When the Doctor Becomes the Patient: Dr. Shaiba Ansari-Ali’s Remarkable Return Transcript

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Podcast Introduction and Guest Background

Welcome to the Doctor's Making a Difference podcast, where we help physicians to be empowered with the tools they need to be 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 Sheeba and Sara 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.

Sheeba, do you mind introducing yourself to our audience? Sure. My name is she there? And Aly, I'm a metallurgist. I work in the Chicago area. I was born in Athens, Georgia, the same position R. E. M.

is from. I was raised largely in Iowa and Midwest and did all my schooling here in Michigan for med school fellowship. That's a good synopsis, very brief.

I'm sure that describes a very long process of deciding and becoming and all that stuff. 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 the first child of first generation immigrants. I'm the oldest child. So that's when my father got his Ph. D.

then we moved to Minnesota when I was young, and then I moved to Iowa, and that's where we settled. He actually was a professor at Palmer College and the chiropractic college, like the Harvard to Chiropractic College.

So he was a professor there. So that's what we wrote. We grew up in the in the Quad Cities is kind of for small cities right around the river. So I was like through Bettendorf and I did my undergrad at Augustana College, which is a liberal arts college.

You only had like a hundred students from local college at that time. Oh, wow. So that's why I did my undergrad in medicine. And then I did medical school at University of Michigan in Ann Arbor.

And I learned very quickly that I had to embrace the colors blue and yellow. But I have to hate red and white together. There's some rivalry going on there, and then graduated from high school, went into residency at Lille and moved back to the University of Illinois in Chicago.

Well, back to Chicago because I wanted to have a family and I needed childcare, and I have a lot of family in Chicago. I didn't have very much in Michigan, so I moved back to Chicago.

Started off as an ob gyn, actually, for about I did that for about a year. As for you, did you did it on like really before. So you did a residency or a residency in Oregon?

I did because six days into it, I'm like, yeah, I'm not going to do this, but I delivered like 36 babies in like 24 hours. And I was like, no. And I was getting up at 430 in the morning to go around the hospital before surgery and like, yeah, this is not the life I want.

And then I'd see my turning there. It was near retirement, you know, doing a C-section with me at like four in the morning. I'm like, yeah, that's not the life.

I want the babies to come.

Career Path to Rheumatology

When I come over again. So I switched that up over the Icelandic contract and I'm very like, I'm like, okay, I signed a contract. I can't leave these guys in the lurch.

And I had good friends in the program, so I'm like, I'm going to stay this year. This is the year I learned what I could and kind of take it with me. And then I switched to medicine at the same institution, University of Illinois.

I did my fellowship and my did my residency there, and then actually had a job all lined up as a hospitalist at one of the hospitals and telling and two weeks of rest for the job.

I did a rheumatology rotation with Doctor Sweater, who was like one of the best attendings that ever was. And he makes everything amazing. He gives you a back story to everything.

So he just doesn't say, oh, we're using this medicine for this. They'll say, you know what? This medicine comes from this and this and studied. And in a nunnery in France, like 12 people that are better on it now.

We use it every day and stuff like that. You always knew the back story I did in two week rotation with them. I'm like, I want to do this. I don't want to be asked, what's I want to do this?

So I went to my advisor and my advisor said, you know what? Like you said, everything would be interesting. So you have to go do a rotation with a boring room class for the night to make sure you really like it.

Morning rooms holding shift learning shall remain nameless. But I did that rotation. I was like, I still like it. And so then I went back and I did it. Then.

But by that time you have to realize, right, a lot of people have a fellowship. They match writing match, not match, but, you know, whatever, they already have their spots.

And so I decided, like, I think I will say like in May of the year and I wanted to do a rheumatology. So everybody said, well, go work for a year or research for a year and then reapply.

But then one person said, you know what? Why don't you just call the program directors in your in the Chicago area and just see, you might get lucky, and I did I called Lady Ola and they said, you know what, the guy who was supposed to come here, he actually can't come here at the last minute with the only crisis.

He just called us yesterday. So if you want to come in and interview, you know you're more than welcome. So then I went there, I interviewed there, and I guess there are two attendings there that are very, very, very different.

And they both like to me, they always if one likes a candidate, the other would hate it. If the other like two can't. This won't be repeated like that.

