

Ep 157 Rinki Transcript

Sarah: Welcome to the SLP Happy Hour podcast. I'm Sarah and SLP in private practice in Oregon, and today's topic is making career transitions. We're going to talk about how to know when it's time for a change, how to get over the fear and overwhelm of wanting a change, but not knowing what to do and reminders that it's never too late to make a change. If you want to connect with me or read the show notes for this episode, they are at SLP Happy hour. If you'd like to interact with my work. I'm also a speaker on burnout and I have a Teachers pay teachers store called SLP. Happy Hour. Now onto the show. Today's guest is Rinki and what we'll do is why don't you go ahead and introduce yourself and then I'll do the same and we'll talk about career transitions we've had and settings we've worked in.

Rinki: Okay, That sounds great. Well, hi, everyone. I'm Rinky Varandani Desai. I am a medical speech language pathologist specializing in dysphagia, management and adults. And among the many things that I've been involved in clinically and with respect to education and leadership. I'm also an entrepreneur and co-founder of Step the Swallowing Training and Education Portal, an online education platform focused on swallowing and swallowing disorders that you can find at stepcommunity.com. So thank you so much for having me, Sarah. I'm really excited to be in conversation with you today and to share my experiences with regards to the many career transitions I've had and that I'm currently in the midst of. Hopefully that will help your listeners and provide some guidance to others who might be in similar transitions as well.

Sarah: And let's go ahead and talk about our careers. I can start - so I have been an SLP since 2007. I worked for many years in the schools as an employee. I went through burnout. I worked for many years contracting in the schools and doing a bit of telepractice and traveled out of state for the school I was contracting with. And this is actually the first school year that I am full time in my private practice. I really enjoyed contracting for schools, but like a lot of professionals, Covid and all of the changes within education were just really unsettling and realized, you know what I've got... I have enough clients that I could go full time with my career, and I'm absolutely considering a shift. So right now I see students full time. And what I've explained to my friends sort of as a joke, but it's not a joke, is that being an SLP makes a really excellent part time job and a really difficult full time job. And what I'm realizing is that this job takes a lot of energy. And whereas before, when I thought about energy, I just thought about physical energy. I've recently learned there are lots of different kinds of energy. So being an SLP takes my physical energy because I'm working with younger children and running around and swinging them on swings. It takes my mental energy because our scope is so huge and I always want to know what what are the latest best practices? So physical energy, mental energy and also emotional energy. So to work with families (and parents usually sit in on my sessions, especially with a new diagnosis of autism, for example) who are just going through a lot of feelings, maybe some loss and grief. I'm realizing that my one job is draining my energetic capacity in so many different areas. So my goal for the next five years or two years, if I can do it, is to spend more time doing teachers, pay teachers so that I can work with a computer and not a human, mainly because I'm like - you know what? I need to conserve my physical and emotional energy and not come home being so exhausted. Because the bigger my caseload is, the more exhausted I am. But when I have a

smaller caseload within my private practice, I feel like I have more energy to maintain a life outside of the career.

Rinki: Yeah, I think that applies equally to health care. And, you know, anything we do in the SLP world, even if we have such an ever widening scope of practice and so many settings now that we work in, it's it's kind of all the same. We are a behavioral science and we're dealing with people every day. And we, you know, they teach you the theory and the knowledge in grad school, but then the counseling aspect, the emotional aspect of things, the need for continuous learning and staying on top of your license and, you know, forever chasing down CEUs for that patient population you want exposed to, It's it's extremely stressful. And burnout is real. Like I used to think it (at least for me) it happened a couple of years into the profession. But I'm I'm talking to students and CF's and people who are feeling it in the first year of practice, which is really sad. And that's not how our job should be making us feel.

Sarah: And do you mind? Just because I haven't, you might be my first medical SLP who I've had on the show. I haven't had very many. Do you mind talking about the different settings that you've worked in, maybe the pros and cons or how that experience was for you within the medical setting?

