



**DO YOU FEEL LIKE YOU
WASTED ALL THAT TRAINING?
By Michael J. McLaughlin**

Book Excerpts

AUTOBIOGRAPHICAL NOTE

In March of 2001 I did what was considered by many of my peers to be the unthinkable; I left my plastic surgery practice of four years at the age of 36 to begin working in medical communications. If you are a physician reading this and are not familiar with the field of medical communications, there is no reason to worry; you are not alone. Until one year before my career transition, I had never heard of my current industry.

By 1999 I was in a highly specialized surgical field, wanted to do something different with my life, and had no idea where to start. I then spent most of my spare time during the last two years of my surgical practice struggling to identify and explore alternative career paths. At first I did not know about the large number of industries that required physician expertise or where to find out about them. Most importantly, I did not know anyone in these industries. It was only through the mentoring of a relative who had made his own successful clinical-to-non-clinical career transition that I formulated a plan of attack. Eventually I learned about the education, advertising, and publication planning opportunities available within the medical communications industry.

Now, as co-owner of Peloton Advantage, a medical communications company, I frequently interact with physicians in non-clinical jobs, as well as countless clinicians who are interested in career transition. Although I once considered myself an anomaly, I now have a better sense of the growing number of physicians in non-clinical jobs and the even larger number of opportunities available. Unfortunately, an organized approach to bring these groups of physicians together has been lacking.

Several widely varying industries have increasing demands for medical expertise in both full-time and consulting capacities. Companies in the pharmaceutical, communications, insurance, legal, public health, investment, publishing, and creative industries have constant need for such expertise. There are numerous opportunities in research, hospital administration, public health, and non-profit organizations as well. Numerous demands for medical expertise exist outside of clinical practice; the challenge is finding them.

The number of physicians working and consulting in non-clinical jobs continues to rise. Students and residents are increasingly evaluating such opportunities, and many older physicians are reducing the percentage of their time in the clinic, or retiring from practice earlier to pursue these options. Even more profound, however, is the rapidly rising number of physicians exploring such alternatives midstream in their careers.

The supply of physician expertise and the demand for this resource are equally impressive but at times appear to be divided by an impassable chasm. Most physicians do not know what their non-clinical options are, let alone where and how to begin searching. Even physicians who have entered a non-clinical industry have minimal opportunity to learn about other types of non-clinical jobs. There is a large unmet need for cross-pollination of ideas and opportunities within the non-clinical arena.

In 2004 I founded Physician Renaissance Network, a comprehensive resource for doctors with non-clinical jobs and interests, or a desire to explore such options. Physician Renaissance Network focuses on education, career development, and networking opportunities. For now I write the majority of the content for the web site (www.prnresource.com) but also encourage participation and interaction by physician visitors. This involvement has been particularly rewarding to me. I can relate to the obstacles faced by physicians visiting the site and hope to facilitate the evolution of their careers.

While speaking with many practicing clinicians considering a career transition, I have been impressed by how similar their challenges and questions are. By writing this book of my answers to these commonly asked questions, I hope to help physicians who are in the situation where I once found myself. I hope that the readers will find some additional direction and practical advice in the pages that follow. I welcome reader feedback and ideas and encourage you to contact me through the Physician Renaissance Network web site.

PART 1

THE JOURNEY

QUESTION

I don't even know where to start. Did you follow a process?

ANSWER

Yes, there was a process. I initially floundered through my search, getting ahead of myself, only to find that I was moving inefficiently and often in the wrong direction. This improved dramatically once adhering to a five phase process: introspection, exploration, preparation, acquisition, and transition.

Introspection set the stage for the subsequent phases. I had to do some soul searching to decide why I was considering a career transition and what I was hoping to find. Force-ranking the characteristics of my ideal job was necessary before searching for one that matched my priorities.

Exploration was the most time consuming phase, involving extensive research of various types in order to establish the realm of non-clinical possibilities available to physicians. Using the lessons learned from my introspection, I continuously assessed these potential types of positions, using my personalized list of ideal job characteristics. I gradually honed in on a specific industry and then a specific type of position that would suit my ability and interests.

