

ADVENTURES IN MEDICINE

Career & Life Planning

Survival Guide



***Non-Clinical
Careers***

Discovery Resource

ST-19

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Why Consider A Non-Clinical Career?

There are many great reasons to choose a non-clinical career. They often provide an opportunity to apply some of the skills that may not be as well utilized in a clinical setting or to expand your horizons and gain new skills and experiences. You can serve in a visible leadership role – whether in policy, government, industry or communications. You can also use your medical skills in an entirely new setting with different responsibilities. Unfortunately, as many doctors finish medical school, they have a narrowed sense of what types of options might be waiting for them. Residency, which is ever more geared toward clinical practice, does little to fill this gap.

Most doctors go straight into clinical practice, only to consider non-clinical alternatives as an after-thought later in their career. In addition to the many benefits of working in a non-clinical career, increasing numbers of doctors are considering such options due to issues they face in clinical practice. Here are some interesting statistics that show a disturbing trend that has persisted consistently over the years:

- ▶ **In 2010, the non-profit Physicians Foundation found that 78% of physicians think medicine is “no longer rewarding” or “less rewarding” and 49% plan to reduce the number of patients they see over the next several years.**
- ▶ **The 2011 Great American Physician Survey found medicine is [an] “all encompassing” [career] and that over 50% of doctors are pessimistic about the future of medicine five years from now.**
- ▶ **A 2012 Mayo Clinic survey of 7,288 physicians published in Archives of Internal Medicine revealed that 46% reported at least one symptom of decreased life or job satisfaction. The report indicates that many doctors suffer high levels of emotional exhaustion and struggle to find work/life balance.**


If you are doing your residency training and considering non-clinical career options, then you are far ahead of most of your peers in this regard. It is far better to evaluate your career options more thoroughly now, rather than wait and switch gears later. If you have already finished your residency and are now reading this chapter, that's okay too. The key points that we will review are applicable to you as well.

Thinking about the next steps in your career is both scary and exciting. The process can be harder when you aren't sure you want your job to be 100% clinical for the next few decades. You might envision yourself practicing part time and also having a business on the side, or you might want to work as a doctor in a corporate environment on the business side of medicine. Then again, these might be totally new ideas that you've never considered until now.


This chapter will help you better understand what a “non-clinical career” means and what it might entail. This information may be useful to you if you haven’t heard of this before or if you are exploring everything that might be out there for you as a doctor.

If you’ve already decided you want to have some aspect of a non-clinical career, you may be feeling some conflicting emotions. From our own experiences and from hearing from hundreds of doctors we’ve mentored and talked with over the years, here are some descriptors for what might be going through your head:

- **Whom do I trust? Should I tell my colleagues about this? Should I tell my program director?**
- **I’ve come so far. Should I just stick it out in a clinical career path and forget about non-clinical options?**
- **Will I get kicked out of the program?**
- **What is wrong with me? Why can’t I just be satisfied being a “doctor?”**
- **Will I ever feel that sense of satisfaction and accomplishment from my career that is seems my peers and attendings do in their own clinical work?**
- **Am I stuck now with choosing a specialty? Should I switch specialties?**
- **What can I do if I don’t continue along a clinical track?**



Michelle: “During my clinical years of medical school and then in internship, I always felt like a ‘fish out of water’ and a little ‘different’ – not in a good way. I remember sneaking off to use my cell phone by one of several windows in the hospital where I could get a clear and reliable signal and not be heard by my fellow residents or attendings. I’d call recruiters and pharmaceutical representatives because I didn’t know who else to reach out to. Other doctors I met who felt the same way I did were equally as lost and although it was reassuring to know I wasn’t totally alone, we were all bumbling around, equally lost in what we could and would do if we didn’t practice as traditional doctors. There were times we would joke about working at Starbucks or Barnes and Noble and only be half kidding.”



Mike: “During residency I often wondered if there was some type of job out there for me besides clinical practice. For years I convinced myself that no such options existed; I had trained to do surgery and had to stick with that plan. I found myself too busy to evaluate alternative options during my training, even when colleagues of mine left the residency program to pursue non-clinical careers. I also assured myself for such a long time that practicing medicine would be far better than my residency experience. It wasn’t until I was in practice that I decided for sure to explore other options. It took a long time to evaluate the possibilities, especially once I learned how much was out there waiting for me.”

It can be very exciting and reassuring to realize you are not alone and there are many options for you. There are other doctors who have done something non-clinical or non-traditional and who are very happy and successful.”

What Non-Clinical Options Are Out There?

How do you figure this out?

One of the biggest hurdles can be finding out what options are available. The path to medical school and subsequent years spent learning how to be a doctor can limit understanding of the vast number of possibilities out there for a career. A medical career doesn't have to just consist of treating patients.

It's also true that anyone who makes it to medical school and then through medical school has the brains, perseverance and determination to do almost anything.

So now it's really a matter of exploring the possibilities. Therein lies the next hurdle. It's not just a matter of "Googling" non-clinical careers for physicians, or some sort of key word combination like that.

Here are a few possibilities:

▶ **Hospital administration**

There are many jobs in hospital administration, from department chairman to CEO's. Physician administrators can act as liaisons between governing boards, medical staff and department heads.