Rinki: Yes. So I'm a really passionate medical SLP. That was kind of my life's dream and it's an honor that I'm one of your first guests on the show who get to kind of represent the healthcare side of things. And I'm from Mumbai, India. That's where I grew up and spent the first 20 years of my life, chose SLP as a career which is lesser known in my country, and there was no master's degree at the time that allowed me to just specialize as a medical SLP. And, you know, America has this huge impact on people around the world, which I think a lot of my friends here don't realize. So everyone knew Asha and I had this dream and starry eyes of coming to the United States and pursuing the American dream and just, you know, becoming an Asha certified medical SLP. That was like my dream. And that's what brought me to the United States in 2009. And I did my masters at UT Dallas.. My training and my first job, my CF and my first four years were in Dallas, Texas in acute care, which acute care setting is like you're working in the hospital, you're with medically complex patients, you're in and out of the ICU. It's kind of considered by many as the as the best and most coveted job for a medical SLP, because you truly get to like work alongside physicians, make decisions for your patients. And again, you know, just set them up for success and recovery and send them along the continuum of care. So you get to do a lot of swallowing. And if you enjoy the medical side of things, it was very challenging and interesting. And then I got married and was supporting my husband, who was going through his medical residency and training and all his fellowships to become a physician, which prompted a move from Dallas to New York. And because of my visa issues as an immigrant, like it's really hard to get a work visa in this country. And I couldn't find an acute care job. So it prompted a career or setting change to then go from acute care, which is one end of the medical spectrum to the other end, which is long term care and skilled nursing facilities. So now you're going from working with people who are extremely acute, medically complex to people who are literally degenerating at the end of life, have Parkinson's and dementia, and everybody was above 80 or 90 and just a whole different world that you're thrown in with just a

lot of negative narratives surrounding how bad SNFs can be, how unethical the work can be, how productivity demands are going to kill you. And so the next four years of my life were dealing with not just the negative like conversations and administrative issues of working in a SNF, but also figuring out at the age of 24 or 25 how to deal with end of life conversations and peg tubes and deciding how to decide if someone needs to eat or not, and just, you know, grappling with the whole other side of being a medical SLP. And then following that, the next four years. I've most recently been in an academic medical center in Mississippi where I've been working as an outpatient medical SLP in a hospital setting, which again has been the most fulfilling job I've ever had. But again, each of these came with their own set of like challenges and lessons and just growth opportunities and also a lot of self realization and understanding of the challenges of our profession. That doesn't necessarily always set us up for success. So I think the ups and downs, whether you're a school or a health care SLP with each setting change is part of the journey and part of the process. And it's just taught me a whole lot and I hope we can kind of discuss some of those things further as people go through their own transitions between settings in this field.

Sarah: That was really great and really interesting, especially since your career trajectory is, you know, medical and pediatric is just so, so different. So hearing that was so nice. So our first topic is how to know when it's time for a change so I can introduce this if it's helpful of just a time that I've known that I've needed a change. So. Let's see. I can talk about my most current change. I've noticed that I'm coming home really tired and like not even having the energy to have a conversation with my partner at dinner. Um, sometimes I'm resentful of the work I do, but I'm working really, really hard, so. I, I just, I think how to know if it's time for a change. It is easier to imagine that you're on a hiking trail to look backwards and be like, Oh, I see. The trail was winding because we were going up this mountain and now I'm at the top of the mountain and our path that as SLPs can also be a winding road that can make us really doubt ourselves. Like, Oh, I must not know what I'm doing, or Oh, I must not work hard enough. And so a big part of me for how do I know if it's time for a change is considering how I feel and honoring that and listening to that. And instead of pushing my intuition away and saying, Oh, I should work harder, which is what I did earlier in my career, or maybe I just have to learn more about the certain disorder area or maybe I need to give more to this family emotionally or whatever it is. When I found myself unsatisfied or just feeling sad or feeling really energetically drained, I would think that it was a problem with me. And now I genuinely ask myself, Is there something that I need to change in my behavior at work, or is this work unsustainable for me?