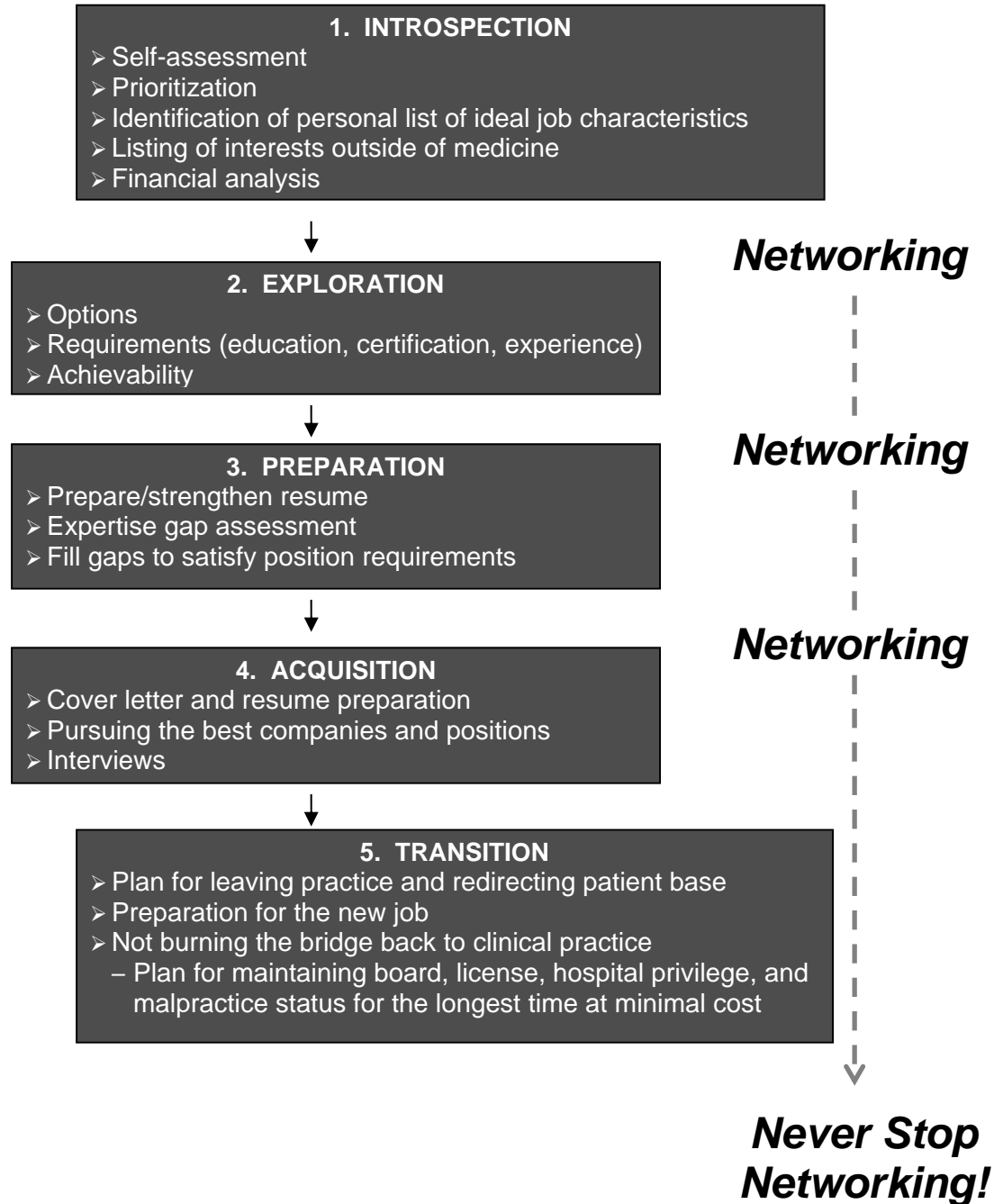
Preparation involved taking a hard look at the requirements for the positions I was considering and assessing my expertise. There were gaps, such as the limited depth of my writing experience, that I had to fill in order to increase my marketability.

It was not until these phases were complete that I was fully prepared to acquire a new position. Acquisition was where I wanted to start before getting better advice, and where many physicians considering a career transition often mistakenly start. Looking right away at job opportunities before considering what you really want and what the options are may actually lead to a new job, but it is far less likely to lead to the best job.