But I guess I was the only one that they both 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 right program.

I mean, really, they were looking for you. Now and then as six days after I started my about a year, about six years after I started my. Oh, shit. One of my attendings was actually my partner in private practice now and then.

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 can check out my practice? It's like, no first.

Yes. And what are you looking for? And said, you know, I really want somebody I really want three days a week. You know, I have two kids. I don't want to.

I want to work around my life. I don't want to work my whole life. And so he said, well, like about check out my practice. I'm looking for a part time person.

So unlike within a week, I went and looked at his place. Say he like me, I like him, I like to snap that that along. And so like a couple weeks into my fellowship, I 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, you know, because you went to school and they decided, well, hope begins 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 you decided you want to do rheumatology of it. It's, you know, I think a lot of us look back and you kind of give like, oh, yeah, I went to medical school here and I went to residency here, and I got this job.

And it's when you're at the beginning stages of medical student, you think, oh, I there's it's just all going to be linear. I'll do this. But it's not most people you ask them and it's fits and starts and and turns and unexpected things that come into your life.

And you just have to kind of rise to the opportunities that come in. 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.

I'm a big believer in if something as easily happen instrument for you, it's too hard. If you're getting too many roadblocks or too many good people around, you're saying, don't do it, then just don't do it.

Yeah, well, I think often were placed in places we need to be to help make the. We only get to work for a few decades if we're, you know, at most, and you want to be able to make the biggest impact, help the most people and also be able to live your life.

And it sounds like you've been able to find that match, which is wonderful. Yes. Yes, certainly. I'm curious on your you know, you 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 rheumatology? 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 Gerry and the mystery stories.

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

And 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, then everything that author wrote about and stuff like that.

And then I found out that Sir Arthur Conan Doyle is actually Doctor Doyle and Sherlock Holmes. The investigator was actually based on his mentor, Doctor 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 you do this, and your family does this, and you just pick out little things.

So he was using observation as much like, you know, Hippocrates or something. I think he would, you know, actually that's how it comes for him. Making the diagnosis was 90% was history and physical.

And so that's what Doctor Doyle actually wasn't that great a doctor. But you survived. He is much better writer. And so I was I grew up reading Sherlock Holmes not knowing that.

And then kind of rheumatology is like that. 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 and rheumatology, when

I get something that is like really bonkers and like, what is this? There's so many different things.

I try to loop in my rheumatology colleagues all the time and say, help me diagnose the cause. Something's going on. And, you know, sometimes it's not autoimmune, but sometimes it is.

And they present with such interesting, chaotic findings. Right, right. That that's true. That's very true. And we had a couple of conditions as my partner, the Lichtenberg, and he had a couple conditions for me joining him.

And 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 CNE at Loyola, where you train at another hospital, that you have to keep going.

You have to do something that you perceive me and yourself up to date. And then his second thing was, you know, 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 me gift cards or something like that.

And we actually gave all our snap double patients every holidays goodness, which was huge for them. He was always at the thought that there's enough money to go around that you're a doctor, you make the money, there are people that make less than you, and you're not going to get more poor by helping other people out.

So he's like, there's more than money to go around. And it's like, made us put away like 25% of our earnings in retirement. So they did a lot of that stuff too.

But he's like, you know, you find good people and you treat them well. And then his third thing was he was very big and doing charity. So he was like, if you are a physician, it's your own.

It's to give back somehow. And 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 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, that's like two patients a month and they kind of add up.

They can use like, you know, we all have that responsibility. So it's a communal effort. So those are his three conditions. And I kind of set the tone for everything afterwards I like 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. And I think that's good for a lot of areas of life.

If you approach it from an attitude of abundance, I want to help somebody else rather than scarcity, where you say, I'm not going to share, I'm not going to go outside of my little realm.

I think a life is a lot more full and it's more rewarding. And, you know, it 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 in, it stays. And I think I was listening to your podcast with Brian Jepsen, I think, oh yeah, Brian's awesome like that. And he was saying, yeah, and he was saying financial freedom.

Choosing a Flexible Practice and Mentorship

One of the markers of financial aid was being able to give back or being able to do what you want to do for others and not being fearful of having to do that or, you know, not being fearful.

