longest is like 10 minutes. They're, not, very, long, the idea is that they take a lot of takes behind the scene because they slur.

Writing the Book and Teaching Patients

So I have to do it at the right time of the day. And I had to get from memory. It's not something I can read off of. Practice, practice, that takes a while.

Yeah, I had a podcast guest a while ago, Eric Arzoubi, another awesome person. He talked about the idea that we can scale our impact. And that's what you're doing.

You're saying, okay, i have learned how to communicate. I've learned, how, to write and explain things. and instead of just having it affect those few patients who come and see you, you are scaling that impact to say, here's, what medicine is.

Here's information for people that could use it. here is information that can be useful for doctors and patients. So you kind of scaling, that, impact, good living example of that.

You know, I'm going to go all fangirl here. I love Eric Gershubis. He is so cool. Yeah, but I think there's all three and I listened to his podcast with you.

And I mean, he's just such an amazing person and you know what he did and the choices he made is just like a touch them into how good his heart is and in the right direction that he is going in.

So he was one of my people that I follow on LinkedIn all the time and always reading his stuff and commenting on it if I can. But he, yeah, that terminology they use, right, scaling your impact.

Telling you're in tight. Yeah, and that was the thing because when I wrote the book Amazon has this rule that you have to price your book at this minimum level or if they won't print it and so I didn't want people to have To buy my book to be able to read it type of thing or that's the only way they're gonna get this information So that why the YouTube is free, right?

It's free for everybody So then I just that I started doing the the youtube stuff because I wanted more patients to get it without having to financially consult that risk or pay for it for say Well, so on this journey, you've gone through being a doctor, being patient, I've shared pretty openly on the podcast.

I had similar experiences being in a patient and being doctor and it's kind of hard to wear both hats the same day, but sometimes that's just how it is.

What are some of the key takeaways you would tell some our audiences to think about? What is it like to kind navigate those waters between both worlds?

You know, I would say it, you know how in residency or medical school be compartmentalized really well, right? When we're on a shift, we want to call, compartmentalyze.

We're taking care of the patients. They'll be in that moment. Do your day job. But then when you're at home, do your home job, try not to mix the two too much.

Try to get it work-life balance where, like, now I do clinic three days a week, but I teach the rheumatology folks at Loyola a couple of times, one day a weak or every other week.

I do lectures for the medical schools. I'm doing these YouTube videos, things outside of just work. Not everything has to be just about work, so making your schedule such that your work kind of revolves around your life, not the other way around.

That's what I would say. And number two, I think it's so important is just live within your means. Yes, you'll see your colleagues or whatever do these fantastic things and that's great.

But Leo has taught me you really have that peace of mind, the more debt-free you are, and the less debt burden that you carry. So if you can, give yourself some financial freedom that way.

And that's, you know, I've been lucky to be able to do that. No, thank you so much. Those are the two things that I would… And then the third thing is probably…

The third I was going to say is take care of yourself. Like, that was the one thing I wish I'd done. Take care your health. Because if your not good, then you cant help anybody else.

That's just not going happen. Oh, those are good words of wisdom. I wanted to reflect back for a minute. i'm thinking back to my own experience. When I had the tumor, I've shared all this.

It was kind of a moment of real great clarity and uncertainty. You don't know in that moment, what's going to happen in the future. Am I going be able to go and take care of my family?

Will I be to work? Because you just don' know and you really boil it down to what really matters in my life. In those moments when you feel like everything is threatened, you say, what's important to me?

What's my family? The next step is how am I going to take care of what is most important? How is my finances? And then what am i going be able to do with the rest of my life?

Because you just don't know. You went through a similar process because you had an extensive rehab and you didn't at the beginning what that was going look like.

I'm just curious on your thoughts when that happened, when you realized it was a stroke and you went through it. How did you navigate that time of uncertainty and doubt and stress?

Because it's such a unique, crazy, challenging time when it happens. You know, whatever the stroke had knocked down on my brain and knocked out the part that worried about those things all the way through.