Transition involves a combination of emotional and practical elements that are equally important to consider in advance. This phase starts toward the end of the clinical practice period and extends for a variable amount of time until you are established at the new position. First, you should establish a plan for the continued care of your patients. As far as your own career path, it is important to avoid burning any bridges during this time. While returning to clinical practice may be undesirable, this option provides a safety net as you make the transition.

Networking is crucial throughout the process and improves the efficiency of navigating through these five phases.

Figure 1. Career Transition Process



QUESTION

How long did you know that you wanted to leave clinical practice?

ANSWER

Deciding to leave clinical practice was a gradual process occurring over several years, rather than an overnight realization that I should make a change. I suppose that I had some thoughts about an alternative career path as early as my internship. That timing probably does not shock a lot of physicians: I am sure that the internship year is a defining period for many people.

I knew from an early age that I wanted to go into medicine. When I was a junior in high school I decided to become a cardiac surgeon. My drive to become a surgeon would affect nearly every decision I made during the years of school and training that followed.

There were several times when my eagerness to become a physician threatened to propel me forward too fast. I considered combined medical programs straight out of high school; instead, I chose to go to Harvard for my undergraduate degree. Even there, I considered an accelerated program that would have allowed me to graduate in three years and get into medical school earlier, but wisely changed my mind. The emphasis of my curriculum involved premedical studies. I majored in biology. I did genetics research that led to a thesis. I did everything necessary to improve my medical school application.

I went to medical school at Columbia University's College of Physicians and Surgeons in New York City. There I did research in cardiac surgery and transplantation. I also spent a fair amount of my spare time working with the cardiac transplantation team, flying in the middle of the night to various places to assist with organ harvests. When applying for residency, I again considered combined programs that would have included nine or ten years in general and cardiothoracic surgery, but instead I chose to stay at Columbia for the five-year general surgery program.

Hospital rotations and internship provided a closer look at the day-to-day life of surgeons in different specialties. Getting married between medical school and internship also altered my perspective on the future. In high school I thought in terms of one person; now I was viewing my career from the perspective of a husband and future father. While I had a great deal of respect for the cardiothoracic surgeons with whom I worked, I was able to see the time commitment that their careers required and the impact on their family lives.

As all of these factors converged during internship, I realized that I no longer wanted to be a cardiothoracic surgeon. This was a defining moment in my career. Cardiac surgery had consumed my plans for more than a decade. If not that, then what? There were brief moments when I considered the concept of non-clinical options, but everything I could imagine remained within the realm of surgery. I was so busy and exhausted that I rarely had enough

time to truly think through what my overall options were. It never occurred to me that my future might lie outside of surgery.

During the next few years, two of my best friends left our residency program for non-clinical jobs. The first left after her internship to write consumer healthcare books. The other left after his second year of residency and entered the pharmaceutical industry. After watching them leave and talking to them about how happy they were with their decision, I occasionally wondered if such an alternative might be an option for me. At that time, however, I could still not envision such a path for my career. Also, as a resident, I was mainly doing the more interesting and rewarding aspects of a surgeon's job. I spent a great deal of my time operating. Managed care headaches, piles of paperwork, and the threat of lawsuits had not yet found me.

During my third year of general surgery residency, I decided to become a hand surgeon. Three training paths can lead to a hand surgery fellowship, one of which is plastic surgery. Columbia had a strong plastic surgery program that accepted applicants after only three years of general surgery, rather than the standard five. I was fortunate enough to get one of the two positions for that two-year program.

Every year generated more doubt about my future career path. I kept optimistically reassuring myself, however, that each "next year" of residency training would be more rewarding and bring me closer to the culmination of my hard work – a career in surgery. This continued through all five years of training at Columbia and then at the subsequent year at the University of Utah during my hand surgery and microsurgery fellowship.

I remember signing the employer agreement to join the multi-specialty group in Bethlehem, PA, and questioning whether practicing surgery was the correct direction for me. I still had no idea what else I could do. I had spent the last 14 years learning and training pursuing this particular career path and never imagined how such skills could transfer to a different type of job. I was at a point where I would soon find out what it was really like to be a fully trained surgeon, and was willing to give that a try.

After two years in practice, I passed my plastic surgery and hand surgery boards on schedule and was admitted to the most prestigious associations in my field. Ironically, the completion of that process, the culmination of all of my studies and training, coincided with my decision to leave clinical practice.

I was 33 years old and married with two daughters. I was finally certain that I wanted to leave clinical practice. What were my options? What could I do? What did I want to do?

