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CAREER GUIDE

CARDIOLOGY

American Heart Association (AHA) Scientific Session

Orlando, Florida

Nov 7 - Nov 11, 2015



ARTICLE HIGHLIGHTS:

- Dr. Executive: *The Growing Popularity of the MD/MBA*
- Work-Family Balance During Training: *Advice from a New Mother*
- Choosing Your Mentor
- Investing in Your Children's Future
- Getting the Most Out of Your Last Year of Fellowship
- Careers Beyond Clinical Practice



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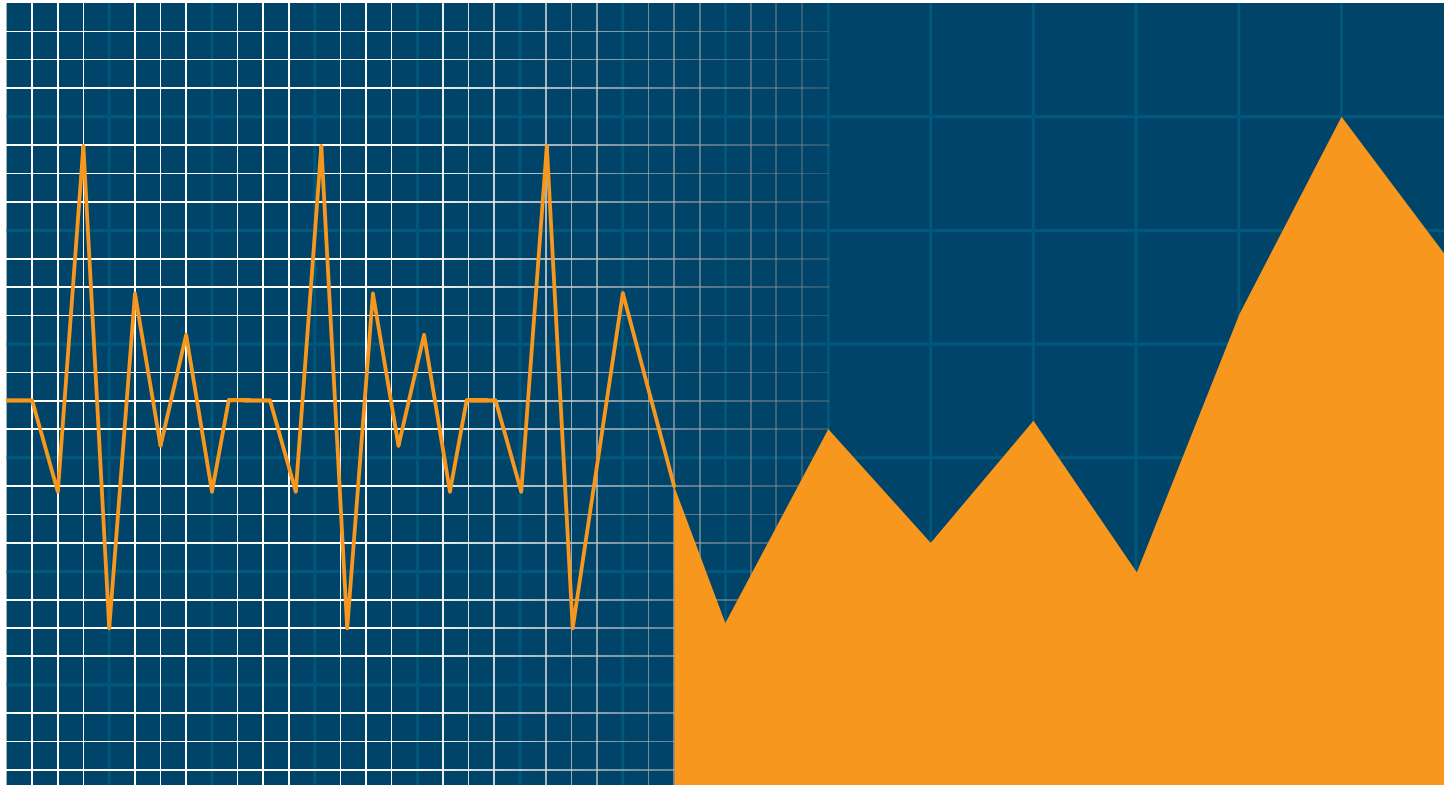


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Dr. Executive:

The Growing Popularity of the MD/MBA

By Melissa Mapes

This past December, Vivek H. Murthy, MD, MBA, assumed the office of Surgeon General of the United States. At just 37 years old, Murthy's age is not his only unique attribute; he also holds a Master of Business Administration from the Yale School of Management.