Rinki: Yeah, I think I kind of resonate with a lot of that. And I've had actually very insightful conversations with mentors and people who've gone through changes before me that interestingly came in from a different generation where you kind of got a job and stuck with it, especially at least that was true in the hospital setting. Like you would have been crazy to leave that coveted medical job with all the benefits. And you know, they stuck it out for 20, 30 years. So their perspectives were very different from conversations I had with my peers or just people younger than me, even who had made career shifts, who just had a very different approach to what a traditional career ladder looks like. And I think what I've recognized is that one of the biggest reasons for change is exactly what you said either a lack of fulfillment or those

persistent feelings of stress and burnout, which is not how your job should be making you feel. It shouldn't be affecting your physical and mental well-being. But for a lot of other people, like you could have a great job with great benefits and there really isn't like anything seriously wrong with it. But you may not just have growth opportunities or you might be feeling stagnated or you might have a shift in your own interest and core values that no longer align with this job you're in. Um, or like I said, I had to move jobs because of physical relocation. Or most recently, I have decided to start a family. So I've recognized my strengths and weaknesses and know how I get when I'm stretched too thin and have recognized that even if I'm the best job of my life and finally thriving as an SLP, the demands of that job may not allow me to be successful as a parent, and perhaps that is more of a priority for me than going to work and working at 9 to 5. So it's it's such a deeply subjective and personal decision and there's no like path or algorithm per se that says this is when, you know, you have to switch a job. And, you know, I think, like you said, your instinct, your gut feeling, your intuition is the most powerful guide and you will know if something's off, whether it's financially, emotionally, physically, whatever it is, like you will know if something is just no longer a good fit for you. And I think it's completely okay to take that leap of faith and find a better career path for you and trust your intuition and listen to your inner voice.

Sarah: Yeah. And I think also I, I have been in the past pulled into this very black or white thinking of or almost catastrophizing like it's either the job or it's me. And I think that that can keep us from making forward motion when it's time to make a career change. So I've made two, you know, work setting changes at this point. And I'm trying to really think of it now as what if there's nothing wrong with my job? And what if there's nothing wrong with me? But there just isn't alignment here right now, And I don't need to blame myself and I don't need to blame my job.

Rinki: Yeah. And there's so much guilt, right? Like, there's at least when I was navigating setting changes and most recently, like I said, even considering resigning from clinical duties, at least for me, with that whole immigrant experience, I was like, I left my country and my family behind to do this one thing. And now I'm I'm thinking about resigning. And it just there was just so much immense guilt associated with that and just feelings of, um, what I started reading about and exploring called sunk cost bias, where you just feel like you've invested so much time and energy and resources into something. So now you're like, Oh my God, you know, even if there's a better option out there, I just values all this time and energy I've put in, so maybe I just need to stick it out even if something isn't working for me, or just that feeling of, you know what, I'd rather stick it out or protect what I have than risk something that might be better, but that might also be the thing I regret the most. So, like, I think that the fear of the unknown and the guilt associated with sometimes leaving something that you've worked so hard to achieve can be really overwhelming and can be the biggest obstacle that we might be self imposing from making us making these career changes.

Sarah: Yeah so that's it's considering is a career change a failure - because I think some of us think that it's a personal failure when we need to change settings or even leave a profession or leave the profession entirely. And some of us feel like it's a social failure. So what will our

parents think or our siblings think or our partner's family think? And ultimately, I think it's helpful to adopt a perspective of this is a shift, right? I'm a ship in the water and I'm adjusting my sails. This isn't a failure where I'm starting completely over. I can take all the experiences that have led me up to here and all the things I've learned and leave them with gratitude and for what they've taught me as I go on to my next step.

Rinki: Yes. And I, you know, five years ago, maybe even pre-COVID, I think I would have even never considered even resigning clinically or all of these, um, setting changes that I talked about. I had never viewed those changes as massive shifts. They were always transitions. But I also realized that I was always jumping from one thing to another and never even spent a day, like you said, honoring the lessons or the growth I had in that particular setting. What it taught me, reflecting back on kind of how it helped me grow as an individual and what kind of impact I had on my patients and my community, I think I just kept going because that's what society expects of you and the world tells you to do to keep hustling and but you never really are flowing. Then you never really find time to just be and like you said, honor your journey. And this is the first time I did do that. And I just left my job feeling like this is the best decision I've ever made. Feeling immense gratitude for this. The chapter that has been and like you said, taking the time to honor myself for everything that I have been through and everything that I've given to my community and to my patients, and then allowing myself to not think anything or do anything for the next couple of weeks before jumping to the next thing. And it's it's been really helpful because what I realized this time around is that the ultimate sunk cost is being at a job that you're no longer excited about. And it's such a disservice to your patients or to your students if you're just showing up every day just because but you no longer actually care about what you're doing. Like it's that's actually the the biggest failure, right? Because you're now you're just impacting other people's lives as well. And I think it takes a lot of courage to recognize what's not working for you and step away from it when the time is right.