It's going to affect your finances in any way. So I think that was that's these useful thing was, you know, we have money, we make good money, we are financially secure, but we have to it's not good enough for just our home to be financially secure.

Everybody else should be secure on us as well. Yeah. You know, you've heard that phrase before where someone says if you do a really good job, people 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 I'm 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 and your business will be blessed from it. Whereas if you are really mindset of scarcity and you keep everything and you 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 of abundance and generosity.

Yeah, and he was always stressed living within your means. Yeah. Because I see other doctors especially, you know, they buy the fancy cars and the nice jewelry and clothes, amazing vacations.

But monthly they had kind of tied up their money, so much so that they were working to meet their living expenses. And 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's like, your work should be your work, but it shouldn't be there to maintain your everyday things.

He was very big on that. Living within your means. Well, and I think this conversation, you know, about your career and I mean this is really informative because obviously you were taught to to be generous and also taught to be, careful and frugal with your finances because, like, you know, we're going to get into it.

You had a stroke at a, as a young practicing physician, you had something that was just crazy, unexpected at a young age. And and 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, to weather the storm.

So yeah, share with us what you're willing to do 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 work three days a week, then we generated enough.

And as far as a full time practitioner. So within each see you would see a lot more. But I would see like 2020 patients. And that was just the normal for us.

And even see 30 patients that they had no idea that they would do that. So we did generate a lot of returns, etc.. So in 2012, as they got busier and busier at work, and then I was also busier and busier at home, it's kind of like I didn't really have a a place to recover anywhere.

So I, I kind of it didn't management stress. Well you know, there's people that exercise and match was stressful and I wasn't doing that well. So I was getting more and more migraines.

So from 2012 to 2016, I was getting more migraines and I was getting like a cost variance asthma. But I didn't realize that. And I was coughing every 2 or 3 minutes and I would catch a virus in fall and I would cough, but the next 4 or 5 months and then it would go away, you know, I would be, I would say out of mind.

Then at the start, all over again. And it was so bad at 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 tell me because they know I'd be coughing, symmetrical and

different and I was coughing to the point where they say, give an example, because 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, introduced itself, step out and come back in. I took a little bit of the history step, adding to that in the physical exam, step out and to come back in.

Did the some fans separate for come back and ask, do you have any more questions? And that's it was coughing like a lot and I would pour the air and they would give me some nads and they'd be like, your oxygenation is fine.

So I went to the air a couple times and sent me home. I just need to realize that it was it was that steady. And so in 2016, I paid my student loans, which was a big one for me, that is.

So I took advantage of principal Lee was always like, you know, you should always, you know, trying to look for opportunities where you think that's reduce your debt use. Think about that.

So my share is they sold their house in Iowa and they're retiring. I was like, you got whatever monies you get from the house, give it to me and I'll pay my student loan.

But then I will pay you back like thousands of dollars every month until it's, like paid back within a year. I'll just do a big way to support in my practice.

So I 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 paid Dunbar.

And so going into 2016, I was debt free, which was great. Like from a student loan perspective, I was debt free. I had passed my rheumatology boards that January, and that was I supposed to take it later in the summer.

But one of my friends was taking a roofer and I went with her and I'm like, okay, I'll just get out of the way. Cancer. But studying for it went on. And so I did that.

And then finally, after paying everything off and 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 my husband.

So the four of us have Nick. I did all the rides and yeah, it was great. And then that happened. I was in May and then in June again, I caught a virus.

Mr. Coughing at work and working. And one day I was at work and I cough so hard that I felt like the splattershot go down my neck, but I didn't know what it was.

It just wasn't for a few seconds. But it's probably the worst pain I've ever had in my life. And then that pain did. But 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 it was on steroids, has muscle relaxants. It was on everything. And at night I just couldn't sleep.

But during the day I figured I would just keep working. And then about a week later, after that, July 1st, I was sitting at home and remembering, we see like 20 patients, dank like.

So I'm on Thursdays. I never tried, I'm just trying out. So I would just bring home the Friday morning, set down to do my notes, and that's when the room started to spin.

And the weird thing was the two ways, like this way and that way. Like I don't have explain. It's like being on the worst roller coaster in the world, and I don't like little coasters.

So then I went to the bedroom, my husband got him awake and stuff like that. I threw up about five times, and then

I said, you know, I'm going to lay on the floor to get this. I must have vertigo.