▶ **Pharmaceutical, biotechnology, and medical device companies**

Departments that hire doctors within these companies include research & development, medical affairs, clinical trials, regulatory affairs, education/communications, pharmacovigilance, sales (eg, Medical Science Liaison), marketing, and others.

▶ **Medical communications**

The medical communications industry is vast and includes a wide range of company types that provide services to pharmaceutical, biotechnology, and medical device companies in the areas of marketing/advertising, medical education, and regulatory submissions.

▶ **Insurance**

Doctors have jobs across this industry in the areas of health, disability, life, and Worker's Compensation insurance. The work ranges from establishing treatment and reimbursement protocols to reviewing charts.



➤ **Legal**

Plaintiff and defense attorneys hire physicians to review patient charts or serve as expert witnesses in malpractice cases. Compliance is a growing field and needs physician leadership. Some physicians get their JD degree and become experts in health law, intellectual property, patent law, and other areas that make good use of their medical knowledge.

➤ **Health policy, public health, and government**

There are many government-based jobs for physicians at the federal, state, and local levels. Physicians are increasingly involved in determining health policy or working to improve public health. Several prominent physicians have gone on to hold high ranking public offices.

➤ **Non-profit organizations**

Opportunities in this area are highly varied and include positions within medical associations, patient advocacy groups, patient safety, quality or volunteer organizations providing healthcare services.

➤ **Medical informatics**

This is a growing area due to the ongoing advancement in information technology in such areas as electronic records.

➤ **Inventing**

Many physicians develop medical devices, diagnostic tools, and other inventions and then either sell them or use them as an entrepreneurial entry into a self-owned business.

➤ **Finance/investing**

Professionals in the financial sector rely upon physician experts for guidance regarding the health-care market. Physicians can work as analysts at large financial services firms, venture capital companies, or private equity groups.

➤ **Occupational medicine, Independent Medical Examiner**

Physicians can work in a corporate setting as a medical director or have their own practice doing full- or part-time work conducting independent medical exams for legal teams or companies.

➤ **Preventive medicine**

Many physicians focus on areas such as diet, nutrition, exercise, wellness, and smoking cessation in a corporate wellness setting either as a medical director or a wellness director. Employers have made “wellness programs” an exciting and growing field as companies try to save money by helping their employees stay healthy.



➤ **Research**

There are research opportunities in so many different industries. Clinical trials represent a large component of this area and offer opportunities for many specialists. Research can be university-based, industry-based, government-based (eg, NIH), or independent.

➤ **Media**

Physicians work as healthcare correspondents for print and television news services, as well as for the increasing number of medical information shows popping up on television.

➤ **Creative arts**

Combining medical knowledge with creative talent can provide unique opportunities in areas such as medical illustration, fiction and non-fiction writing, sculpting, painting, television, and movies.

➤ **Consulting and Entrepreneurism**

Consulting and entrepreneurship are worthy of special mention because they overlap so heavily with all of the industries listed above.

Consulting

Consulting can mean so many things because of the scope of opportunities out there. Physicians can work for a large consulting firm, work independently in their own consulting practice, or provide unique services such as advice for other physicians in office management.

Entrepreneurism

A physician with an entrepreneurial spirit can create a company in any of the areas noted above, or in just about any other industry.

And the list goes on and on...truthfully, you can do just about anything.

How Can You Learn More?

Here are some of the things we found helpful and we recommend to others who are considering a non-clinical career:

1. Going to non-clinical conferences

Non-clinical conferences aren't like medical conferences. It was our experience that medical conferences involve lectures on new product data or procedural techniques. Non-clinical conferences are more like periods of intense immersion into an area of passion or interest. There are presentations on different topics with resources available for further exploration. There are networking events where people with similar interests come together and where job opportunities and consulting opportunities are discussed. There is information exchanged among people who have common interests so they can re-connect from their respective homes and talk about further collaboration and possible ways to explore business opportunities together. Although clinical conferences offer some of those same opportunities, it has been our experience that for the most part, non-clinical conferences feel more collaborative.

Some non-clinical conferences include:

American College of Healthcare Executives (ACHE) – here, hospital and administrative and physician executives come together to discuss policy, process improvement, career strategy, business of medicine
<http://www.ache.org>

Art & Science of Health Promotion (AJHP conference) – here, individuals interested in wellness and health promotion come together and discuss trends and jobs in health promotion. There are various networking events targeted to bring people together and help them create job opportunities
<http://www.healthpromotionconference.com>

American Medical Writers Association (AMWA) – here, individuals interested in medical writing and communications come together
<http://www.amwa.org/default.asp?Mode=DirectoryDisplay&id=1&DirectoryUseAbsoluteOnSearch=True>

Health Care Compliance Association (HCCA) – here, compliance experts come together to discuss trends, career opportunities,
http://www.hcca-info.org/Events/EventInfo/sessionaltcd/003_CI0413.aspx



Michelle: "When I was a resident and thinking about a non-clinical career, one of the hardest things for me was learning where I could find out more information about all my options. I'd taken a linear path to medical school and never really fully explored other careers. My path through college in pre-med and then in medical school was laid out for me and I didn't ever learn about all the resources one might use when looking for a job or career path. I wish I would have known how to find and recognize those resources."