Many physicians go on to pursue additional degrees after medical school, such as a PhD or MPH, but until recently doctors with MBAs were few and far between. The demand for business training among providers has exploded in the past decade. Murthy is emblematic of this trend—symbolizing a new role for doctors in the U.S. healthcare system.

SUPPLY AND DEMAND

Twenty years ago, there were only six combined MD/MBA programs in the U.S. Today, there are about 65, according to a recent article in *The Atlantic* magazine. That means about 500 currently enrolled students nationwide.

Rather than adding two more years of education, these programs integrate the medical and administration curriculum into five years. The total comes out to just one extra year on top of medical school.

To multiply the appeal, an MBA can open doors to higher-paying jobs than a medical degree alone. A 2014 study by *The New York Times* showed that the average salary for a hospital administrator is \$237,000, while the average clinical physician makes

\$185,000 per year. Like Murthy, MD/MBAs also tend to end up in leadership roles rather quickly out of residency.

The dual skill sets of business-savvy and medical training seem to make for appealing job candidates—especially in administration, policy, and industry positions. Hospitals and other healthcare organizations frequently hire MD/MBAs into high-level roles, which can require both patient care and budget management.

Medical schooling has long-since been criticized for a lack of evolution. However, as any good business student knows, growing demand can drive supply. Decreasing reimbursements and the ballooning cost of higher education have many residents feeling concerned about their financial future—enhancing the draw of a better-paying administrative gig. This, combined with aspirations of entrepreneurship or improving public policy, has helped fuel the addition of an MBA to traditional medical degrees.

BAD RAP

The motivations for obtaining an MD/MBA are clear: higher income, leadership positions, and diversity of career opportunities. But not everyone in healthcare believes that business degrees make sense for medical providers.

Not long ago, physicians who pursued MBAs were sometimes considered turncoats for a perceived inferior devotion to medicine

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and science. In 2005, the author of an article in *Physician Executive* interviewed 40 MD/MBA students, and about half brought up the concept of feeling like “a traitor to the medical field.”

The students noted that many peers were supportive of their desire for a business degree, but others would regard them as less altruistic and more interested in money. This perception may be changing as MD/MBAs advance into public service roles and make other contributions to medicine from non-clinical positions. However, many physicians manage to achieve success in administration, entrepreneurship, and the policy realm without formal business training.

Joseph Kim, MD, MPH, the creator of the website NonClinical-Jobs.com, explained to *Physician Executive Journal* that an MBA is not always necessary to reach these goals.

“There is a misconception out there in the physician community that you need to have an MBA to succeed in the nonclinical world—or that having an MBA will guarantee you a job in industry,” he says. “Both of those perceptions are incorrect in my opinion.”

“Many physicians manage to achieve success in administration...without formal business training.”

He thinks that the best candidates for business programs are either newly minted doctors looking to compensate for limited work experience or established physicians who want to show that they are serious about a career change.

Critics also question the effectiveness of many MD/MBA programs in combining medical and business curriculum. A 2010 survey by then-MD/MBA student Joshua Goldman found that many students felt the coursework needed more integration.

“A lot of programs are still four years of medical school and a year or year-and-a-half of business school. You just kind of squeeze it in, and the two programs don’t talk to each other,” he reported to *Physician Executive Journal*. Recently, though, many MD/MBA programs continue to revise curriculum to better combine the healthcare and business aspects.

SURVEY SAYS

Limited studies exist on the current activities and outcomes of MD/MBA graduates, meaning that most information is self-reported or anecdotal. Goldman’s survey of students and programs is one of the few resources available to gauge perceptions about the combined degrees and their effectiveness.

“It seems that these people are pretty happy, which is interesting in a world where many doctors are frustrated,” Goldman told the journal.

He and a co-author wanted to find out if MD/MBA holders felt the combined degree was worth the time and monetary investment. They were also interested in knowing if the training enhanced their careers and provided the skills they desired and expected.

Essentially, his survey asked, “Is this something that’s useful?”

The individuals he interviewed provided a clear answer: Yes. About 93% of MD/MBA graduates in the survey believed the degree

15 Top-Ranked MD/MBA Programs

The MD/MBA Association ranked schools offering a combined medical and business degree by analyzing data from the *US News and World Report*.

