

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/locumtenens/locum-tenens-a-physician-assistants-unconventional-alternative/10788/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Locum Tenens: A Physician Assistant's Unconventional Alternative

Dr. Caudle:

Although the five-to-seven year itch is commonly associated with marriage, it is also something that can be experienced throughout the course of our careers. For one physician assistant, her recurring five-year itches unfortunately led to burnout and a string of unfulfilling permanent positions until, that is, she finally found peace and purpose as a Locum Tenens. Welcome to *Spotlight on Locum Tenens* on ReachMD. I am your host, Dr. Jennifer Caudle, and joining me to share her story is Terry Rand. Welcome to the program, Terry.

Ms. Rand:

Thanks, Dr. Caudle. I am happy to be here.

Dr. Caudle:

To start us off, Terry, can you share a little bit about your journey as a physician assistant throughout your career and what made you initially turn to Locum Tenens work?

Ms. Rand:

I have been a physician assistant for about 29 years, and 27 of those years have been in cardiothoracic vascular surgery, which included ICU care, office, all of it. As you can imagine, that can get to be very hectic as can many practices. I would find myself just working myself to the bone and not doing anything else, to the point where I need sometime slower. I need something in a different place. I would find some excuse that it would just be I need a change. I need a change like that was going to change it. The truth is that it is all on me because myself, like many other medical professionals, we throw ourselves into it and forget about the rest of our lives. I kept thinking changing locations will do that. I had talked to nurses who traveled. I had not really talked to any Locum PAs or physicians at that time. To me the Locum world was very – it felt to be very like an unstable situation where what if I did not have a job or what if there was not somebody looking, what would I do then? Then in about 2015, I was working night shift in an ICU, 12-hour shifts, and we were short, so I decided to start working. I would pick up those shifts because it needed to be done. It was not for the money or anything else. It was because it needed to be done. Then a very good friend of mine, who was a couple of years older than myself, died unexpectedly of an aortic dissection. It hit me very hard. I was so exhausted from five out of seven days a week working. I was just like I am done. I need something different. About that time, Chantal Mitten who had called me a couple of times, I was like no, I am not interested. I am not interested. She is a recruiter from CompHealth that reached out to be about the same time, and I was like okay, let me think about this. I got to thinking, this would be a way for me to get out, travel a little more, maybe have a life, because if you are in a job-job, you get this many weeks vacation. You get this much time off or whatever where this would be more at my control. That is kind of what started my Locum Tenens, and I have been doing it pretty much ever since except for a short period of time where I thought I had found the dream job. That lasted about eight months, and I just went no, I cannot, no. I am going to go back to doing Locums, and I do not want to be caught in anybody's world. I want to just do what I want to do and do my job to the best of my ability and continue on. Pretty much at this point, I plan to continue this until I retire in about eight to ten years.

Dr. Caudle:

Thanks for sharing that with us, Terry. For many of us, I think the transition to Locum Tenens could seem daunting. Did you share this thinking of what if?

Ms. Rand:

Actually, yes, I did. It was more, what if there is not a position available? What if they do not like me? What if they cancel the contract? What if, what if, what if. The truth of the matter is even if you have a permanent position some place, it does not make it that you are not going to be fired or downsized or let go for some reason. That is just the way of the world. As it was with my last permanent position,

that whole program has pretty much imploded now. It was not a guarantee to start with. There is no guarantee. Like I said, when my friend died, this started my head down that path. What if there is not? You have to prepare. Do not get me wrong. I still worry about that. What happens if I cannot find a position or this or that. There is no given in the world, and you might as well try to enjoy as much as you can of it.

Dr. Caudle:

Since you have experienced both permanent and temporary positions through Locum Tenens work in your career, what are some of the biggest differences between the two? Working in a practice, for instance, you become accustomed to a routine in a sense. Is there a "normal" work schedule for a Locum Tenens?

Ms. Rand:

I think with cardiac surgery, there has never been. It is not eight to five, as you can imagine most places. A lot of jobs are not eight to five. This situation in my life has never been eight to five, never what I would say as being any kind of schedule. My day can end at two in the afternoon. It could end at two in the morning. It all depends on the flow of things. You try to plan. The differences that I see with Locums is if you are in a situation that is good, then great. You have this time, and sometimes if they like you and you like it, you are able to extend your contract. If it is not a good situation one way or the other, it is for a finite period of time. You do not lose anything by leaving. There is no bad blood. It just is. That is the way. You are under a contract. In a permanent position, yes, you are under a contract, and depending on the contract, they have different specifics with it. You also get bound up in all the politics of the place of that, and I do not really even get myself all involved in all of that. I do not get myself involved in all the discussions and that that are involved. My contracts usually run anywhere from four to six months. For the most part, I do six month contracts. I am in a place for quite a period of time, and I get used to it. They get used to me. If it is good, if the opportunity is there to extend, I can. If I do not want to, I do not have to, and there is no bad blood. It is not like somebody looks at my resume, they would probably say, boy, you have changed jobs a lot. That is not really true. I have worked with one company for five years. It is just in multiple different places. My sister, I laughed when she came up with this. She goes you are like Mary Poppins. You come in, you save the day, and leave. I just thought that was kind of funny. I think the biggest difference is you are not held to a hospital's regimen. I am held to my personal regimen and my personal beliefs, and yes, I have to go with the hospital wants but I do not get involved with all the politics of the hospital and all of the other stuff that goes on. I am not involved with any of that.