Healthcare Information Management Systems Society (HIMSS) – here, individuals with an interest in healthcare information technology come together to learn more about trends in IT and different jobs. There is a physicians-only track where physicians can network and talk with people interested in hiring them to work or do consulting. <http://www.himss.org/ASP/index.asp>

The following conference is unique in that it offers examples of many different industries and areas doctors have pursued:

SEAK – here, doctors who have done something non-clinical speak about their own personal experiences and how they got into their respective fields. There are workshops on career development topics and mentors to help physicians who are interested in a non-clinical career. <http://www.seak.com/physician-resources/>

2. Talking with other doctors who have done something non-traditional or non-clinical

Talking with other doctors who have been where you are and successfully come out on the other side can help as you forge your own path. Such discussions may also help you feel much less alone and afraid of this seemingly dark and unexplored path. You can find other doctors who have done something non-clinical at some of the previously mentioned conferences, through LinkedIn profiles and groups, or even through Google searches. To get started, take a look at the stories at the end of this section. (link to the stories in the other section)

3. Exploring non-clinical fellowships or programs that immerse you in another industry or field

There are fellowships and internships in many areas you might have an interest in learning more about and/or pursuing for a career. A non-clinical fellowship or internship can be paid or nonpaid, but it may set you up well because you learn the skills a future employer will want to know you have and you meet and network with the people who might be able to hire you. If you play your cards right, you can increase your chances of stepping into a job after a fellowship or internship. Here are two examples:

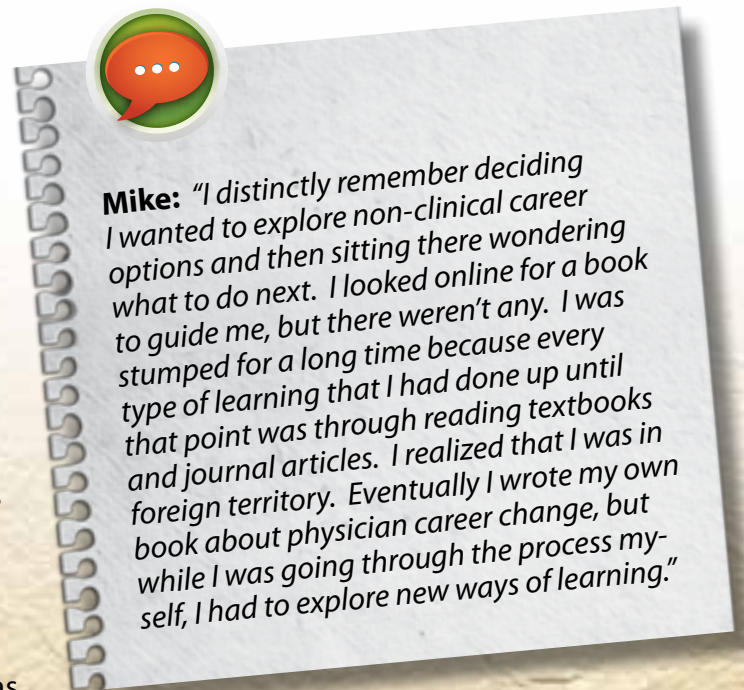
Coro Fellows Program in Public Affairs:

http://www.coro.org/site/c.geJNlUOzErH/b.4667963/k.725D/Coro_Fellows_Program.htm

Fellowships in Public Health and Health Policy: <https://www.slu.edu/publichealthsluedu/careers/fellowships>

4. Volunteering in an area of interest

If no fellowship or internship exists at the place you want to work or in an area you really want to be in, consider offering your services for a period of time for free. There's no guarantee they will take you up on it but it might be the only way you can be put in the environment and meet the people you need to meet in order to move ahead in your goal for your future career.



Are You Concerned About Compensation?

Reality check – everyone needs money. Everyone wants a certain amount of money. Working in a job is the way most people get that money. Becoming a doctor means you incur a certain amount of debt that will have to be paid off. In the past, becoming a doctor meant you could count on a certain sense of security that you would have enough money to be comfortable in life. Most doctors today feel that this is changing. What would a non-clinical career mean to you financially? Will a non-clinical job be able to provide you financial security and the ability to pay off your loans?

The answer is IT DEPENDS.


How much money a physician can make in a non-clinical career can vary as much as that for a physician in a clinical career. For example, some of the variables involved in a clinical salary include geographic location, specialty, practice type, payer mix, call schedule, etc. Some of these same variables hold true for a non-clinical career.

Another similarity is that whether you chose a clinical career or a non-clinical career, earning potential increases over time with increased experience.

It's a shock to some people to realize that a non-clinical career might actually pay MORE than a clinical career. There are some physicians who make millions and there are some who decide to take a path that starts them at a salary of \$50,000-\$60,000, which is significantly less than that of a practicing physician. While it's difficult to generalize or predict, non-clinical jobs usually pay more money than you might anticipate and often in the six figures range.