- | | |
|-------------------------------|--|
| 1. Harvard | 9. NYU |
| 2. University of Pennsylvania | 10. Columbia |
| 3. Stanford | 11. UCLA |
| 4. Yale | 12. Duke |
| 5. Northwestern | 13. University of Virginia |
| 6. University of Chicago | 14. Cornell |
| 7. Dartmouth | 15. University of North Carolina-Chapel Hill |
| 8. University of Michigan | |

was worthwhile and 89% claimed it offered “significant ROI.”

To define return on investment, Goldman compared the starting salaries of the surveyed MD/MBA graduates with the average salaries of medical specialists within the same time period. Those holding the business degree made \$292,500 on average, while specialists without it made about \$192,200 each year. Even surgical specialists came in about \$45,000 less than MD/MBA holders with a typical salary of around \$247,300.

According to Goldman, two factors influenced the compensation disparity.

First, the business training set them apart from other candidates and allowed them to find management positions—sometimes as their very first job. They received additional pay for the administrative duties they conducted on top of medical practice.

The second factor Goldman claimed to involve entrepreneurial endeavors. Numerous respondents launched or joined other businesses on top of salaried jobs as providers.

“Their physician salary was not necessarily higher just because they went to business school, but they were doing interesting and creative things with the MBA portion of their degree in addition to practicing,” he explained to *Physician Executive Journal*.

Goldman himself is now a primary care sports medicine physician at the University of California-Los Angeles and the founder of MyHouseCallMD.com.

NOT ALL ABOUT THE BENJAMINS

Although surveys demonstrate higher earnings among MD/MBAs than most physicians, money is not the reason respondents generally claim as their motivation. The majority of doctors with business degrees say that they want to make a difference in medicine.

Maria Young Chandler, MD, MBA, founded one of the earlier MD/MBA programs in America at the University of California, Irvine in 1997, and is also the president of the Association of MD MBA Programs. On the Association’s website, she describes graduates of such programs as a select group of doctors who will “lead our community and the healthcare industry toward a solution to the incredible challenge we are faced with—providing patients with quality care that is financially and ethically responsible.”

Chandler strongly feels that “physicians of the future need business skills to be better leaders as well team members.” In

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The Growth of the MD/MBA

20 years ago, there were only six combined MD/MBA programs in the United States. Today, there are about 65.

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While many factors are motivating this growth, a business degree is not appropriate for every physician.

an interview with *The Atlantic*, she posited, “What industry puts somebody with no business training in front of a huge budget? Nowhere but medicine, really.”

The finances of American medicine have been a significant public concern for some time. Statistics show that the cost of health-care per capita is about 2.5 times more than in other developed countries, like the United Kingdom and France. At \$8,200 for each U.S. citizen annually and growing, medical care eats up nearly 18% of American Gross Domestic Product.

With the complexity of the payer system combined with considerable changes incited by the Affordable Care Act, up-and-coming physicians want to ensure they grasp the business side of medicine. Some even aim to help resolve the financial and systemic challenges of American medicine.

Chandler found that MD/MBAs seem to perform exceptionally in typical residencies in addition to business and policy-oriented routes. She gathered evaluations of alumni of her UC Irvine at residencies nationwide, and discovered that “in almost every category, MD/MBAs were listed as higher: even in non-business areas.” She told *The Atlantic* that there might be self-selection bias involved—meaning dual degree students “may be more competitive and well-rounded to begin with.”

Business training does seem to attract highly motivated and ambitious physicians like Murthy. Chandler is no exception either.

Because she was unaware of the few combined programs available during her education, she obtained her MBA through evening classes while also practicing full-time as a pediatrician. In addition to her work at the Association of MD MBA Programs and UC Irvine, she supervises nine Los Angeles nonprofit clinics.

BACK TO SCHOOL

Similarly to Chandler, many physicians pursued their MBA separately from their MD. Some feel that it is better to get a few years of experience as a practitioner under one’s belt and then apply to a two-year business program.

Certainly, medical students should feel no pressure to pursue a business degree if it does not match their current career interests. Plenty of MBA programs accept doctors who are further along in their careers, if so desired in the future.

Chandler, however, thinks that receiving both sets of training in tandem may help develop a unique perspective on healthcare. Residents can perhaps get a leg up at the very start of their careers by exercising business skills like negotiation.

Either way, the number of MD/MBA holders is unlikely go anywhere but up. Some universities have even begun offering online Healthcare MBAs to meet demand.

