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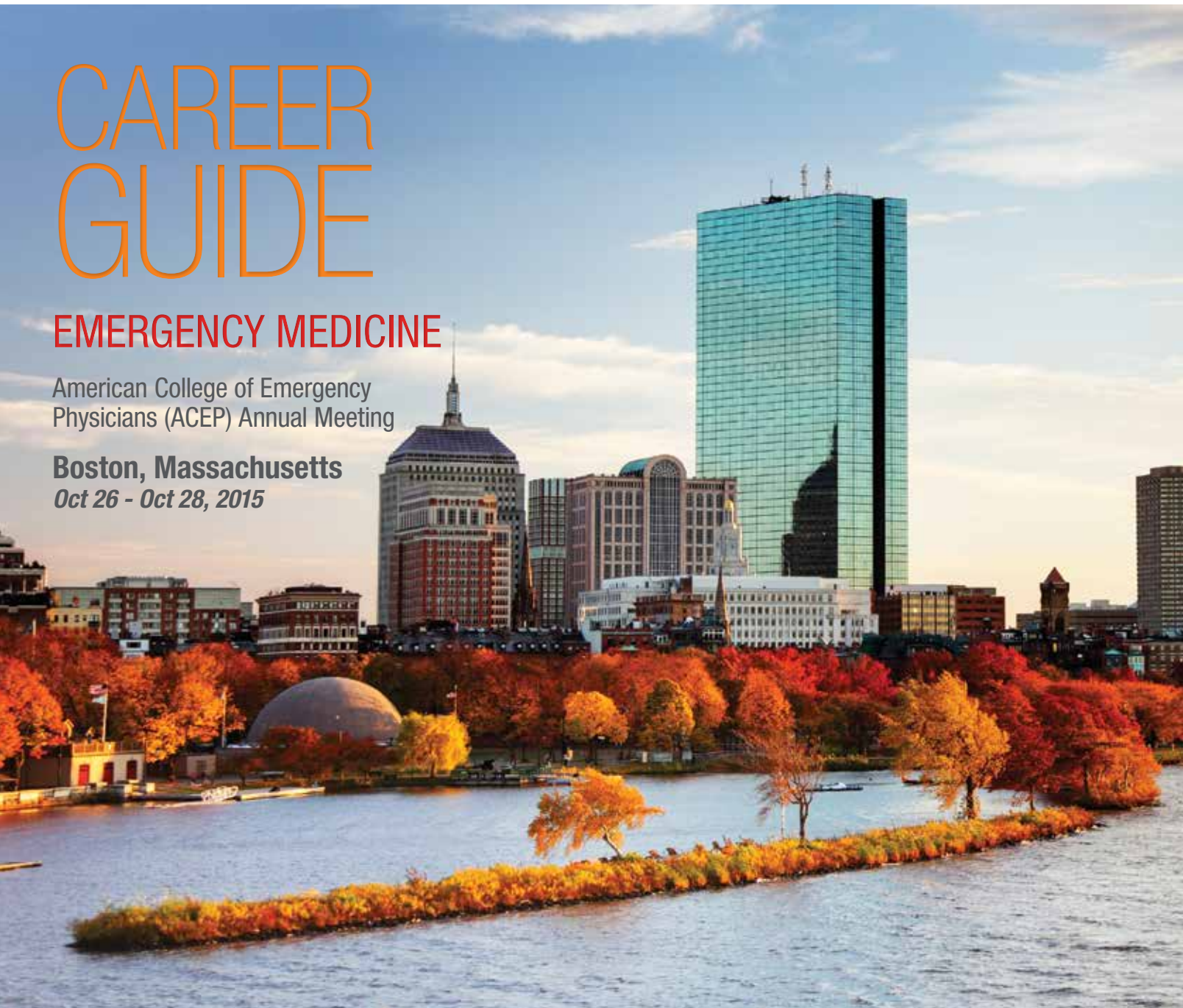
CAREER GUIDE

EMERGENCY MEDICINE

American College of Emergency
Physicians (ACEP) Annual Meeting

Boston, Massachusetts

Oct 26 - Oct 28, 2015



ARTICLE HIGHLIGHTS:

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

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630 Madison Ave, 2nd Floor,
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Publisher Elsevier
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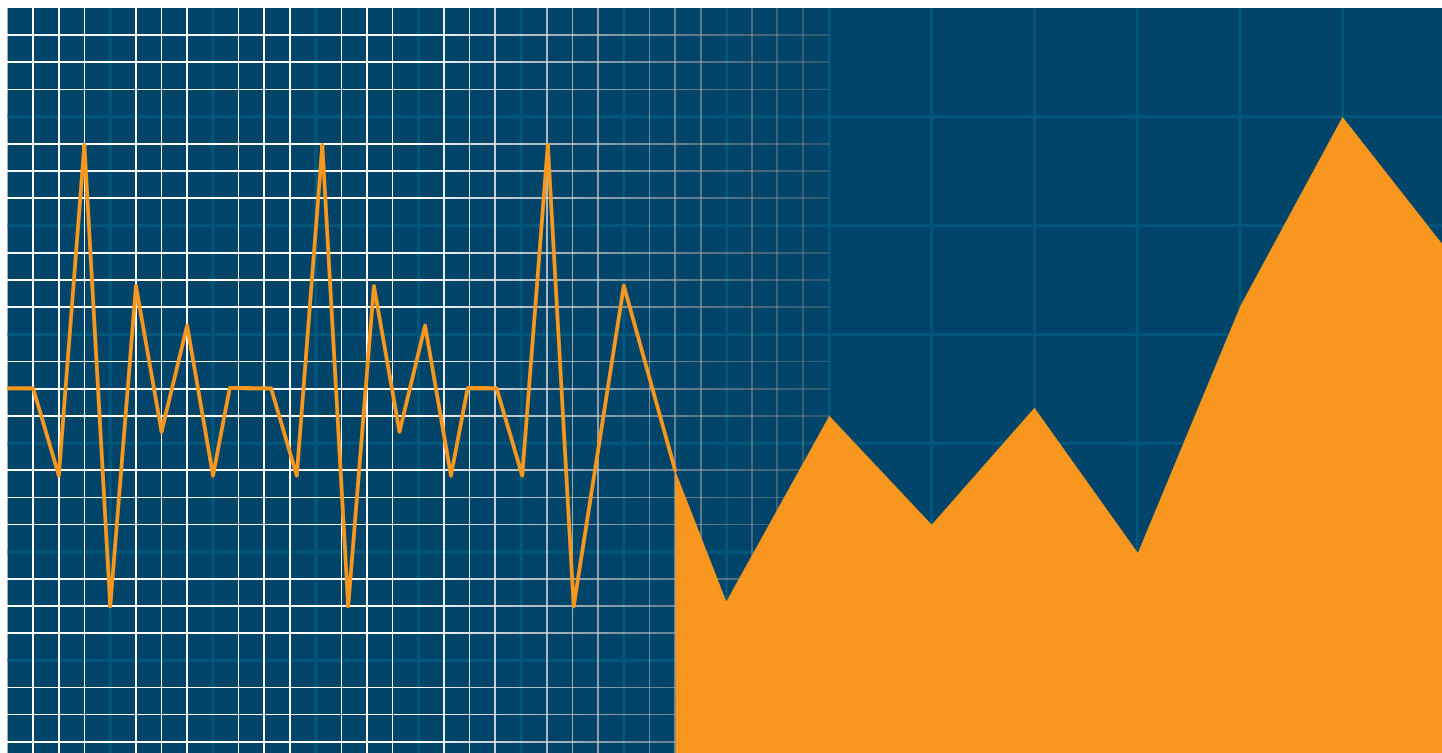
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Dr. Executive:

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 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



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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.”

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 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

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 |
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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 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 healthcare 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-orient-



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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.

MD/MBAs also tend to end up in leadership roles rather quickly out of residency.

Many peers were supportive of their desire for a business degree, but others would regard them as less altruistic and more interested in money.

About 93% of MD/MBA graduates in the survey believed the degree was worthwhile and 89% claimed it offered “significant ROI.”

The majority of doctors with business degrees say that they want to make a difference in medicine.

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

ed 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. ■



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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 program. There is often (though unfortunately not always) at least



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

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.



Emergency Medicine Faculty Position Department of Emergency Medicine

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Stanford University Department of Emergency Medicine is accepting applications to the Emergency Medicine Administrative Fellowship for the 2016-2017 academic year.

This one-year fellowship is ideal for board eligible or board certified emergency medicine residency graduates with a strong interest in obtaining direct experience in all areas of emergency medicine administration.

Fellows in the program will be appointed as clinical instructors at the Stanford University School of Medicine, and will balance clinical shifts in the Stanford Hospital Marc and Laura Andreessen Emergency Department with participation in committees and projects related to quality, staffing, billing/coding, operations, and process improvement.