QUESTION

Did you know many physicians who made a similar career transition?

ANSWER

No, especially early in my career.

I have to recount a story from when I was twenty one years old, just to demonstrate how much my thoughts on this subject have changed over time. I worked as a lifeguard at our community pool in the summer between college and medical school. I was speaking to a gentleman in his forties one day and mentioned that I was headed to medical school. He told me that he used to be a cardiologist but did not enjoy it and left his practice. The concept of not wanting to be a practicing physician anymore was mind-boggling to me, and I was disappointed that he would do such a thing. I assumed that there was something wrong with him. I do not know why I made that assumption, but I did. Maybe I had a naïve and idealized view of clinical practice at that time. Fifteen years later I left my own practice.

My interest in writing shone a spotlight on some physician authors. I went to the same medical school where Robin Cook had gone. I read a lot of Robin Cook's books and was always intrigued by the concept that a physician could become that successful as a writer. I have also been a big fan of Michael Crichton, whose creative talents have extended from books to television and movies.

I did a fourth-year medical school emergency room rotation at Vanderbilt University during the peak of my cardiothoracic transplant surgery aspirations. I was very interested in the surgery program there and scheduled time to speak with Dr. William Frist, a cardiothoracic transplant surgeon. Despite his hectic schedule, Dr. Frist was generous with his time as we discussed several topics, including my future goals and his surgical experience. I was quite impressed with Dr. Frist, a man who appeared to have so much of what I sought for my future, not to mention an easy-going elegance and charisma.

Dr. Frist gave me a copy of his book, *Transplant: A Heart Surgeon's Account of the Life-And-Death Dramas of the New Medicine*. I read the book, an autobiography focused on his life as a cardiothoracic surgeon, while imagining myself in that role. One chapter includes a detailed description of Dr. Frist returning from the hospital in the middle of the night and noticing how much his young child had grown since he was last home. At the time, I thought his account was exaggerated, but I later had flashbacks to this chapter during my internship when returning home to my wife and infant daughter following weekend-long calls in the hospital.

It was eye-opening to watch Dr. Frist on the news a few years later, leaving cardiothoracic surgery for the United States Senate. By that time I had already discarded my plans to become a cardiothoracic surgeon, and was even considering non-clinical options. For

me, Dr. Frist exemplified the feasibility of transitioning from one successful career path to another.

During my residency training, I got to know Dr. Neil Shulman, a cardiologist from Emory University who has been successful in numerous endeavors outside of clinical medicine. Neil's academic success includes many research projects and publications and extensive experience in preventive medicine and patient education, particularly in the area of hypertension and kidney and heart disease.

Neil is a well known speaker and entertainer. He has published seventeen books including *Your Body's Red Light Warning Signals: Medical Tips That May Save Your Life*, and *Your Body, Your Health: How to Ask Questions, Find Answers, and Work with Your Doctor*. He has written, produced and acted in videos and movies. The movie *Doc Hollywood* was based on his novel *What? Dead Again?* He also has been instrumental in creating charitable organizations.

Neil was an inspiration to me. Within a few seconds of meeting him, I marveled at his ingenuity and seemingly endless energy. He can breathe life into ideas that others would not even recognize as being possible. When I spoke to him about some of my aspirations, even the ones that I considered to be a bit far-fetched, he took them seriously and made me even more confident that I could achieve those goals.

Earlier I mentioned two colleagues who left our surgery residency for non-clinical jobs. Soon I will discuss the impact that a non-clinical physician relative had on my career transition.

QUESTION

Did you have a career coach?

ANSWER

I know other physicians who have sought the service of a general career coach, but I did not. Luckily, a relative served as a mentor and remained dedicated to helping me through the entire career transition process. Having a physician who could serve as a role model and fully understand what was driving me was extremely beneficial. I have now advised numerous physicians through the career transition process.

QUESTION

How did your mentor help you?

ANSWER

Having a career transition mentor was the most important factor that enabled me to complete the process.

My brother-in-law's father is a physician who left his residency training to start an emergency room physician staffing company. He enjoyed personal and financial success through the growth and sale of the company. Since that time he has successfully started and managed other companies, and has been involved in several philanthropic activities.

He was well aware of my frustration with clinical practice from several years of discussing the topic, and was very eager to help when I decided to explore alternative options. He recommended that we meet every other week at a point approximately halfway between our homes in Bethlehem and Philadelphia. For the next two years, we met at a restaurant to discuss my desired career transition.