While many factors are motivating this growth, a business degree is not appropriate for every physician. Healthcare will always need doctors and scientists who are entirely dedicated to working in the lab or with patients—especially with the ongoing U.S. shortage of specialists. Physicians with MBAs may play a significant role in the future, but they are not the only important role to fill. ■

Massachusetts General Hospital

A one year clinical and research fellowship position in Nuclear Cardiology will be available beginning July 1, 2016. Applicants must be Board Certified/Eligible in Internal Medicine and preferably have had two years of clinical training in Cardiovascular Medicine. CVs should be emailed to Dr. Henry Gewirtz at hgewirtz@partners.org.

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NHLBI and how to apply.



Joanna Spenger-Segal, MD, PhD

Work-Family Balance During Training:

Advice from a New Mother

Over the past two months, I have been at boot camp. No, not for grant-writing or board review, but baby boot camp! Our son was born in August, and as of this writing, I remain on maternity leave.

It is common and wonderful for trainees to consider starting a family before their training is complete. When expecting a child, you must make many choices about your training and career goals surrounding the birth. This difficult task involves estimating your future needs, which in many cases may change as things progress with or without unanticipated complications to your health and your personal life.

You will receive plenty of solicited and unsolicited advice as you go through this process. Here is some from my pregnancy and first few months of motherhood.

First, know what privileges your contract or program grants to all pregnant women and new parents. Are you automatically entitled to reduced work hours during your third trimester? Do you have access to paid child care leave? Do you have the ability to return to work part time? Start early in researching this. I also suggest familiarizing yourself with the Family and Medical Leave Act policies, which can be found at www.dol.gov/whd/fmla.

SCHEDULING CHALLENGES

Remember that you do not have to make the same choices as your closest colleagues or the most recent graduates of your training

“It is common and wonderful for trainees to consider starting a family before their training is complete.”

program. There is often (though unfortunately not always) at least some flexibility to the standard leave offered to university staff, particularly if you are willing to take unpaid time off. Speak to many others about their experiences to learn the range of possibilities before deciding what is right for you.

You may face an uphill battle in arranging a child care leave, particularly a non-standard one. It involves administrative work and interruptions to training schedules, and potentially inconveniences other trainees. The latter can be particularly difficult for clinical trainees, but return the favor in good spirits for your colleagues in the same position, and it will work out fine. Be firm and persistent in your requests for the time off that you need for yourself and your family.

Many trainees have concerns about the consequences of delayed training. Having children will often delay the completion of your training or your tenure clock, by a few weeks to a few years depending on your choices. As women become a larger part of the medical workforce, these “delays” will become so common as to be standard, and you will not feel “left behind” compared to your colleagues. Check back with me in a few years about this, but I have a hunch that the rewards of spending time with my son will far outweigh a few months of delayed training.

During pregnancy, many women need more medical attention than they ever have before. A pregnant woman needs to be especially attentive to her own physical needs. This can be challenging for clinical and research trainees alike, who in many cases are accustomed to skipping meals, spending all day on their feet, and working up to 80 hours a week on irregular schedules. You may find it physically impossible to carry out the duties assigned to you and, in that case, do not hesitate to make changes to your schedule, or even to start your leave early if necessary. You may fear that this is not possible, but once you speak up you will find that it is common.

Combining a fulfilling career with a family is possible, but flexibility is key as you respond to the changing demands of your personal and professional lives. As for me, I arranged a four-month leave from my fellowship training program in Michigan to be with my husband and son. I write to you from Florida, where my husband's work is now based, and where the three of us are enjoying these precious few months together. More from me on the challenges of dual career families in a future column.

I welcome your comments and questions at sjoanna@med.umich.edu. ■

Joanna Spencer-Segal, MD, PhD, is a second-year clinical fellow in Metabolism, Endocrinology and Diabetes at the University of Michigan, where she participates in the Physician Scientist Training Program in the Department of Internal Medicine.

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Michelle Y. Rivera-Vega, MD



Choosing Your Mentor

Choosing a mentor will be one of the most important decisions that you will make during your professional career. According to the dictionary a mentor is an experienced and trusted adviser. For some of us, a mentor is someone greatly concerned about your future and will help you succeed. Indeed, mentorship is a two-way street, a personal and professional relationship where a compatible style of communication and collaboration must exist in order to succeed.

A good mentor is someone who is willing to listen and provide his or her unbiased opinion on many topics. It should be someone that makes you feel confident, has empathy as a mentee, and possesses a genuine interest in understanding your issues. A common mistake is to believe that one mentor

is enough, whereas multiple mentors will only enhance your learning and contribute to the formation of your career. The trick is to identify these people and what type of contribution they will provide to the development of your professional career. For example, a mentor can facilitate the development of a productive colleague network, can help you understand your institution's culture, and can advise you on how to achieve an acceptable work/life balance. Even though academic accomplishments and a well-established research career are important criteria for a mentor, you should also pay attention to his or her experience in directing postdoctoral fellows, successful track record of mentoring trainees, reputation for high standards, enthusiasm for advising fellows, and funding resources.