Here are some examples of salary ranges (per 2013):

Occupation	\$\$\$
Medical Science Liaison	125-165k annually
Investment Banking (entry to senior analyst)	125-500k annually plus bonus potential
Administration (Chief Medical Officer)	250-400k annually plus bonus potential
Consulting (project dependent)	200-800 hourly
Entrepreneurism	Unlimited
Regulatory Affairs	150-250k annually



It's important to consider that a non-clinical career could involve a significantly different lifestyle in terms of overnight shifts, on-call schedules, emergency situations and weekend/holiday hours. These factors can be decreased in a non-clinical career. However, some of the higher paying non-clinical jobs involve just as much stress, heavy workloads and around the clock schedules as a clinical career. For more on Life, Money and Career priorities, see Chapter 4 of Adventures in Medicine [here](#) (link).



Mike: "It was important to financially support my family and maintain our lifestyle. My wife and I established a budget based not on how much money we needed, but rather how much money we wanted, but helped me pursue an area I had a passion for (medical communications) and understand my salary threshold. I actually gave up one third of my salary between the last year of clinical practice and the first year of a non-clinical career. Within one year, however, my salary rose past our budgeted threshold, and within two years I was making more money than when I was in clinical practice."

Which Non-Clinical Option Might Be Right For You?

For some people, realizing all the opportunities that are available to you makes you like a kid in a candy store. The challenge is that getting to and through medical school, then spending a number of years in a residency, have all taken a lot of time and cost a lot of money – both in loans and in the opportunity cost of not working a real-world job. You probably want to start realizing that earning potential and building some experience on your resume. That said, it's a good idea to take a step back and really think about your choices so you can make the best decision for you – one that enables you to get to your end goal (your dream job) in the least amount of time and by spending the least amount of extra money.


How do you choose the path that's right for you?

First off, it's important to ask yourself if you are just growing tired of the endless demands on your time and the environment of residency. This is important because it may be your current situation that is making you want to run away screaming. It has been our experience that almost everyone feels that way during his or her residency.

Another important thing to remember is that your interest in a non-clinical career doesn't mean you have to decide to abandon your clinical career right now or all at once. Some people pursue an outside interest related or unrelated to medicine while they are practicing clinically full or part time. Some people take years to explore all the options and take steps like completing a certificate program in healthcare IT, going back to an executive program to get a degree in finance or education, or meeting and talking with a variety of individuals in an area of interest to find out more and build those relationships – then possibly volunteer in that industry or in a particular organization. There is no "right" way to do this; there are many potential paths to take. Hopefully you are starting to realize this is an interesting and rewarding way to diversify your skill set and make yourself more employable and valuable to a future employer – all while rounding out your personality and skills set and maybe even enjoying yourself!

One very important distinction to make is running away from something versus running toward something. While it can be okay to pursue a non-clinical career because the environment of clinical medicine isn't conducive to your personality traits, lifestyle choices, or career priorities, it's vital that you pursue something else you already have an interest or passion for – not just something to get you away from your current situation.

On that note, here are a few questions to ask yourself. Make a note of the answers. Remember, this process might involve thinking about these questions for several days or weeks. Your answers will not reveal if a nonclinical career is the right path for you but they will be a piece of the puzzle as you figure out what your career path might look like.

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- ▶ Are there characteristics of your professional life that are currently lacking?
 - ▶ How important is the social/societal prestige of being a doctor?
 - ▶ Does money motivate you?
 - ▶ Are you becoming a doctor because it is your dream or someone else's dream?
 - ▶ How do you envision a satisfying work/life balance?
 - ▶ Do you like working in a group setting or by yourself?
 - ▶ Is there a specific cause or disease for which you have a passion? Would you enjoy devoting more time to this or doing research on it or even helping to form policy and regulations for it?
 - ▶ How does a family fit into your future career (including your role and the time devoted to it)?
 - ▶ When you are "off" or on the weekend (or on vacation) do you like to totally get away from work? Do you find that difficult?
 - ▶ What makes you the most creative and the best at solving problems?
 - ▶ What do you consider to be your greatest accomplishment?
 - ▶ When have you enjoyed your work the most?
 - ▶ What aspects of your work activities are you drawn toward?

For additional question and thoughts on this reflection process, you may want to visit (link back to Chapter 4 of the AIM Guidebook)

How Can You Prepare Yourself, And What Will It Take?

Okay, you've figured out a few viable paths. They combine your interests and passions and they integrate your lifestyle needs with your geographic preferences.

What now?

Again, we've hit a challenging area. The path and journey to and through medical education/training doesn't usually set you up with many tools to navigate a non-clinical roadway. Here are a few things you need to consider:

1. You need a resume
2. You need an "elevator pitch"
3. You need to know how to effectively network

CV and/or Resume

Do you know the difference between a resume and a CV? Which one do you have, if any? In our experience, most doctors have a CV and it lists everything they've done with their education first and complete with their date of birth and license numbers. All kidding aside, we don't really get any training in how to create a CV and writing a resume scares most doctors. If you can find your CV it might simply be a list of your education and your committees, research experience, possible publications and maybe your awards from college and high school. You may think adding in some people as references and listing your interests might beef it up.

You'll probably want some help updating your CV and putting really making it look professional. You also want to translate your CV into a resume. **A resume is what the non-clinical world considers essential in the hiring process.** The key to a resume is that it describes what you did in your experiences (jobs) and most importantly, your results and outcomes. Those results and outcomes are what tell a hiring manager why you are valuable to a company.