At first I recounted a litany of reasons why I wanted to leave my current job, without a goal in sight. This was a particularly emotional time for me, because I felt trapped in a dead end – as though all of my hard work, studying and training, was wasted. Worst of all, I did not see a way out. During the first several meetings, my mentor convinced me of three beliefs necessary to begin the transition process: 1) that there were non-clinical jobs requiring my skills, 2) that I could fill in the remaining gaps in my skills and transfer them to such a job, and 3) that I could overcome the likely financial challenge associated with such a transition.

The fourth belief had to come from within – I had to believe in myself. I think if that was not the case, I would have given up many times along the way.

We discussed the realities that I had to accept. This transition was not going to be easy or fast. I would have to be as dedicated to this process as I was to becoming a physician many years earlier. I also had to be willing to begin at the bottom of the totem pole again. That was a reality that would affect me psychologically and financially.

My mentor provided a structure to the career transition process, which consisted of five phases: introspection, exploration, preparation, and acquisition, and transition. We worked through this sequence methodically, with homework assignments that I completed between meetings. Over time we honed in on a target industry and position while walking through the steps necessary to get there. Many dinners later, I made an extremely rewarding career transition. I realize how fortunate I was to have guidance through that process and understand that most people do not have access to such an advisor.

Hopefully this book will help provide a reasonable surrogate for a mentor and an organized approach to non-clinical career path exploration. In my opinion, however, there is no true substitute for the guidance gained from two-way discussion with a mentor.

QUESTION

How long did it take to make the career transition?

ANSWER

Once I decided that I definitely wanted to make a career transition, it took about two years to get a non-clinical job.

QUESTION

Why did it take so long to make the transition?

ANSWER

At first glance, the two years probably seems like a long time. Living through it certainly felt endless at the time.

I attribute the amount of time to several factors. First of all, prior to the point of deciding that I wanted to pursue a new job, I was so busy trying to make my clinical practice successful that I had limited time to spare. Deciding to explore alternative options threw open a door that I had never even noticed before. I had to start from scratch. Even after deciding to leave clinical practice, I was still fairly busy with my “day job.” This practical challenge became especially frustrating. Unlike the way this would be depicted in a novel or movie, I was not in a financial position to walk away from my practice and “find myself.” Through after-hours search efforts, I gathered information from multiple parallel processes, including regular meetings with my mentor, networking, and online research.

During these two years of exploring alternative options, I followed a systematic process of exploring potential job types, identifying my areas of interest, and pursuing a position. This process was more involved and time consuming than I would have imagined. Without a methodical approach to this task, however, it is very likely that my career transition would not have happened, or perhaps even worse – that I might have entered a similarly non-satisfying position in a different industry.

Networking required a great deal of effort to overcome the initial inertia and place the gears in motion. In the beginning I was only contacting one or two people every couple of weeks. As a result, it took several months before I was speaking to people who could directly

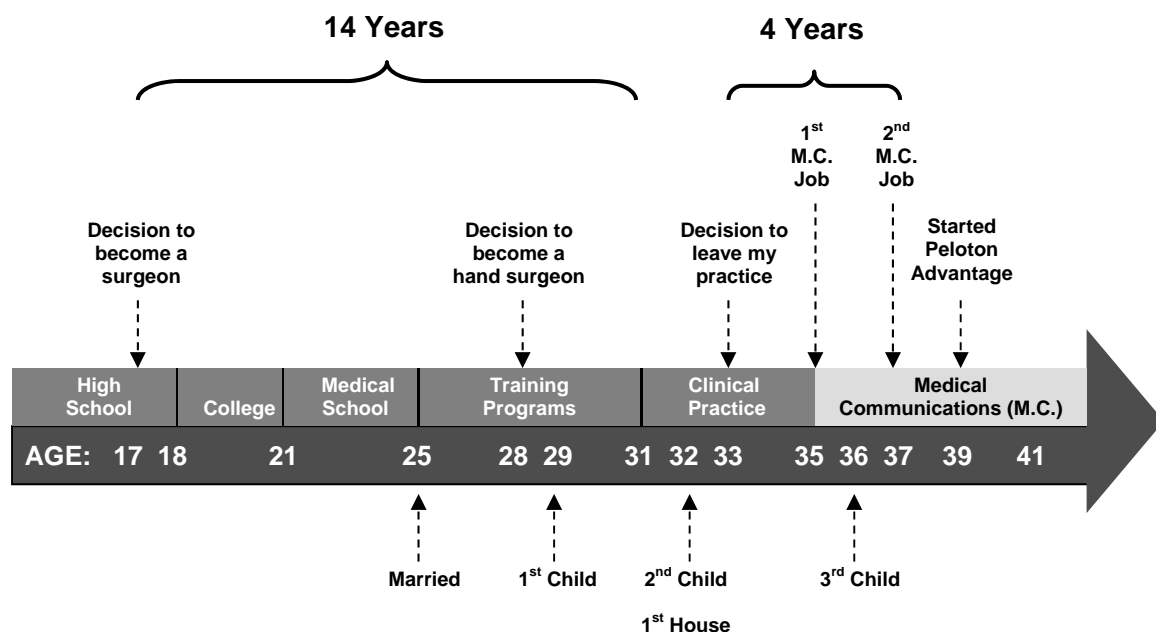
influence my career path. Once I established a network of people in medical communications, my area of interest, I had to wait for new positions to become available.