Tips on How to Develop a Successful Mentor-Mentee Relationship

- Your mentor is human, therefore not perfect. It is unrealistic to expect that he/she will fulfill all the demands regarding your career and personal issues, but they can help you identify others who will be better equipped to help in a specific situation.
- Have clear and open communication. In this technology-driven society it should be easier to make appointments; by scheduling time with your mentor you guarantee yourself their full attention. Be prepared for your meetings, be on time and have a list of topics that you would like to discuss. Come up with deadlines and keep your mentor up to date with your progress or struggles. If for some reason you need to cancel your meeting please make sure that your mentor receives the message, it will avoid unpleasantness.
- Your mentor's time is precious, do not submit "rough drafts" for input; make sure that your draft is presentable and free of typographical errors.
- Accept criticism with grace. Remember, that it is your mentors' job to evaluate your work and progress objectively. In the same manner you should demonstrate a willingness to consider their advice, and be able to defend your position as mature and as educated as possible if you were still to disagree to their suggestion. Regarding disagreement, direct communication is the best option. Electronic communication can be misinterpreted or uncomfortable.

Before choosing your mentor, introspection is advised...and necessary. Before bringing in someone else to help guide your career, first you must identify your personal and professional goals, identify your strengths and weaknesses, clarify the type of research you want to do, identify the set of skills you want to learn, as well as the type of relationship you want to develop with your mentor. The mentor-mentee relationship should be one filled with respect and honesty, and as a mentee you are the one in charge of the success of this relationship.

Even though mentorship is more important during your training years, professional development never stops, and mentorship will always be needed. Engaging peers and colleagues outside of your division or department would be advisable because an outsider perspective might be helpful when confronting a problem or making a decision. Mentoring is a lifelong relationship and as you progress through your career, your needs will change and so will your mentors. It is important to assess your relationship with your current mentor periodically.

Hopefully, this advice will help you find your mentor and build up a successful relationship. As you will no doubt find out, once a mentor, always a mentor. ■

Michelle Y. Rivera-Vega, MD, is a third year fellow in Pediatric Endocrinology at the Children's Hospital of Pittsburgh of UPMC in Pittsburgh. She received a BS in Biology from the University of Puerto Rico, her MD from the Universidad Autónoma de Guadalajara, Mexico, and Fifth Pathway Certificate from Ponce School of Medicine in Puerto Rico.

St. Francis Hospital Cardiac Imaging Program



The Cardiac Imaging Program at St. Francis Hospital is accepting applications for its Research Fellowship Program for July, 2016. Training and research in Cardiac CT, Cardiac MRI, Advanced Echocardiography (including 3D, TAVR, MitraClip and Lariat procedures as well as intraoperative echocardiography) and Nuclear Cardiology (including PET/CT) are possible. Candidates who have completed a clinical cardiology fellowship are strongly preferred. The program is affiliated with the Cardiology Division and the Biomedical Engineering Department, SUNY Stony Brook and the faculty consists of 12 full-time academic imaging cardiologists and 3 PhDs with expertise in MR physics, nuclear imaging and biostatistics.

St. Francis Hospital's cardiovascular program is ranked 13th nationally by *U.S. News & World Report*. To apply, please send CV, personal statement and 3 letters of reference, including your program director's letter to:

Nathaniel.Reichek@chsli.org or
Nathaniel Reichek, MD, FACC,
Director, Research Department, St.
Francis Hospital, 100 Port Washington
Boulevard, Roslyn, NY 11576, fax (516)
622-4551, phone (516) 622-4552.



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Michael Merrill and Evan White



Investing in Your Children's Future

Envision the day you finish fellowship, when you make that phone call or go online to set up your student loan repayment plan. As financial advisors, two of the most common questions we field originate from this moment. The first question is, “What’s the best way to pay this back?” This is followed by, “Will I ever get through this and be able to do all the other things that are just as important?”

It’s with those thoughts in mind that we’d like you to consider what you can do to help your children lessen that burden. The cost of higher education is growing, but it’s important to note that it’s running at rates almost double that of historic inflation. When considering retirement, we all understand the importance in investing for our future by using a mix of assets and accounts where we expect the appreciation to not just match inflation, but really exceed those margins.