Exercise 1

Building your resume

Results and outcomes are the key to a resume. Thinking about results/outcomes is not usually something that comes intuitively to doctors, but with a little practice, you'll see how easy it is to translate what you have done into a "value statement."

1. List out five outcomes/results that have occurred in the past several months. For example, "I participated in the resuscitation of a trauma patient in the Emergency Department," or "I improved the process of moving patient charts in the Emergency Department."

FYI – if you really do not feel as though you have done anything worth listing yet, think of 5 ideas that would allow you to answer this question for yourself. Try to follow through with those ideas in the next month and come back to this exercise.

2. Why were the results/outcomes you listed important? For example, improving the process of moving patient charts in the Emergency Department might have shortened patient wait times or might have improved nurses' abilities to help the patients, etc.

3. Consider the big picture and how those results might have added value to the overall organization. This may take a little research on your part. For example, how many patients visit the Emergency Department annually? Those records are kept in every hospital. Find the right person to get those answers.

4. Now, put these three steps together. For example, "I improved the process of moving patient charts in the Emergency Department, resulting in reduced patient wait times for the average 36,000 patients who visit the ED annually."

Elevator pitch

There are many explanations for what an "elevator pitch" is, but essentially it's about "selling" yourself by describing who you are and why someone else should care - in 30 seconds or less. Interestingly, the term is taken from the early days of Internet explosion when web development needed venture capital. The best companies were those that could explain a business proposition to the occupants of an elevator in the time it took them to ride to their floor.

For you, an elevator pitch is probably as essential as a business card. You need to be able to say who you are, what you do, what you are interested in doing and how you can be a valuable resource in a short enough time period to avoid losing the interest of the other person. Most people need to be convinced of you and your idea in less than sixty seconds. Here's the simplest way to explain it – when someone says, "tell me about yourself" can you give a 30-45 second answer that encompasses your strengths and experience all while clearly communicating what you want to do? It's harder than it sounds. It can also vary depending on the situation and the "audience." And it has to roll off your lips and make someone want to talk with you and find out more.



Exercise 2

Creating Your Own Elevator Pitch

How do you distill yourself and what you do down to a few short sentences – and make it interesting enough to catch (and keep) someone’s attention? The hardest part for most doctors is getting started.

As you build and practice your elevator pitch, here is a good acronym to keep in mind: **S.U.C.C.E.S.S.**

S: Simplicity. Start with one sentence that gets attention yet is simple. This is the most important part because it grabs the listener’s attention. That is what you want.

U: Unexpected. Keep the listener’s attention with something he or she might not expect.

C: Concrete. Use relevant analogies or metaphors to bring things to life or to paint a picture in the listener’s mind.

C: Credible. Use recent statistics or highlight your past outcomes and accomplishments to demonstrate that you know what you are talking about.

E: Emotional connection. Try to use stories and or methods that speak to your listener because they involve things important to the listener (for example, if the listener has kids or likes to run, keep this in mind and relate it to what you are trying to say).

S: Stories. Stories are a good way to keep that emotional connection and to keep the pitch interesting.

S: Success!



Michelle: “When I was looking to get my first non-clinical job, I was given the advice to tell everyone I was looking for a job. I didn’t know what networking was and I certainly didn’t consciously do it. I did get my first job through a friend of a friend. That was using networking. Over the years I refined my networking approach and after I read the book *Never Eat Alone* I really felt like I understood about the art of networking. It became effective and fun. But again, it’s not something we are taught how to do on our paths to becoming doctors. My advice is to start the way I did – by just talking with everyone you know and finding out what they do. When you have a sense of something you’d like to learn more about, talk to people who are doing that. Ask them for other contacts so you can talk with more people. Never ask for a job at first – start by getting to know people. That will motivate them to want to help you and to hopefully ask how they can help you.”



Now, build your elevator pitch:

1. What is the one main point you want to get across to your listener? Try out a few different ideas.
2. Now, why should your listener care about that point (how does it fill his or her needs)? If you can say it in a way that the listener cares about, he or she is much more likely to “hear” it. This is the time when knowing your audience becomes important (yes, you might have more than one elevator pitch and use different ones for different situations).


Keep it simple. Remember, you want this to be a **30-45 SECOND** (not minute) monologue.

Networking

Using job boards and applying online for positions is often ineffective. Many of those job boards are either listing jobs that have already been filled or don't even exist. Sometimes the applications for that job go into cyberspace and are never seen again.

It is generally estimated among career development professionals that about 80% of non-clinical jobs are secured through networking.

When we say, “network,” we don't mean just talking with someone. We don't mean playing golf. We don't mean giving false compliments. We don't even mean asking for a job. Networking is a strategic way of building relationships that can last a lifetime and help you and the other person out multiple times over. It's work, but it's also fun.



Mike: “Networking never came easily to me. As I started my non-clinical career search, I had to force myself to network as a necessary evil. Making excuses for not networking seemed to come easier than networking at first – not knowing who to contact or what to ask, not wanting to inconvenience people, not having enough time, not feeling comfortable calling strangers or asking people for help, and wondering if the conversation would even help. Over time I realized that there really wasn't much to this networking thing, and I started to enjoy my interactions with people, all of whom were very happy to help me out. If you are feeling the same way I was at the start, just make the first call. Contact a doctor working in a non-clinical career, people at companies that hire doctors, or anyone who knows such people. All you need is one name to get started. You'll wonder why you waited so long.”