I was like, I have to go back to work. Have to take call and decide. That's so focused on that. But I think the biggest thing was one of my friends, she said, you know you're only truly irreplaceable to your family.

She said to me, nobody else can be a mother and nobody can beat the wife. Nobody else will be the daughter or the sister, but they are always going to hire another psychologist.

So you had to learn how to prioritize. And I think when she said that to me, that's what, but in my mind, it was a matter of if I'm going to give up, is like, when am I going go back?

How can I modify it so I can go out? Because I was, It's kind of like when you try to get into med school, like I didn't have a plan B. I know a lot of people, if they can't get in med School, they'll go into research or do other things.

and I've had younger people come to you and say, you know, what was your plan being? I just didn' have one. In this case too, I really didn''t have. One.

And Lee, when he was visiting me in rehab, he said, you're too young to not work. He's like, You're only in your forties. You got to keep working. And so my whole focus was coming back.

There was no other option for me at that. I don't think I ever got into the point where I thought I couldn't do this. I'm so thankful you were able to do that.

It sounded like it took a tremendous amount of work because the rehab process is lengthy. I mean, I went through a big rehab myself and as you go through it, you have to be kind of laser focused on this is what I want.

But above all, that you made such an important comment. They can get a new doctor, but they can never get the new you. Your family is of highest importance.

They will never have another person that can take the place of a mother, a sister, an aunt, you know, all those things that are the most important roles of our life.

And I remember thinking much the same, like, okay. I want to be a doctor. I wanna be able to give back. And if I could do it again, I would want it to a be doctor, all those wonderful things.

But the very top of the list is I need to around to raise my kids.

Lessons on Balance, Finances, and Self-Care

Want to make sure that I'm a good husband, a father, good uncle, and good son. All those things that really matter when you think about your own life and what really matters.

When you look in hindsight, you say, well, had a great career and I had good job. But more important than that was those relationships, the things that happen at home.

And I also thought it was great that you said, you chose your whole career so that could work to live and not just live to work. You made it so you could have a little bit of adaptability to make sure that were able to be an excellent parent.

I hope so. I don't know how they're going to turn out. We hope that I've got four kids. So far they are doing great, but I still hope they will continue to make good choices.

You never know what impact you really have on your kids until years later. But, well, so Shaiva, you shared this wonderful experience. I feel like, just some points I'm going to take away from is live frugally and so that your finances are in order, work to scale your impact, meet your patients where they need to be met, as far as how we communicate, and you can relate to patients so well because you've been a patient and a doctor.

And I think that those are lessons that I will take from this and I hope all of our listeners will also take that away as they've listened to this. Do you have any other thoughts or anything else you would want to share with our audience as we kind of wrap up here?

I would say, when you're in residency, you live at the poverty level, right? And when your in fellowship, a little bit more. So try to keep that fellowship lifestyle for a bit longer and just pay off as much debt as you can.

Try to pay of your student loans. It just helps so much more because you don't know what's going to happen in a line. Pay off whatever you tan in those lucrative years when they're making a lot of money.

Just bite your tongue for another 10 years and do it. And then that way you don't have to worry as much because if I had a student loan now, it would be horrible.

But just trying to be debt-free going, hopefully, or be less debt in your 40s if you can. That's true. You wouldn't've been as comfortable cutting back your patient load or your hours if still had that big debt that you were paying back.

No, no, not at all. Well, thank you so much for sharing. I think the real lived experience that you've shared is inspirational and there are just only so many physicians and so other doctors who may be going through a hard time can listen to this and draw some inspiration and say, okay, well, if Sheba can do it, maybe I can too.

So thank for you sharing it. Appreciate you taking the time to do that. Well, thank you for having me. And it's so nice to talk to a physician because you know what I mean when I say things like live like you're a fellow.

Oh, yeah. No, we all understand it. Well. Thank you so much. You keep in touch. I appreciate it Thanks for tuning into the doctors making a difference podcast and thank You for what you do to help your patients and your community.

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