By starting early we have the confidence that we’ll have what

we need when we get there, and we'll be less concerned that money will run out! So, if the cost for higher education is growing that quickly we think it's important to consider what options are available to help meet those educational needs, while making sure the next generation also has a shot at preparing for their own retirement. One of the luxuries of your career as a family practitioner is that you will likely have the ability to prepare for both, and the best thing about educational savings plans is they often add in one or more tax incentives along the way.

There are a number of convenient methods for preparing for future educational expenses. The most common options offer tax-deferred accumulation and tax-free withdrawals for qualified higher education expenses. Depending on your state residence there may be an option for limited state tax deductions upon contribution, so as our clients evaluate means of offsetting taxable income, beyond providing a gift to your children the tax savings is pretty attractive as well! These accounts typically provide a broad selection of investment options for appropriate levels of diversification and flexibility within the accounts. Provided you approach these plans with consistency, similar to how you might invest for your retirement, the compounding interest upon interest and the tax-free distributions for qualified higher education expenses you'll put yourself in a great position to help your children pay for their education.

Beyond the common approaches, there are also a variety of other approaches, which may be an appropriate fit for you and your children's planning needs—from pre-paid tuition plans and

state bond agreements to insurance-based plans. Each option differs slightly, so it's important to compare and contrast each to fully understand the scope of the investment options, potential tax incentives, and other possible benefits or limitations.

By starting early we have the confidence that we'll have what we need when we get there, and we'll be less concerned that money will run out!

Lastly, the need to cover all the expense isn't always necessary. Sometimes there are other alternative means of paying for tuition—scholarships and endowments come readily to mind—and possibly you feel that your children will better value their education if they have to put in some effort to pay a portion of that cost. There is no right or wrong answer to the level of support you provide. It will ultimately come down to your goals and philosophy on the matter. ■

Michael Merrill and Evan White are financial advisors with the independent financial services firm, Finity Group, LLC.



Cardiologist Minnesota/Wisconsin

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Conway opportunity: join a cardiologist already established in that community building a new practice at BHMC-Conway. The hospital, opening in spring 2016, is a 264,000 square-foot facility that will feature 111 beds, eight operating rooms and a Level III trauma-center emergency room.

Contact: Claire Pittman 501-202-4345 or claire.pittman@baptist-health.org



Maria Brito, MD

Getting the Most Out of Your Last Year of Fellowship

As the new academic year rolls in, new incoming fellows join sub-specialty programs across the nation and faculty members along with senior fellows are placing most of their efforts in accommodating the newbies, showing them the ropes, and making sure they have all they need for a smooth transition from residency. During this time, junior fellows are the protagonists while they dedicate this year primarily to elective rotations and job-seeking (while fulfilling their clinical and academic duties, of course).

The last year of fellowship goes by pretty quickly and before you know it, you're in practice. Here are some tips on how to get the most of this time in order to better serve you in the future:

1. Get into the habit of learning for pleasure, not obligation.

Although you may enjoy the field very much, between the scheduled presentations, journal clubs, and frequent "pimping" during rounds, many fellows may get into a rut and lose passion as they see learning as a "duty." Once a week, decide to learn something you want to learn, for fun (yes, for fun). Read a new textbook chapter. Review an article that strikes your interest without worrying about an audience. Transform learning into something you do for you and nobody else.

2. Pay attention during divisional/operational meetings.

Many fellowship programs have fellows present during meetings where such things as budget, billing, changes in healthcare delivery, and administration are discussed, yet most physicians in training tune out these discussions because "it doesn't apply to *them*." In actuality, many of the topics discussed do have some degree of impact on the fellowship and becoming knowledgeable of how endocrinology divisions and physician practices are run is a valuable part of your training. Learning about healthcare administration will serve you well both in academic and private practice.

3. Dive into a field of interest, but don't feel obligated to pick one.

If you feel inclined to dedicate your career to one gland, this is the earliest opportunity you have to define it (but it won't be your last). Feel free to approach a mentor in your program with questions about your career goals, work on projects dedicated to the subject, research any courses or certifications associated with practice, and be ready to defend this interest in an interview if

you are serious about it. Again, you will have many opportunities during your trajectory to choose a field of interest or even change it, and endocrinology as a whole is fascinating (you don't have to restrict your practice to one single aspect of the science if that's not your thing).

4. Sharpen your time management skills.

Senior year of fellowship is a period of a lot of "down" time; the clinical responsibilities diminish significantly, so it's easy to become "slow" and lax. Strive to stay sharp, even if you have all day to write a few patient notes, try to get them done quickly. Make an effort to become comprehensive while being efficient. Develop your organizational skills and make goals to achieve more in less time. Learn to avoid unnecessary texting, web surfing, and other distractions during your workday. One of the most challenging aspects of practice after graduating from training is realizing you don't have nearly as much time as you used to and now have a whole lot more to do.