Fellows will also participate in didactics related to the Stanford Operating System/Lean Management throughout the year. This is an ideal start to building a foundation to help shape future emergency medicine healthcare leaders.

Application Requirements:

- CV
- Candidate Statement
- Three Letters of Recommendation

Send completed application packets via email to:

Sam Shen, MD, MBA, FACEP Medical
Director, Emergency Medicine
Director, Emergency Medicine Administrative Fellowship
sshen01@stanford.edu

For questions, please call (650) 723-0063

Stanford University is an equal opportunity employer and is committed to increasing the diversity of its faculty. It welcomes nominations and applications from women and members of minority groups, as well as others who would bring additional dimensions to the university's research, teaching, and clinical missions.

Deadline for Submission: October 31, 2015



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.

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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.



Pediatric Emergency Medical Director Position Department of Emergency Medicine

The Department of Emergency Medicine is recruiting for a full-time academic faculty member to serve as **Pediatric Emergency Medical Director** at the Assistant or Associate Professor level. Ideal candidates must have a strong passion for developing our new PEM program along with excellent clinical skills and a demonstrated interest in teaching and scholarly activities. With the support and assistance of Department and Hospital leadership, the founding director of the newly created PEM division will lead the development of a robust Pediatric Emergency Department by establishing evidence based clinical protocols, networking with community physicians and hospital committees to promote best practices and to implement the overarching vision for a new PED centered upon excellence. There are a wide variety of opportunities for program development and scholarly productivity in the areas of pediatric trauma, global medicine, health services, quality & safety and medical education. Candidates must be board eligible or certified in Pediatric Emergency Medicine or BC/BE in both Pediatrics and Emergency Medicine.

University Health System is a nationally recognized teaching hospital and network of outpatient healthcare centers, owned by the people of Bexar County. In partnership with UT Medicine San Antonio, the practice plan of The University of Texas Health Science Center, it is consistently recognized as a leader in advanced treatment options, new technologies and clinical research. For the past four years, University Hospital has been ranked the best in the San Antonio region by U.S. News & World Report, and University Hospital's Emergency Department is the busiest in the region, with nearly 70,000 visits each year. A new, state of the art 93,000 square ft. Emergency Department with 80 beds opened in early 2014. It also is the premier trauma center for a vast, 22-county region of South Texas. And it is home to the highest designated pediatric trauma center in the region, and the only center in South Texas for the care of children with serious burns.

The University of Texas Health Science Center at San Antonio offers a highly competitive salary, comprehensive insurance package, and generous retirement plan. Academic appointment and salary will be commensurate with experience. Candidates are invited to send their curriculum vitae to: Liliana Leader, Employment Coordinator UTHSCSA, Department of Emergency Medicine, 7703 Floyd Curl Drive, MC 7736, San Antonio, TX 78229-3900. **Email: Leader@uthscsa.edu**

All faculty appointments are designated as security sensitive positions. The University of Texas Health Science Center at San Antonio is an Equal Employment Opportunity / Affirmative Action Employer which includes protected veterans and individuals with disabilities.



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.



EMS Director, Department of Emergency Medicine, Cambridge Health Alliance, Cambridge Massachusetts

Cambridge Health Alliance, a nationally recognized, award-winning health system is seeking a board certified/board eligible emergency medicine physician to join our exceptional team as EMS Director. The Cambridge Health Alliance Department of Emergency Medicine staffs three EDs in the greater Boston area, offering varied practice environments. We provide outstanding and innovative care to a diverse patient population. Our team of emergency medicine physicians serves 100,000 patients annually across the three sites and has led us to become a national model for patient flow. The responsibilities of the EMS Director will include medical oversight for private EMS agencies, QA/QI of EMS-related activities, and representing The Cambridge Health Alliance in regional and statewide EMS committees among other EMS responsibilities.

Qualified candidates will have fellowship training in EMS or significant EMS experience. We are looking for a dedicated physician who excels in a collegial, team based environment. We offer a very competitive salary and benefits package. As a Harvard Medical School teaching affiliate, we also offer ample teaching opportunities with medical students and residents, and this position is eligible for a faculty appointment at HMS.

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law.

For inquiries contact: Benjamin Milligan, MD, FACEP, Chief, Department of Emergency Medicine, Cambridge Health Alliance. 1493 Cambridge Street, Cambridge MA 02139. bmilligan@cha.harvard.edu.



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 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.
- **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 like ENDO. 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.

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