My online research was particularly inefficient. Much of the problem was caused by searching for open positions before I had spent adequate time fully understanding which types of jobs were best for me. I did not realize until afterwards that I applied for several positions that did not require medical expertise and therefore did not meet my salary threshold. There are a handful of well-defined job titles that are appropriate for physicians within the pharmaceutical and medical communications industries. Unless you know what these are, or have someone who can help direct you toward them, trying to match your skill set to these jobs is equivalent to finding a needle in a haystack.

I now look back on the amount of time that it took me to hone in on hand surgery – the last two years of high school, four years of college, four years of medical school, and the first three years of my surgical training – and understand that the two years I spent evaluating and entering this new industry were actually relatively efficient and quite successful.

Five years after making the transition, I was a satisfied business owner with a positive outlook on my future. Becoming established in my new career took far less time than the effort involved to begin practicing medicine.

Figure 2. Author's Career Timeline



QUESTION

How long did you know you wanted to go into medical communications?

ANSWER

When I was in clinical practice and was just starting to consider alternative options, I did not know that the field of medical communications existed. As with many physicians, my interactions with the pharmaceutical industry mainly involved having sales representatives come to my office, or attending an occasional dinner meeting. I never gave much thought to how those meetings and materials were developed. I assumed at that time that the pharmaceutical companies did all this work themselves. Much of this work is actually outsourced.

It was only through my exploration of alternative career paths that I learned about all of the different companies that provide products and services to the pharmaceutical companies (eg, contract research, medical communications, and market research). Medical communications made the most sense to me because I was looking to combine my medical expertise and writing skills.

I began to hone in on medical communications a few months after deciding to explore non-clinical options. I started my first job in that industry about 18 months later.

PART 2 **INTROSPECTION**

QUESTION

How did you decide what you wanted to do?

ANSWER

The first step in deciding on a different career path is to prioritize the goals for the next job. This sounded simple at first, and I thought I knew exactly what was important to me, but I agreed with my mentor to make this a mandatory assignment. Once I actually took the time to sit down with a pencil and paper and write out the list, I surprised myself. It was also important to get my wife involved in this step to review my list. It was necessary to discuss these priorities together as early in the search process as possible.

Before diving into what I wanted in a future job, I took a look at my current job as a practicing surgeon. I listed the positive aspects of my job, and then the negative aspects. My initial “positive” list included the following items:

- Intellectually challenging

- Technically challenging
- Generally highly respected career
- Good current salary
- High earning potential
- Doing good for people

My initial “negative” list included:

- Long hours
- Insurance company restrictions
- Patient demands
- Pressure of the consequences of a bad result
- Concern about malpractice threat
- Malpractice and other overhead costs
- Yielding a high percentage of my “profit” to the practice

When I thought more about these and got more specific, it helped further assess my job. For example, “long hours” really broke out into several items that provided much more insight into why I wanted to leave clinical practice:

- Unpredictability of work hours
- Getting called back into the office during dinner
- Being on call
- Lack of sleep
- Lack of sufficient coverage to leave town
- Interruptions of time with my family
- The threat of interruptions while enjoying time with my family

These started to add up to lack of control over my work time, which impacted on the quality of my “free time.”