Sarah: When you make when you have made career changes, have you felt feelings of either personal failure or. I know some of them were because you moved or any societal pressure for staying in the same job for years and years? Have you had to deal with those things?

Rinki: Oh yeah. Every single time. Every single time. Especially going from acute care to the skilled nursing facility. It was if you see the conversations in Facebook groups or even from some people I considered mentors, they just were like, This is the worst decision you're going to make. Like you you rather stick it out in a long distance marriage, then switch settings and go to a nursing home because you're never going to make it back into acute care like it's, you know, going to be a soul sucking job, just all of these negative connotations about. Again going from that coveted acute care position to nurse skilled nursing. And what was also interesting is that most like the first medical job you're ever going to likely to get be likely to get is a nursing home because the they typically will hire anyone. They just need bodies in the building. Whereas to be in an acute care position like you have to have a lot of experience training, certifications, exposure and fees and imaging that they don't teach you in grad school. So obviously you're never going to have that experience. So RCFs and young students are graduating and going into these sniff positions. And what I realize is how much harder it was to be in a SNF than

actually an acute care position. Because again, like I said, you're sometimes the only SLP, not just in the building, but probably in the city or the area like far and wide. You don't have access to any therapy resources, you don't have access to instrumental exams for swallowing. Um, you have crazy 90% or 85% like productivity demands by administrators who don't know the first thing about what we do as speech therapists. And you're working with geriatric patients who have multiple comorbidities, complex illnesses, you know, things like dementia, Parkinson's head a neck cancer that you've never been exposed to before, and you have to make end of life decisions for these patients. So I was like, this is the hardest thing I could ever do as a medical SLP and CFs are being thrown into it. Asha doesn't require on site supervision. So oftentimes you're again, just having to grapple with all of this alone and then you're being told by society what what a horrible decision you've made for your career.

I made the best of the situation and I feel like the growth I had in those four periods in what was possibly the most draining job of my life was immense. But I also feel for all the students who are then thrown into these positions where they have no support. And like you said, there's so much societal expectation anyway from what we're supposed to be feeling about our jobs and how we should be grateful for just getting anything that they're now experiencing burnout within the first nine months and want to switch careers completely. Like it's it's a problem that needs to be addressed. But but yes, I felt fear and overwhelming anxiety and guilt every time I made a career change. Was it kind of the same for you?

Sarah: Yes. And I should have left the schools before I did, and I didn't because I was afraid of losing my retirements and benefits, which is funny (not funny in a ha ha way) but I now make enough more in private practice that I can pay for my own insurance privately. So it it really was a wash, like it all worked out. So I definitely felt going from schools to contracting where I because for contracting in the schools, I didn't have any real benefits and I was paid as a contractor to then moving to private practice. I had doubt in my abilities, especially going to private practice. And my private practice is my name. Am I good enough for this? Will people criticize me? Fear of financial failure. Feel fear of career failure. Like maybe I won't do a good job? This is so new and overwhelm - because when we make a shift in work settings or maybe some people are listening who are going to leave the profession, there are so many steps to do and new things to know when we change settings like private practice is not like schools and like in your situation, acute care is not like a SNF. So overwhelm for all of the logistical pieces of changing jobs.