I just I'm 42. I'm like, anyways, pretty good. And I think I'm laying on the floor and thinking they have me nurse disease. And I was like, I think that was like 50 year old. I'm really 42.

What is this about? And then that's when I realized I kind of knew, like I could feel everything, but I couldn't. I was choking on saliva. I was like, wow, I'm having a stroke.

And so on the inside, I was alive. I was having like, I could live stream this and that's what I did. My book, I kind of live stream The Stroke and I realized I couldn't move.

So then I went back to, in my mind, medical school. You read about the diving butterfly and the guy who had the, you know, Beasley artery trombone system locked into the syndrome.

So I was like, oh my God, I'm having what he's having. And so then I remember just kind of the next thing I just kind of in and out some of the paramedics and I remember being on a stretcher the night out again.

Then I wake up and know nobody knows what's going on. But the neurologist diagnosed me on three minutes, and then I wake up again, and then something happens in the dark.

Something goes into my body, it's some electricity. And then suddenly I can move everything and wake up in the cath lab on intubated, and they're passing a wire that render removed a strip of pepper.

And I'm like, okay, well, I got some of my feeling back. This guy has to be really sharp. Scalpel. And he's coming towards you to pick it because I knew it was me.

I was like, dad, I hope that doesn't happen. I hope I don't feel that. But then as he came, he made the cut. He got up there, he didn't find anything.

Thank God 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 smaller ones. I guess they ended up in max of the, I mean, cerebellar hemispheres.

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

And then when I was a month in rehab, the first week, I had some competitions and I was very irritable because where they had made the cut to go in the femoral artery to do the, the I, and that one was found out of people that has a sensory artery on the backside of the temporal heartbeat.

Not everybody has that. And so they had a nick that on their clothes. That's it was dripping blood, I mean side. And so about a week later I like bled like a pint of blood on the bed.

And they coded and they carted me off to the hospital. Holy cow. This was a saga. It was like, I'm back to rehab. The whole time. I remember that the doctors were talking to me.

Stroke, Hospitalization, and Rehabilitation

I'm like, they must know I'm a doctor because the words they're using are like, way up here. I was a normal patient. There's no way I would have understood that.

And so I remember even in rehab, I asked nurse, I'm like, you know, I'm a doctor, right? And she was like, you're a doctor. So you did a little stuff.

And it's like just over the years, my patients had always said, you know, you explain things very well that we understand because you have to really take your rheumatology or it's complicated diseases.

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

And so in they're very scary medications. And so my patients were just like you explain things so well. And I was like, yeah, I'm sure other doctors do to you, you know, whatever this nice.

You're a nice patient. You know. 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, you know? Right.

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 that they wanted to do the best for me.

They had a good intention, but I couldn't understand them. It's like speaking to somebody who was in a foreign language and you don't understand them.

You know, I couldn't understand, but I know the other patients couldn't. So yeah. So I got my surgery, used it a month in rehab, and then after that went two months, had self rehab at home.

And as a doctor I kind of did what I did and do what they do. And then months before I was able to go back to work. But remember, I could see 20 patients a day now I could see like sport you.

It was taking me an hour to see each patient also. And it was a very training. Yeah, very mentally draining because I lost the ability to write I can't wait now I can make love even now.

Today you still you still can't write. I can no, no. So I typed everything or I'll, I'll put like if I have to order it. Like I can't read my own writing.

Like I write like a doctor, like before I go to prison for my writing. Peter, this is very important to me. I could write very well and now I couldn't read it all, so.

But I it's like in clinical trials for labs or EDS for x ray are army scribbles. But then I have to dictate that very quickly once I get back to my office, because in typing this I can't I don't remember what I wrote in.

I can't read it. But yeah, so I couldn't write as well as some of the hearing on the side. I was really loud, and it was in this era as well. It's like a jet engine is right there.

Don't happen to you. That's like that kind of sound. And then I had trouble with balance, so I had to learn how to become like, give injections with this hand.

Like this hand became stronger for me. You had to go with, you know, with typing on the on dominant hand. With the other hand, you're not going to learn how to type more with me.

I did learn to do a lot, but then it's all about repetition rate. And it just it's all about repetition. So now I was in rehab. I learned about Frankel's letter, the forgotten father, rehab, medicine, everybody.