Exercise 3

How can you start networking?

Networking is a funny thing. Once you start doing it, it can become very natural and snowball to the point where you know a lot of people who do a lot of different things. But here is the key thing to remember. Networking is not about getting something. It is about helping someone else accomplish their goals, getting to know someone else in a professional capacity and sometimes asking for help.

You may wonder, “How do I start?” or “Where do I start?”

- 1.** Make a list of 20 people you know who are not immediate family. They can be people who participate in hobbies with you (eg, a running group) or even your neighbor who has the same type dog as you. You should have a mix of people you know only slightly and those you know well and include some medical professionals (eg, a subspecialist you interact with on a regular basis) and outside your professional life (eg, the cashier you see at the deli every week).
- 2.** What do these people do? Why do you know them? Do you know anything about their past or present careers? If not, would you be interested in learning more? Who is doing something with their career that could be informative to you? If you need to modify your list, do so.
- 3.** In the next 30 days, make it your goal to talk with 3 of the people on your list. Ask them if you could buy them a cup of coffee or lunch, and talk with them about their career for half an hour. You may be surprised by what you learn! This is the beginning of a networking relationship.

Mentors

Consider finding a mentor. This is someone who you can go to with all those little questions that will come up. You can ask this person such things as, “How do I translate my skill of taking care of patients to show value to someone in the non-clinical world and prove to them that I can do something other than patient care?” In some instances a family member, colleague or friend can be an effective mentor, but more often such individuals are either too close to the situation to provide objective guidance or inadequately knowledgeable about the areas you are exploring. An effective mentor is typically a removed third party who can offer consistent and timely assistance, understands you, wants to help you, and keeps you accountable. A mentor should also be someone who has experience and knowledge about the areas you wish to explore and possibly enter. In your situation, a mentor should ideally be another doctor who has successfully transitioned to a non-clinical career or has extensive experience with the non-clinical world and working with doctors.



Exercise 4

Finding a Mentor

Mentors are a great way to help you figure out your own career path. They offer an objective perspective on your situation and can often help you see and understand things that can be difficult to realize on your own. Who is the right person to help you move forward with your career? How do you approach that person?

- 1.** Who do you admire (besides famous basketball players, etc)? Try and think of 5 people who are accessible to you. These people do not have to be doctors or even work in the healthcare field.
- 2.** Why do you admire these people? List 3 reasons for each person. For example, "Fred has a good work/life balance," or "Sharon has the career I would like to have in the future."
- 3.** Think of how you could approach 1 or 2 of these people (your top choices). Ask if you could buy this person coffee or lunch and spend half an hour talking. Sit down with him/her and talk briefly about your interest in what that person does and why you have a similar interest. Most people will be flattered to talk with you. Ask this person if he/she would be willing to provide you guidance from time to time since you would like to achieve what he/she has achieved.

Remember – not everyone will be receptive to this or have time. Do not take it personally. Just thank them for their time and move on. You will find someone to help you soon enough.



Michelle: "I get a lot of questions from people around this topic:

'What do you say to friends and family who ask you, 'why aren't you going to be a doctor anymore?'

For years after I started exploring a non-clinical career, I doubted myself. When I told some of my best friends from medical school about my interests and what I was doing as a clinical field representative at a medical device company, along with my thoughts about what I wanted to do in the future, they didn't seem to know what to say. Even my dad would ask me, 'When are you going to be a doctor? You should hang out your shingle and be a doctor.' These experiences caused me to feel like I wasn't doing the right thing and I even questioned if I could call myself a doctor if I wasn't practicing in the traditional way.

But I finally realized that I will always be a doctor and so will you – no matter what path you choose.

After reading stories of others who have forged their own path in the non-clinical world, you should be coming to the understanding that it's not shameful or even wrong to want to do something other than practice clinical medicine. You may even want to have a hybrid component to your career – some clinical, some non-clinical.

Just be honest with yourself in all this. You are not a failure for wanting to do something other than practice clinical medicine. The last thing you want to do is to keep putting it off and spend the next ten years of your life in a miserable state. You are smart. You are accomplished. You have so much going for you at this point. Your skills are transferable and your 'soft skills' are well honed, just by the fact you got through medical school and some (or all) of residency.

So how do you tell people that you don't want to practice and the reasons for it?

Here's the big thing to remember: Other people aren't going to make it a big deal unless you make it a big deal. Do what's right for you and remember that many other doctors have had successful non-clinical careers."

Mike: "I now look at my career in a different way than before leaving practice. Rather than seeing my career as a static endpoint – the culmination of so much education and training – I now see it as a constantly evolving experience. Planning for the future and keeping your eyes open for unexpected opportunities help spark the transition points in this career evolution."

Michelle & Mike:
**"Get excited about
your future!"**

Appendix 1

What Other Doctors Have Done



Michelle's story

Growing up, I wanted nothing more than to become a doctor. I loved reading anything and everything related to doctors or medicine. I earned my medical degree from Des Moines University Osteopathic Medical School and then a master's degree in health administration from Virginia Commonwealth University. The science of medicine fascinates me — the way the parts of the human body work together and how one part influences another, like a chain reaction. In medical school I was a member of the honor society. I got good grades, participated in community service activities, served in leadership roles and ran marathons. But I still didn't feel a sense of accomplishment and didn't know who to turn to for advice.