Rinki: Yeah, this made me think of a little bit more of a positive spin on all of this because I. I may be like overoptimistic to a fault, but I always try to find the good in things or like, what was the silver lining from this situation? And I think unless you actually experience the negative, you're not going to even know what you're not okay with. Right. And so I think being in a setting where nobody had done something like instrumental exams before allowed me to then advocate for my patients and I know because of me the next. Many clinicians who come after me will now have it much easier for them because I fought the good fight for our patients in that setting, or just having to know that you only have yourself as a resource. Like it just allows you to reflect and grow so much and then develop all of these easily transferable skills, which I think if I hadn't had it so bad in the SNF and hadn't had to learn so much and push myself to be a patient

advocate and to learn about these patient populations that I hadn't been exposed to before and expand my network of SLPs who I could trust or pursue continuing education. It wouldn't have allowed me to get this outpatient position in an academic medical center, which, like I said, for me it's the best job I've ever had and it truly allowed me to feel valued and to thrive. But I don't think it would have been possible unless you kind of had seen the worst of the worst and just had that opportunity to grow and learn from it.

Sarah: Yeah, I think you're right. And you know, some people call that post-traumatic growth, right? It's the growth that we go through after going through difficult times. And that doesn't mean that like we're going to, you know, paint rainbows and unicorns on our difficult times. We're going to acknowledge they're difficult, but we're also going to say, okay, what did I learn? And it's kind of like it reminds me of dating, right? Like, what would happen if we married the first person we ever dated? I would not be happy today. So. Yeah. So we don't have to marry the first job we ever take.

Rinki: Which I do think I say younger generation. Like I'm old, I'm obviously not. But like, you know, with our students, they're just coming fresh out of grad school. Or we have student interns who come in and I just think there's so much more open to having side hustles or being like, Oh, you know what? I just want to start out part time or I'm just going to see how I feel in a SNF and give it a shot. I want to make my money. I'm okay with this not being the best job of my life, but it pays me X amount of dollars more per hour. And that's my goal and that's perfectly okay. And then I'll switch again in five years and do something else. Or I want to be an Instagram influencer and that's all I want to do, because I want to use my expertise in a different way. Like I, I really admire that. And I do know that the generation before me, so like my supervisors and people who are not necessarily as tech savvy or have stuck it out because they had to or chose to. And like jobs they were unhappy with look down upon this so much and criticize this younger generation so much for being flaky or for not sticking it out. And I think we should encourage that. Like I think it's completely okay to demand work life balance and to recognize what works best for you and what aligns with your interests and your values, and to say no to things that are not a good fit unless obviously where you are in a situation where you're the breadwinner of the family or just realistically cannot just jump into something that may fulfill your passion but isn't paying the bills or, you know, you have to be practical in your decisions to and sometimes persevere and stick it out till you have a plan in place that allows you to be successful. But I think it's completely okay to want multiple things, and even not just within the field of SLP. Like I have friends who have made transitions to becoming nurse practitioners, joining the the tech industry as consultants for companies that develop SLP related products. I recently had a colleague who joined Microsoft and is helping them with like user interface design for their AAC systems. Like there's just so much opportunity now, especially post-pandemic with remote work, hybrid work, um, technological advancements with social media. Like I think we should encourage thinking out of the box rather than thinking, Oh, I just have this one clinical job that I can do for the rest of my world life to, to create impact and to create positive change. There's just so much more we can be doing with our skills.

Sarah: Yeah. And speaking of younger SLPs, so SLPs who are early career professionals or perhaps students, if there's anyone listening who is really interested in the medical profession while I have you on the line, what are some resources, whether it's courses or memberships or articles that you would turn people to if they know, Okay, I definitely would like to start working in the medical setting. I don't know what it's going to be. I'm just going to apply for things and see what happens. Where should they go for more information?

Rinki: I do think if you're a student, make sure you speak with your supervisors and get at least one medical placement under your belt, because realistically, it's going to be really hard for you to get a CFI position. Um, if you've never actually worked in a medical setting, I think that's big. And then, you know, every grad program is not the same, unfortunately, as we know. So some of you might be really lucky to have coursework in swallowing, especially because that's kind of going to be the bread and butter of what you do primarily as a medical SLP.