5. Get involved in a committee.

Committees are a great way to network within your healthcare system and be a contributing party to organizational change. This provides you an opportunity to demonstrate leadership and acquire knowledge of other aspects of the practice of medicine and medical education. Sometimes, your involvement may help you determine a career path and looks great on a CV. Your graduate medical education office can provide you with a list of committees that you can be involved in.

6. Be a tourist in your town.

Many trainees are fellows in areas that they have never been before or will move out of after fellowship. It is with great regret that I say I never visited Key West when I trained in south Florida or Lake George when I trained in upstate New York. Take this last year as an opportunity to enjoy the sights, activities, and best places to eat in your area. Trust me, it'll be harder to get there once you're gone! ■

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Alison Kim, PhD



Careers Beyond Clinical Practice

Early-career clinicians devote many extra years to their education and training after college, much of it paid for out of their own pocket. Therefore, for those debating whether to pursue an “alternative” career, the thought can be daunting. Are they even qualified to do anything other than practice medicine? Will all those extra years of education and training go to waste?

The short answer is, *yes*, you are qualified for a non-clinical career and *no*, your education and training will not go to waste. An important first step toward a non-clinical career is to decide which jobs are of interest to you.

- **Administration.** While hospital administration is the classic example, clinician administrators are also found in a variety of other work environments. For example, they may work within federal and state agencies as health scientist administrators and program officers. There are also opportunities in the non-profit sector, within medical associations, think tanks, and foundations.
- **Consulting.** Clinicians are a hot commodity for management and health care consulting firms. Not only do they offer

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content expertise, but also an on-the-ground perspective on problems related to healthcare. They also tend to be good with people, are intellectually curious, and are strong analytical thinkers—all attributes valued by consulting firms.

- **Communications.** Medical writing, journalism, and publishing are just some of the communications-related areas offering career opportunities. Clinicians' expertise and perspectives are valuable for identifying hot topics, controversies, and recognizing innovations that have the potential to significantly impact the practice of medicine.
- **Industry.** Pharmaceuticals, devices, and biotech are just some of the industries where clinicians may seek an alternative career. In addition to positions related to research and development, clinicians also work in the medical affairs, marketing, and advocacy departments at various companies. There are also opportunities available for physicians in other industries such as nutrition, agriculture, and health informatics.

Confirming that you are truly interested in an alternative career and identifying a potential career path is half the battle. Once you've made your decision, you need to take some extra steps to set yourself up for success on the alternative job market.

- **Identify your transferable skills.** Sure, you've trained years and years for the sole purpose of practicing medicine, but that doesn't mean you haven't picked up other skills along the way. It's important to put a name to these transferable (or "soft") skills. These might include: strong presenting and writing skills; the ability to analyze and draw conclusions from large amounts of data; communicating complex information in a way that a lay person can understand; leading and managing a team; and the ability to juggle multiple demanding responsibilities at the same time.
- **Seek opportunities to fill in the gaps.** Once you've completed an honest inventory of your skills, look for major holes that significantly weaken your resume. For the career path you're interested in, is there a particular experience or skill that is absolutely critical? This way, before you go on the job market, you can seek out specific experiences that strengthen your appeal.



**Northwest
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**Cardiologist
Gresham, OR & Vancouver, WA**

Outdoor recreation is a highlight of the Pacific Northwest; a few hours of driving can take you to the coast or to Mount Hood for some skiing. The breathtaking Columbia George offers hiking, mountain biking, paddle boarding, and windsurfing.

Only minutes from Vancouver and Gresham, Portland offers a wide array of cultural activities, including museums, music, and theater; as well as many annual festivals. Portland has long been known as a food town, and offers everything from fine dining to gourmet food carts.

Oregon wine country is known for its signature wine, Pinot noir, and boasts more than 400 wineries throughout the state. Nicknamed "Beervana" there are more than 80 craft breweries in the Portland Metro area.

Northwest Cardiovascular is a 23-physician, independent cardiology group with six locations throughout Portland, Gresham, McMinnville, Tualatin, and Vancouver. We are currently recruiting two General Cardiologists for positions in our established clinics located in Gresham and Vancouver. We are looking for candidates with a full range of general cardiology skills including echo, diagnostic cath, nuclear, and BE/BC.