During my clinical years I medical school, I picked up on the cynicism and despair of some doctors, both young and old, and noticed this was manifested by anger and mistrust of everyone around them and lack of personal wellness. I realized other doctors were struggling with their career paths as practicing physicians. I was also wondering if I'd made the right choice.

It was hard to identify one or even multiple reasons exactly why it wasn't working for me and so it was almost impossible to articulate what I was feeling and what I wanted. But I was surprised by my own unhappiness because I never thought I would be that way as a doctor and I felt very alone. I worried this misery would become my permanent disposition. All I could do was get through each day, getting angry at little things and losing a little more of my sense of humor and my perspective on everything.

As I began to envision my career with 40-50 years ahead of me, I saw myself going down this vast road with very little control over what happened to me and disaster waiting around every corner. It scared me to death. The only thing that kept me going was fear. I didn't know what to do. Financial concerns were largely what kept me going to work every day.

On our paths to becoming doctors, we get very little in the way of learning how to prepare for a career. I didn't know how much I could do with my medical degree and how exciting it could be to take control of my own destiny and career. I certainly never thought I'd be able to take my medical knowledge and experience and use it in non-traditional ways through my work as director of wellness at a brokerage firm and then as a consultant and an entrepreneur.

As I figured out my own situation, I wrote about my struggles and other doctors started to find me and ask me for help. That's good because this is very hard do by yourself. There's no instruction in medical school about how to create a 3-5 year career timeline, how to find and use the best tools to get the right job or how to manage our own personal wellness so we can avoid career burnout. I needed to know about potential opportunities and how to understand my options. I needed to learn about networking. Most of all, I needed hope, I thought I'd never feel that again.



Mike's story

I wanted to be a surgeon since I was about 17 years old. There was never a doubt in my mind, so I plowed forward through my education with blinders on, focusing so much effort toward that goal. I took all my requisite pre-med courses and did genetics research while majoring in biology at Harvard College. I then received my medical degree at Columbia University's College of Physicians and Surgeons.

My clinical training continued as planned. I stayed on at Columbia-Presbyterian Medical Center as a general surgery resident. After residency training in general surgery and plastic surgery, I did a hand surgery and microsurgery fellowship at the University of Utah. Some of my peers left these programs along the way and turned to non-clinical careers.

Once in clinical practice as a plastic surgeon and hand surgery specialist, I quickly became frustrated by the restrictions placed on me by insurance companies. I trained for so long to understand how to make complicated decisions about the care that my patients needed, only to be prevented from providing that care by companies that knew less about the care of these patients than I did. In addition to this lack of control over patient care, I also lacked control over my work schedule and its' interference with my personal life.

Deciding to leave clinical practice was a process that occurred over several years. For a long time, I wondered if there was another career out there for me, but I doubted that any such opportunities were out there and was too busy to find out. Once in clinical practice, I looked at other surgeons that were 10-15 years further along in their careers and didn't want to be in the situations that they were in. I knew it was better to explore other career paths.

When I found out about medical writing and realized that I could combine two passions – medicine and writing – into a single career, I immediately knew that this was the path I should take. Working in medical communications has allowed me to build upon the foundation of medical knowledge that I gained through my education, training, and clinical experience, and apply it in a new way through the addition of my writing skills. Over time, I layered in management experience and an entrepreneurial spirit to start and grow Peloton Advantage, a medical communications company, with a business partner.

After a non-clinical career transition, I found that it is important to treat the early phases of the new job as a new internship and residency, requiring a lot of humility, effort, and learning. Putting in the extra effort during this period is as crucial to success in a business career as a residency is to clinical practice.



Joe's story

When I entered college, I decided to major in mechanical engineering because I enjoyed learning about science and machines. My interest in medicine grew when I got involved in a Harvard-MIT Health Sciences and Technology biomedical engineering project, and that's when I decided to pursue pre-med courses so that I could apply to medical school.

Although I enjoyed patient care, I have always had strong interests in health informatics, mobile computers, and biomedical devices. When I saw the opportunity to get involved in population health management, I made the transition and learned that there were many other ways for me to use my skills and education. In 2009, I had the opportunity to slowly build and establish a second parallel career as I continued my full-time day job. This was not a new concept for me. I had received my MPH while working full-time. I was juggling a family life with young kids at home while working full-time. Now, I was making a conscious decision to work on some entrepreneurial projects while working full-time. This type of blended approach gives me tremendous satisfaction because I am able to maintain a stable, enjoyable full-time job during the week and I can also devote some nights and weekends to my second career. I'm able to work in different industries and gain valuable experience and skills simultaneously. Now, I find myself much more drawn to fundamental business concepts, business strategy, entrepreneurship, and much more.

On my current career path, I enjoy a great balance between stability and flexibility. It's hard to have both. Many people are locked into traditional corporate careers and working many hours and they don't have tremendous flexibility. Others who start their own companies may enjoy a lot of flexibility, but they may not have much income stability. I've been able to balance both and make adjustments each year as priorities have shifted.