But if you haven't had enough exposure to dysphagia management, I would try to pursue some kind of continuing education training, like either using our website step, using ASHA Learning Path, doing trainings like MBS Imp or some kind of fees, training or shadowing someone in a hospital who uses instrumental exams to get those skill sets up because you're going to need a lot of that when you apply for your first jobs. And it's really hard for me to give like specific resources. But I think starting out with ASHA like they have a whole SLPs in health care page and then they have different settings like acute care, outpatient, long term care, where they kind of break it down into the and I'll give you that link as well. Sarah So you can post it. It breaks it down into what kind of patient populations you see in each setting, what the expectations are. It's very brief, it's an overview, but I think it will at least give people an insight into what to expect in each setting. And then there's if you just Google now, there's plenty of blogs and articles people have written kind of like a Day in the Life series. So Day in the life of an acute care SLP in the life of a sniff SLP, a lot of that is freely available.

I would start there, but just because the scope of practice is so wide between acute care, inpatient rehab, outpatient rehab, home health and then SNF, these are kind of the five broad settings you work in. It's kind of hard for me to give specific resources other than just saying that you really have to be exposed to swallowing more than anything else. Um, be comfortable with just patients who change very rapidly, be comfortable with secretions and blood and reading charts and, you know, the medical and health care side of things generally, and dealing with physicians and other healthcare professionals and enjoy working with whether it's pediatric or adults, enjoy working with illnesses because I think you're going to see that a lot more than just disorders, which probably in the school setting, you don't see illness or death as much with the kiddos that we work with.

Sarah: Yeah, and our culture also is very anti death and anti grief. Yes. And I think that. A lot of people who are at least raised in I can only speak to, you know, American culture, US culture. But people are really afraid of people who are sick, who are dying. And it's very, very difficult to provide support, care and then to be able to, you know, use resources to work through the death of a patient.

Rinki: Yes, that's kind of what I alluded to a little bit earlier. And I think just coming from India, from me, which is an eastern more spiritual culture like we you know, there is no concept of nursing homes in India. Most of our elderly just live with us. That's just how I grew up with my grandparents and my house. And we kind of revere the adults in Eastern cultures. And we, you know, just death is, you know, I don't want to get into the whole Hinduism thing of things, but we just think of life as like reincarnations and the soul being eternal. And people are just taking on a different form of life after death. So like it's, it's very accepted and talked about. So I think I actually wrote an ASHA Leader article on East Meets West and how my background in the East helped me become a lot more successful as an SLP and clinician in the West. And it's - these are unique differences that I didn't realize would allow me to succeed. I thought they were just differences that I tried to, like, suppress for so long. But I realized, especially after working in the SNF, how they were strengths and not weaknesses. And it's just, you know, I embraced those differences and realize how much more I can provide palliative care to someone or have those conversations with families at the end of life. But but like you said, not everybody is comfortable with that. And I wish schools taught us more about these things and taught us more about the counseling side of being an SLP. But it's just something you kind of have to learn on the job. And along the way,

Sarah: yeah, again, that emotional energy as we're talking, speaking to the different forms of energy. So I want to shift a little to ... we opened this conversation with some discussion about how do we know when it's time to change? So we and we answered that, but what about for people who are listening and they know they want to change but they aren't sure what it is? So speaking to my experience a little bit, when I was at the schools, I knew that I wanted to contract and stay in the schools for my first job change, so I was ready for it. But to move to private practice was something that I had sort of had in the back of my mind as an option. But it wasn't something I really wanted to do or dreamed of doing. And it truly became something where we moved from a city to a smaller town. And I, I got to see the employment opportunities that I had within the small town. And I was like - you know what? I've got to make my own employment opportunity. So it was also a pretty clear step. It took me a while to get there. I had a lot of self doubt, but what I'm currently going through is, knowing that I want to spend a little bit less time with clients, but I don't want to give it up and I want to have something else that supports my income and not quite knowing what that is. So I think my answer to that question is - what do you what do you do when you know you want to change but you don't know what it is? Would be to start with giving yourself time. Because when we expect ourselves to know immediately and we don't have enough information, we can start to just get anxious or ruminate on the fear of failure or not finding a job.

So what has helped me is starting with identifying the information that I need about other options and then giving myself plenty of time to process through it. But all of that said, there have been times where I've had to make job changes really quickly because I was in environments that felt toxic for me.