I did my best to complete these lists and then revisited them as I proceeded with my exploration of alternative career paths. In looking back now, I realize that I completely missed one of the best aspects of clinical practice – job security. I never had to worry about the possibility of being laid off. The thought probably does not even enter the minds of most physicians; in most cases it probably feels like their job is secure, 24 hours a day, 7 days a week, including holidays. In non-clinical industries, however, I have seen physicians fired and laid off. The impact of such events cannot be overstated.

Next, without a specific job in mind, I used my current “positives” and “negatives” to create a new list of the attributes that I desired in my next job. It was not very difficult to come up with the list of attributes. The difficult part was taking this list and translating the specifics into what they really meant. For example, “doing good for people” and “generally highly respected career” fell under a bigger heading of job “fulfillment” – a sense of accomplishment.

Most of the items on my “negatives” list suggested inadequate “control” over my life, in many cases the balance of career and family. The ideal job had to take these items into account, rather than specifically reducing my battles with insurance companies or eliminating the cost of malpractice.

Then came the big challenge: prioritization. I had to force-rank and narrow the list. I had to be honest with myself. It might be nice to tell people that the reason I went into medicine was to help people (which is the truth), but I did not even want to think about reducing my salary – by 10%, by 25%, especially by 50%. Which items on the list did I have to have? What could I do without, if I had to choose?

I think that making and revisiting these lists are helpful during the search process. In the end, walking through this exercise may help assure you that practicing medicine, while not perfect, achieves more of your top objectives than any alternative that you are considering. Then you can refocus on your clinical practice with extra peace of mind. There is certainly benefit in such confirmation, not to mention the time saved wandering down a dead-end job search.

With my lists in hand, I started looking into alternative career path options that matched my priorities.

Figure 3. Comparing Your Clinical Practice to Your Optimal Job

My List		Your List	
Optimal Job Characteristics	Clinical Practice Scores	Optimal Job Characteristics	Clinical Practice Scores
Intellectual Challenge	4/5	?	/5
Team Environment	2/5	?	/5
Sense of Accomplishment	4/5	?	/5
Financial Reward	3/5	?	/5
Manageable Workload	2/5	?	/5
Schedule Control	1/5	?	/5
TOTAL	16/30	TOTAL	/30

It is important for others to understand that honing in on my first non-clinical position involved a fair amount of trial and error. As methodical as I like to think I am, I have to admit that I did not systematically identify each subsequent step in the search process and propel myself toward it like a laser beam. My feeling, however, is that if you move too quickly and easily toward a new job, there is probably a good chance that you have overlooked something. Mistakes are okay, as long as you recognize them, back away, and readjust your direction.

A major part of my trial and error was due to a limited understanding of what the job specifications and background requirements were for some positions. For example, I began looking for medical editor positions. While my medical background would provide some degree of benefit in this position, much of my expertise was superfluous to the actual requirements of the job. I also far underestimated the amount of skill and expertise that goes into being an editor and my ability to transition into this job and do it well. As a result, my salary requirement was too high, my ability to perform well in that job was quite limited, and I do not think any employer would have taken me seriously for these positions. Not realizing this, I applied for a few editor positions and even took an editing test for one company. By the way, in case you were wondering, I bombed the test.

My first position outside of clinical practice was as an Associate Medical Director at a medical communications company in New Jersey. This position fulfilled the majority of the line items on my priority list. I would be using my medical background. The job was intellectually challenging. I enjoyed the people and the team environment in the company. The hours at this entry level position were fewer and more predictable than my surgery hours. Weekends and vacations would be beeper-free (“priceless,” as they say in the television ads).

I am sure that all of this sounds wonderful, but no job is perfect.

The salary, while a 33% drop from my salary in practice, was what I had anticipated in an entry level position following a career transition. Also, the management team at the new company helped outline a salary increase schedule that would get me back above my break-even point within two years.

I had a 90 minute commute to get to work each day. This was obviously a major drawback, but a price that I was willing to pay in exchange for the other benefits of the job. Of course I had the option of relocating, which I decided not to do until becoming fully established in medical communications.

Perhaps most importantly, I was confident that I could fulfill the job requirements and perform well in this new industry. This helped to allay the uncertainty that is probably always present when someone makes a significant career transition.

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