We offer a competitive salary and benefits package as well as an opportunity for full partnership. Please forward your CV to Sally Sparling at 1200 NW Naito Parkway, Ste. 200, Portland, OR 97209 or sallysparling@nw-ci.com.

- **Get another person's opinion.** You may think you're underqualified, but everyone else may not. Be sure to get your resume reviewed by a variety of people, including those who know you well and those who know what it takes to succeed in your career of interest.
- **Network.** Who you know is just as important, perhaps even more important, than what you've accomplished. After all, when you have hundreds of qualified people applying for the same job and they look the same on paper, a personal reference goes a long way. Maintain the relationships that you already have, and be assertive when there are opportunities to add new people to your network. A great way to do this, of course, is to participate in professional meetings. Informational interviews are another way to meet new people while also gathering information about careers you may be interested in. ■

Alison Kim, PhD, is associate director of grant development and strategic research at the Endocrine Society in Chevy Chase, MD.

Cardiologists

Portland, Oregon

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National Heart, Lung,
and Blood Institute

Director, Division of Cardiovascular Sciences

National Heart, Lung, and Blood Institute

National Institutes of Health

Department of Health and Human Services

The National Heart, Lung, and Blood Institute (NHLBI), a component of the National Institutes of Health (NIH) and the Department of Health and Human Services (HHS), is seeking exceptional candidates for the position of Director, Division of Cardiovascular Sciences (DCVS). The incumbent will be a dynamic scientific leader widely recognized for his/her scientific vision and research credentials related to cardiovascular sciences. In addition to providing scientific vision, leadership, and management for the NHLBI DCVS, he/she will serve as a member of the NHLBI senior leadership team and advise the Director, NHLBI, on issues related to cardiovascular research and relevant Institute research directions.

This individual will report to the Director, NHLBI, and may also coordinate activities with NIH, other institutes and Federal agencies. He/she will provide scientific leadership in managing a portfolio budget of approximately \$1.7 billion and a staff of approximately 135 employees. The ideal candidate will have professional experience in organizational management, training and development of research scientists, and development of a diverse biomedical and behavioral research workforce.

The incumbent will provide strategic leadership at the NHLBI. The Director will assume responsibility for nurturing internationally renowned research programs in cardiovascular science across the spectrum of basic research, clinical science, and population sciences/epidemiology, including translational research and the conduct of a wide variety of clinical trials. The Director will recruit scientists and scientific administrators, develop and nurture a strong workforce, and build depth in a variety of scientific disciplines and in cardiovascular disease-specific programs and branches. Key challenges include establishment of program priorities, integration of basic and clinical science, building teams, and interaction with scientific colleagues in a wide variety of settings. Functioning as a key member of the senior leadership team of the Institute, the incumbent will collaborate with peers and others within the Institute on closely aligned programs. The DCVS Director will have a profound impact upon the nation's investment in research and the service and support of the broader cardiovascular research community. The Director, DCVS, will have the opportunity to advocate for areas of critical importance to the national and global populace, to establish and implement programs congruent with the NHLBI's strategic plan, and to improve the health of the public. Applicants must possess an M.D., Ph.D., or equivalent degree, as well as senior-level research experience, management experience, interpersonal skills, and the ability to engage stakeholders. The successful candidate will be a respected, accomplished researcher with maturity, integrity, and outstanding communication skills.

Information about the Division is available at www.nhlbi.nih.gov/about/org/dcv.s.

Position Requirements: Candidates must have an M.D., Ph.D., or equivalent degree in a field relevant to the position. This position will be filled under a Title 42(f) excepted service appointment.

Salary/Benefits: Salary is competitive and will be commensurate with the experience of the candidate. A recruitment or relocation bonus may be available, and relocation expenses may be paid. A full package of federal Civil Service benefits is available, including retirement, health and life insurance, long-term care insurance, leave, and a Thrift Savings Plan (401K equivalent). The successful candidate is subject to a background investigation and public financial disclosure requirements.

How to Apply: Applicants must submit a current curriculum vitae, bibliography, and full contact details for three references. In addition, applicants are asked to prepare two statements: a vision statement and a statement that addresses the specific qualification requirements (please limit both statements to two pages each). Applications can be sent to nhlbi_careers@mail.nih.gov.

Information about the NHLBI can be found at www.nhlbi.nih.gov.

Applications will be accepted beginning on November 16, 2015. The closing date for accepting applications is January 18, 2016.

You may contact Barry Rubinstein with questions and for more information about this vacancy at rubinstb@nhlbi.nih.gov or 301-594-9923.

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