Rinki: Yeah, And we I think we touched upon some of that where we did say that sometimes your transitions may not be as well intentioned or planned because you have to move or like you said, you physically cannot show up to work anymore because it's so toxic or just so

unethical and you just kind of take whatever you get. But I guess we're in talking more about people who are not in that situation and they have a little bit more time to plan ahead, but they just know something isn't right. I think the first thing that's worked for me and that the biggest actionable tip I could give to listeners would be reflect and research, right? Like start with that self-assessment of reflecting on your goals, your career so far, why you want to make a transition and figure out what your why is, whether that's a better work environment, whether you want a better opportunity to do something different. To grow, you need better pay and benefits, better work life balance. You want to own your own business, whatever your why is. I think unless we've spent sufficient time reflecting on that, we'll just be jumping through hoops and then the same pattern will repeat again because we haven't taken the time to figure out ourselves. And that does take time. It's not going to happen overnight. And once you've figured out your priorities and kind of what you visualize, like, you know, sit down and journal or just think about what it is that you would want for your ideal work and life balance, because they're really part of the same thing. They're not separate entities. Just visualize what an ideal day would look like, whether it's part time or full time. What kind of setting might bring you the most joy, whether it's even within SLP or not, and then try to visualize how you can make that happen. So I think that would be the first step. And then the second step for me would be researching then opportunities on how to make that happen. For me, volunteering with our state and national associations over the years and attending conferences within the medical and dysphasia world really allowed me to connect in person with so many amazing SLPs who've done such amazing things with their careers that I would have no idea about because, you know, you just don't get that kind of exposure necessarily in your immediate network. And that allowed me to learn a lot about what people are doing with their careers, how much more you can do just outside of the clinical realm, how you can impact change as a leader and educator, maybe as a consultant with tech companies are not just clinically, because I think I had that bias in my own head that the only way I can make this positive difference in the world is working clinically. And I think that changed a lot in interacting with other SLPs through leadership and volunteer opportunities. But if not, you know, we have Facebook groups now, we have social media just cast as wide net at this stage and be open to exploring without expectation. Just keep an open mind and then just see what kind of comes your way. And I think that kind of research and reflection and then knowing that you have transferable skills where we as SLPs can be really good at communication, we can be really good at counseling. As we talked about organization, time management were flexible where you know, just we can be good at marketing, at sales. There's so much we can do as SLPs that are easily transferable skills. So having that belief in yourself and in our unique background and training and the expertise we have with all of these disorders across the lifespan, I think helped me kind of plan ahead and develop an action plan for the steps I need to take next to build this life that I've imagined.

Sarah: As I process and as we close out this conversation, I just want to let people know that. Whatever you do next does not have to be your forever job. Like I'm thinking of you Rinki when you talked about the SNF like I have this idea in my mind at least, that you knew you probably weren't going to stay in that job for 20 years, but you were also moving and needed a medical job, right?

Rinki: Yes. And even the other way around, when I got this job at the hospital I was at until last month. Like I said, it was the best job. Like it's my dream job. It's what I wanted when I came to the US and when I graduated and I thrived in those four years, even though it was Covid and I just had the best work environment, I was salaried like there were no productivity issues. I love my patients. I never thought in a million years like that, in four years I'd be resigning from a job. So even the other way around where everything was great, but it just no longer was a good fit for my personal and professional priorities. But I was fortunate where I could have those conversations with supervisors and colleagues who completely got it and told me it's completely normal to prioritize personal life over professional sometimes or to want to own a business and have flexibility rather than work a 9 to 5. I was in a period of about 3 to 4 months if we have a little bit more time to explore this concept of feeling like very uncertain, very anxious, very overwhelmed and thinking like this one decision will impact the rest of your life. And I just started researching and, you know, Googling stuff, and I was like, is there a word for what I'm feeling? Like, do other people feel this feeling? And I came across this really interesting concept of something called liminal space or liminality. And if you look that up, it basically like liminal space just represents the space between when something ends and the next thing is about to begin. But you don't quite know what it is yet. So it's kind of like you're standing at the edge of a pier and you can just see all these ships like really fuzzy and hazy in the distance and you don't know which one you need to get on and which direction it's going to go. But you know, something's out there. And we live in a culture where we want quick answers and we want to know what that something is. But I think I realized how transformative it can be to just be okay with not knowing and let destiny or faith or whatever just kind of take its course and follow your intuition. And eventually the haze will disappear and there'll be clarity and you'll exactly know what your next step is. But I think embracing that liminal space and knowing that eventually it's going to result in something transformative was really eye opening for me.