I know that I like because I'd like to teach us, teaching everybody about it. But then I really read up on his techniques. And so then his whole thing was, what are you going to do for rehab?

Do it like and do it like a thousand times over. So I would I printed up 522 stories from the internet, and I would go in three times a day, and the one that were difficult out of teeth and the ones that were easy materials from that pile.

I did it for two months to clear up my speech, and I learned I had to move my tongue differently on the inside to get the right side on the outside. So to me, I feel like I'm slurring the people in front of me saying, no, you're not, but I feel like I am because I know I live differently.

But it's that kind of let us help rehab. And so then in 2020, so what? Have a treat. And always been medical education because I'd like to teach even as a fellow and stuff like that.

But then in 22 I went back to work. In 2016 I had the stroke 2003, four years, and I just kind of gelled. And then about a couple of years ago, before the pandemic, I think I started this series at work called Mansplaining Rheumatology, because my staff had always come to me with the same questions over and over again, like, dude, I told you this five times already, how could I not know this?

And so then I started this series where it was just once a week, five minutes during the last time where I would just go to your room and I was going to make history like Doctor Swindler.

If this is how it started and this is, you know, this is how we got here and this is what we do. This is why we do it. And 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 I'm 2025. I'm doing rheumatology. So during the Covid because that telemedicine, right. I had more time. So I wrote that book and I hate writing.

I really, really hate writing. It's like one of my heroes stories like this. Then it's like bleeding on paper for me. So I would write a line a day, and then it took me eight months.

I wrote a line a day and and eight months. I think I got like a 17 page document and word perfect. And 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 have shared it, this crazy story. At age 42, you got pretty devastating stroke. I mean, you got hemi paresis, you had cerebellar involvement is you know, what that sounds like ataxia, language involvement.

I mean, 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 were able to 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's a it's a very short book. Because what I did was when I wrote the book, I'm like, I don't like writing.

So I like Ted talks a lot through. Kenneth Robinson was my favorite speaker. I like was 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't, you know, they lose interest. And so that's why this book on works perfect with 17 pages.

I kept hearing it down. Bring it down until the 17th. So I made it so that it's something more geared towards the patient. So it's very simple words, but it's kind of like one of those Warner Brothers cartoons where your audience can be at different levels, right.

So it's for a patient to read that takes like 20 minutes. Basically what happened to me live stream the stroke and then how I rehab and how other patients can do what I did just as easily and hopefully get the same benefit.

So that's it was one of those things where I had to do it well. So where can people find that book? Well, it's on Amazon. I found 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 from both ends. I think that's the key to being like, I was a you know, I was intubated in the week I was in these positions.

So I wanted the position to kind of see how they looked to me. But then I also one of the patients to chair 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 is what your patients saving. But it was kind of like, you know, like, well, by Muhammad Ali, the boxer, where he said his service to others is there rent you pay rent or your room on earth.

And like that. So you have to give back. I feel like the universe, like literally everything lined up, like having that neurologist there who knew what he was doing and then TP in time the fights going to other hospitals.

I had neurologist tell me that we would've never given him the TPA because he had an upper chamber dissection too. And I guess you can't do that in that. Whatever.

But having the right neurologist, having the right here, having the best family and that support and all that. So that's everything John and Mary enjoy is their local rehab this year.

It's one of the best. I was able to go there now in Chicago, northwestern where I work at. So they they did a really great job. So it was a lot of things.

Just connecting together was a great place for me to have the strength, but that also for me to recover right? Yeah. And you said I felt like I had to I had to get that.

Yeah. You felt compelled to share your story not just to like, say, hey, this is me, but to tell doctors, hey, this is this is how it's perceived. These are some when we speak, doctor, not everybody understand.

And to be intubated and be conscious and alert is a unique experience that nobody wants to have. And 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. You know, it basically is there because to me, I didn't know how much it is.

I had to do health literacy stuff. I didn't know that was the thing for me, because I've done my research project in fellowship on health literacy. What prevented that this physicians from getting the right care and stuff like that?

Little health literacy was a big one, but I'd become more and more interested in that. So that was why the YouTube channel, that's my goal. Stroke survivor groups like my local senior center.