I constantly remind physicians to carve out some time to do something they find meaningful and enjoyable. If they're able to make some income from it, it's even better. Physicians tend to burn out easily and some even get bored. By blending some other elements such as a second (or encore) career into their full-time career, they may find a new sense of satisfaction. This type of approach may be better and more practical than making a complete career transition into something entirely different.



Richey's story

I was quite happy, ensconced as a clinician-educator in an academic internal medicine practice, when I received a recruiting call for a position in global medical affairs for a local big pharma company. The position had a specific need to design phase 4 trials for a recombinant hemophilia medicine, which fit my fellowship training in clinical epidemiology. Although as I mentioned I enjoyed my practice, I was beginning to think, "What's next?" As I was exploring the job and considering moving to industry, it became pretty obvious that I was ready for a new adventure, even though it was a risk moving into a world (pharma) with which I was unfamiliar. As I explored the position, I found that it would enable me to utilize many of the skill sets I had used during clinical medicine (problem-solving, medical content expertise, teaching, working and influencing in a matrix organization). At the time, I had been in clinical medicine for about 10 years, so this offered a new and exciting— and quite different!—challenge. So I made the jump.

The driving force behind my medical career has always been how can I help and serve our patients. I know this might sound a bit obvious, since most of us are in medicine for this very reason. This said, the patient (and people) have always been the central theme of my career choices (public health, academic internal medicine, medical affairs).

A few key takeaways from my experience that might help someone else:

- 1. If you're unhappy or not satisfied with your current position (or even a little curious about what's out there), consider moving on! You do have the talent to succeed elsewhere.*
- 2. Think of what part of your job you like to do best (for me it was interacting with colleagues/patients and teaching), and look for jobs that involve those same activities.*
- 3. Don't be afraid to make 'the' jump to something else! Be confident that you are intelligent and driven, and that you will succeed in your next step.*
- 4. Talk to everyone you can about alternate careers.*
- 5. Consider retaining a recruiter; they know what's out there and what folks are looking for.*
- 6. You can always go back to clinical medicine. Remember, you're a doctor!*

Appendix 2

Resources

General Websites

Physicians Helping Physicians
www.phphysicians.com

Physician Renaissance Network
www.prnresource.com

Non-Clinical Jobs.com
<http://www.nonclinicaljobs.com>

SOPE
<http://sopenet.org>

Linked In
www.linkedin.com
Specific Groups include Physicians Renaissance Network and Subgroups, Society of Physicians with Non-Clinical Careers, SEAK Non-Clinical Careers

SEAK
www.nonclinicalcareers.com

Non-clinical associations, organizations

Biotechnology Industry Organization
<http://www.bio.org>

Health Care Compliance Association
<http://www.hcca-info.org>

Regulatory Affairs Professional Society
<http://www.raps.org>

American Association of Healthcare Consultants
<http://www.aahc.net>

McKinsey & Company
<http://www.mckinsey.com>

Covance
<http://www.covance.com>

Association of clinical research professionals:
www.acrpnet.org

American College of Preventive Medicine:
<http://www.acpm.org>

American Public Health Association
<http://www.apha.org>

American College of Healthcare Executives (ACHE): <http://www.ache.org>

American College of Physician Executives (ACPE): <http://www.acpe.org>

Directory of MHA programs
<http://mhaguide.com>


Goldman Sachs
<http://www.goldmansachs.com/careers/how-to-apply/internships-and-entry-level-positions/index.html>

Vault guide to private equity
http://www.vault.com/wps/portal/usa/store/bookdetail?item_no=709

Healthcare Management and Information Systems Society (HIMSS)
<http://www.himss.org>

Society for Physician Entrepreneurs (SOPE):
<http://www.sopenet.org>

National Association of Physician Advisors:
<http://www.physicianadvisors.org>



Executive Health Resources
<http://www.ehrdocs.com>

American Journal of Health Promotion
<http://www.healthpromotionjournal.com>

Wellness Council of America
www.welcoa.org

Robert Wood Johnson Foundation
<http://www.rwjf.org/en/topics/rwjf-topics/areas/health-policy.html>

Books

Physicians in Transition

by Richard Fernandez and Michelle Mudge-Riley

Do You Feel Like You Wasted All That Training? Questions from Doctors Considering a Career Change

by Michael J. McLaughlin

Never Eat Alone

by Keith Ferrazzi and Tahl Raz

Never Apply For a Job Again

by Darrell Gurney and Ivan Misner

Careers Beyond Clinical Medicine

by Heidi Moawad

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2. Physicians Practice. 2011. *Great American Physicians Survey*. Obtained from <http://www.physicianspractice.com/2011-great-american-physician-survey>

3. Tait D. Shanafelt, MD; Sonja Boone, MD; Litjen Tan, PhD; Lotte N. Dyrbye, MD, MHPE; Wayne Sotile, PhD; Daniel Satele, BS; Colin P. West, MD, PhD; Jeff Sloan, PhD; Michael R. Oreskovich, MD. 2012. *Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population*. *Arch Intern Med*. 2012;172(18):1377-1385

Are you concerned about compensation?

1. These salary ranges are based on Michelle's personal experience and the experiences of some of the doctors she has personally coached/mentored and who have secured a non-clinical job in these areas.