Sarah: Thinking about shifting jobs, we can gather as much information as we can, but there will be a time in which there there is no better source of more information than to take a job that we may or may not like.

Rinki: Yes, And being open to continuous learning like be completely okay with starting over. Within the medical field. I've had people who've worked with adults their whole life and suddenly they just want to go to a NICU or neonatal ICU and work with babies. So they've completely had to start over because their anatomy is different. You've never worked with kids before, or you might be a school based SLP who now wants to transition to the medical side of things. So it's completely okay to embrace that. You're not going to have that skill set and you might need to pursue additional trainings and courses and certifications or whatever it is to bring that skill set up. So give yourself that grace and give yourself that time and eventually you will get there. So each new job is just going to be a new learning experience and something good is going to come out of it. So let's just not be so hard on ourselves.

Sarah: That whole idea of like holding it loosely and not holding it tightly and trying things and trying things is another step. It's a shift in our sales and it's not failure.

Rinki: Yes, a lot easier said than done, but I know we're all getting there and we're working on it. And 12 years into the career, I do think it's gotten a lot easier for me. But I also know, you know, we all we have a fixed mindset. We want to help our patients. We we set great goals only not for ourselves. So I think if the biggest takeaway needs to be something, I think it needs to be we need to prioritize ourselves. And sometimes that's okay.

Sarah: And that it's normal to have self doubt, especially when you are making a career change. And that doesn't mean you're going in the wrong direction. It just means you're trying something new. Only you can decide by connecting with your intuition. Is this self doubt really because I do not have adequate training for this job? Or is it because I'm afraid of change? Considering that it's never too late to make a change. Because when we put a timeline on it and we say, Oh, it's too late now, we'll be more likely to stay in situations that we don't enjoy and just going easy on yourself as you make changes and holding your next step loosely and thinking about it more like, you know, my favorite metaphor, which is a ship in the ocean and we're shifting our sails so we're not on a staircase where we're taking a step back or we're encountering failure we are just shifting our sails a bit to go in another direction.

Sarah: I love that. And you're not alone. In 2022 itself. I researched this before we met because I wanted to read about career transitions outside of SLP. Over 50 million Americans quit or changed careers, and even in the SLP world, ASHA indicates that one out of every four SLPs has indicated interest in transitioning or shifting their positions for other settings. So it's completely normal. And like you said, the career ladder is no longer linear. I think it's a squiggly career path kind of all over the map, and I think it's completely okay to experiment, try different things, figure out what works for you and just find something that energizes you and fulfills you are not something that you have to be scared about or upset about facing every single day.

Sarah: Yeah, I think often our biggest barrier is that fear and that self doubt and it becomes problematic when that keeps us in situations that we know are not good for us. So some people listening, for some people listening, the biggest mistake you might be making is to stay at where you are now, knowing that you're unhappy rather than trying something else and just seeing what happens.

Rinki: Yes, it's really powerful. Like we said earlier, stepping away from something that's not working for you and recognizing what doesn't work for you more than often, realizing what you do like and just trying to find that balance between your passion and purpose and also being practical about real life things you need to do, like pay the bills and support your family. So it's kind of you have to kind of experiment a little bit to find that sweet spot. And hopefully everything we discussed today makes others feel like they're not alone. So many of us have gone through it or are going through it. And if anybody needs to reach out to me, especially on the medical side of things, they can find me on Instagram at Rinki SLP or email me at rinki SLP at gmail.com. And I'm always talking to colleagues and students and clinicians and happy to help in any way that I can.

Sarah: And that's it for this episode of the SLP Happy Hour podcast, where we talked about career transitions, self doubt and overwhelm as we change settings and advice for moving forward. As always, you can find more information at [SLP. Happy hour.com](http://SLP.Happyhour.com). Thank you for listening and tuning in and I hope you enjoyed listening as much as Rinki and I enjoyed recording the episode. See you in a few weeks. Until next time.