That's why I'm giving these talks just to hopefully because I always thought, you know, when patients said you explain things, but I was that like, oh, they're just being nice.

You know, you just, you know, I made that scary situation less scary. That's very nice of them. But when I became a patient, I realized that's what this thing is, right?

You know, doctors don't explain things because we're way up here, which is great education wise. But really, my my rule of thumb is if a 13 year old, my 13 year old nephew can't understand it, my patients can't either.

That's a rule that I make in my. That's a good way to think about it. I you know, communication implies that both

people are receiving the communication.

And so if you speak in hi doctor speech, you know, 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're explaining it to is not receiving it.

And therefore communication is not happening. It's good for all of us to kind of check ourselves. I'm I using words that a 13 year old would understand?

Am I saying it in a way that I'm explaining it in in such a way that the person is going to go home and be able to explain it to their family? You know, because I think that's when good communication happens.

The person who received 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 to explain that. Yeah. And when I did the research thing at Loyola, at my fellowship, most people's medical literacy is at eighth grade level.

So that's usually about in school texting. I mean, they may be very educated otherwise, but their health literacy or their own medical terms that they know is that it's grade level.

They think about it. So that's kind of where I got that number from. Yeah. It sounds like you started this. Yeah. 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, which means you can sleep better at night, right?

So listen to yourself if you can communicate effectively with them. What's your YouTube channel calling you? You talked about mansplaining things to your staff.

I wondered, what do you call your YouTube channel to explain things? I think that's a good idea. It's called mansplaining medicine. It's called mansplaining medicine, and I ran it by a 20 year old studying who at the time, like my sons and their friends and stuff.

Like, you know, it's this in this day and age, you use this term and stuff like that. In some of my patients. It's funny, my older patients love it, and my patients that are like less than these are 50 love it.

But that category like 50 to 60, they don't like you never. Oh really interesting. But you know, they don't if they receive it as, you know, paternalistic or whatever it is.

Yeah. But it's not meant to offend anyone. It's nothing like that. No, it's like tongue in cheek. It's kind of funny, right? It's just funny. It's just, you know, is funny and it kind of.

I think it makes younger people want to like, fun it more, you know, because they're like, oh, let's stuff like that because they're interested. That's what my son said.

And a lot of my son's friends are like subscribers and I said, it's so weird when I see YouTube videos sent to me, that's my mom speaking out about something.

But yeah, so that's how it started. So I did a series called Me Answering Medicine all last year. And I'm the type where if I find something difficult, I'll do it first and I'll do it more often until it becomes easy.

So the mansplaining medicine videos I was releasing, one per week does a lot of writing, a lot of filtering, editing, and then rheumatology this year.

Now I'm doing one YouTube video every two weeks, so I'm taking two weeks time to write it out and edit it, because even though it's more like a 4 or 5 minute video, they're not very long.

I think the longest is like ten minutes. They're not very long. The idea is that they take a lot of takes behind the scene because they slur, so they have to do it at the right time of the day.

I have to make sure I have everything and I have to do it from memory. It's not something I can read off of side to practice, practice, practice. That takes a while.

Yeah, I had a podcast guest a while ago. Eric. Zuby 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're scaling that impact to say, here's what medicine is, here's information for people that could use it, here's information that can be useful for doctors and patients.

And so you are kind of scaling that impact.

Returning to Work and Sharing the Story

I think that you are a good living example of that, you know, and I'm going to go all fangirl here. I love Eric recipes. He is so cool. Yeah, I think there's all three.

And I listen to his podcast with you. I mean, he's just such an amazing person. And you know what he did and the choices he made. It is just like a touch, no matter how good his heart is and in the right direction that he's going in.

So he's one of my people that I follow LinkedIn all the time, and I'm always reading his stuff and commenting on it by hand. But he's yeah, I think that's, you know, that terminology they use, right.

Scaling your impact. Scaling your impact. Yeah. That was the thing. Because when I wrote the book, Amazon has a 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 going to get this information. So that's why the YouTube is free, right? It's free for everybody.

So then I just that's why I started doing the YouTube stuff, because I wanted more patients to be able to get it without having to financially consult that risk or pay for it really well.

So with on this journey, you know, you've gone through being a doctor, being a patient. You know, I've shared pretty openly on this podcast. I've had similar experiences being a patient of being a doctor, and it's kind of hard to wear both hats the same day, but sometimes that's just how it is.

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

You know, I would say it, you know, in residency or medical school, we can compartmentalize really well, right? When we're on a ship or on a call, we compartmentalize.

We're taking care. The patients will be in that moment, do your day job. But then when you're at home to your home job, try not to mix the two too much and try to get at work life balance.

Where, you know, I did clinic three days a week, but I teach the rheumatology fields that Lila a couple of times, one day a week or every other week. I do lectures for the medical schools.

I do things that I like to do. 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.

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

But Leo is taught me you really have that peace of mind. The more debt free you are and the less debt burden that you carry. If you can, you know, for social and financial freedom that way.

And that's, you know, been lucky to be able to do that. No. But I think some of the things that I would. And then the third thing is probably that's their thing as an artist, take care of yourself.

Like, that's the one thing I wish I'd done. Take care of your health. Because if you're not good, you can't help anybody else. That's just just like mapping.

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 to be able to go and take care of my family, to be able to work?

Because you just don't 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, well, it's important to me.

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

Because you just don't know. And you went through a similar process because you had an extensive rehab and you didn't know at the beginning what that was going to 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 just a it's such a unique, crazy, challenging time when that happens. You know, whatever the stroke, I'm like, sound on my brain and the knocked out the part that worried about those things all the way through.

I was like, I had to go back to work. I have to take call on this. You know, there'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, you know, nobody else can be a mother. Nobody else can be the wise and obviously the daughter and the sister that you're always going to hire another grandchild.

Just so you had to learn how to prioritize. 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. It's like, when am I going to go back?

How can I modify it so I can go like this? So 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, doesn't do research or do other things.

And I've had younger people come to me and say, you know, what was your plan B? And it's just an outlet. And just yesterday I really didn't have one. I was always like, I'm going to go back to work.

And we when he was visiting in the rehab, he too young not work is like you're only you're 40. And so you got to keep working. You got to do something.

And so my whole focus was coming back. There was no other options for me at that. And I don't think I'd ever gotten to the point where I thought I couldn't do this type of thing.

Oh, I'm so thankful you were able to do that. Sounded like it took a tremendous amount of work. Because the rehab

process is lengthy. I mean, I went through a big rehab process 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 a important comment. They can get a new doctor, but they can never get a new you. Your family has to be. I mean, your family is of highest importance.

They will never have another person that can take the place of, mother, a sister and and, 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 want to be able to give back. And if I could do it again, I would want to be a doctor, all those wonderful things.

But the very top of the list is I need to be around to raise my kids. I want to make sure that I'm a good husband, a good father, a good uncle, good son.

You know all those things that really matter when you think about your own life and what really matters. I think when you look in hindsight, you say, well, I had a great career and I had a good job.

But more important, that was those relationships, the things that happen at home. And I also thought it was great that you said, you know, you chose your whole career so that you could work to live and not just live to work.

You made it so that you could have a little bit of adaptability to make sure that you were able to be an excellent parent. I hope so, I hope I'm an excellent parent.

And that's something like that's what I hope to I for a for all of us across everything, we don't know how they're going to turn now. I hope they I've got four kids.

I hope that so far they're they're doing great. But I hope that they will continue to make good choices. And, you know, I hope that I still have impact on them.

You never know how much impact you really have on your kids until years later. But that. Well, so yes, you shared this wonderful experience. I feel like, you know, 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.

Closing Advice on Finances, Health, and Balance

You know, 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 away from this.

And I hope all of our listeners will also take that away as they've listened to this. But 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, you know, when you're in residency, you live like at the poverty level, right? And when you're in fellowship a little bit more so try to keep that fellowship lifestyle for a little bit longer and just half as much as you can try to pay off your student loans.

It just helps so much more because you don't know what's going to happen to line. So just, you know, whatever you can in those lucrative years when you're making a lot of money, just bite your tongue for another ten years and just do it.

And then that way you don't have to worry as much because I had a student loan, now it would be for evil. But just trying to be debt free going hopefully, or being less debt in your 40s if you can.

That's true. You wouldn't have been as comfortable cutting back your patient load or your hours if you still had a big debt that you were pushing 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's 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 Shabba can do it, maybe I can do it too. So thank you for sharing.

I 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 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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