Dr. Caudle:

What about Locum Tenens assignments for advanced practitioners like yourself versus those who are physicians? Are there any differences there as well?

Ms. Rand:

Not really. I thought about this question. I have worked with Locum physicians in multiple places where I have been, and it seems to be about the same. We have the same kind of contract responsibilities and that. They come in for whatever period of time. It seems about the same. Of course, I have only talked to them. I have not talked specifics about what is in your contract. I do not know what kind of money they make. I do not know whatever. That is all worked out between them and the company that they work for. It seems like it is kind of the same thing. I will say I have not worked with any nurse practitioners that are Locums. I have just never come across any. I am sure there are, but I just have not. Everybody's schedule is different. I do six months. People will say that is a long time. You do not have to. There are people that do weekends. There are people that just do a week a month. Someplace they go in and help out or they go in and for a period of time that somebody is off on maternity leave or somebody has had one of the physician assistants or physicians has had surgery and needs to be out for a period. They fill that gap.

Dr. Caudle:

For those of you who are just joining us, you are listening to *Spotlight on Locum Tenens* on ReachMD. I am your host, Dr. Jennifer Caudle, and today I am speaking with Terry Rand about her career shift to Locum Tenens. Getting back to your career as a physician assistant, Terry, it sounds very adventurous since traveling is obviously a big part of your life as a full-time Locums. How has that constant travel affected your work-life balance?

Ms. Rand:

I will be honest, Dr. Caudle. I never was very good at work-life balance. A lot of the reason that I went Locum is so that I would be forced or at least be able to try to force myself to find that work-life balance. By doing that, it has been - - I am not held to you can only have this amount of time off. If I want to take six months off, I could. I just have to be financially prepared to do that. I have to plan for that. I can take a week here, a week there, and it is part of my contract. I can take a month off between contracts, and I do not lose anything. The travel part, I get to go places I have never been. I am currently in the Pacific Northwest. I have never been up here before. I have never really been to the West Coast. I get to find all kinds of different things to do and to see and parts of the country that I probably would not think about going. That is how I try to find my work-life balance. I am getting better. I find little things. I am getting better at

shutting the phone off when I leave work or shutting my pager off. I try to help out as much as I can, but I do not go out of my way to overwork myself to help somebody else.

Dr. Caudle:

You also mentioned earlier that before Locum Tenens you were experiencing burnout, which has become a big point of concern in the healthcare space. Based on your own experience, do you think Locum Tenens helped, and could it potentially help others in advanced practice who are at high risk for burnout?

Ms. Rand:

I would have to say that part of my burnout situation is my own doing. I am fully aware of that. Also, with going Locums, as I was saying, is to me to force myself to try to take a break. It also gets me out so I can interact with other people. I am very much an introvert. I am not a very outgoing person, so this has forced me to do that because you cannot just walk into a place and not be part of it. It has forced me really to kind of change my attitude. When it comes to the burnout point, I am like, I am done. It is like I get done with a six-month contract, and if it maybe was not the best place for me or something like that, it is okay. That is over. I get to take a break for a month. I am some place I have never been. Let us take a weekend off. Let us take a weekend and go to the coast or take a weekend and go to the mountains. I have that opportunity to be able to do that.

Dr. Caudle:

Finally, Terry, are there any other thoughts or takeaways you would like to share with our audience?

Ms. Rand:

I am thinking about this, and I thought it is a very personal decision to make, but I think that in the world today that we have to be able to try to reach out to life and try to grab life for what it is worth. As I said with my friend that died, it was very unexpected, and she was young. She was in her early 50s, and she had two young children still. She never got to experience a lot of different things in life, and I think that this is a way to go. Plus you do not get caught in a lot of the bureaucracy and stuff of being in one certain place. Again, it is a very personal decision and one that has to be well thought out. Are you ready to do such a thing? People will ask me where I am from. I do not own a home any longer. I basically say I am homeless. I have an address, but I do not have a home. I have a home base, but it is not my home. It is just an address for me. It all depends what you want to do. You can do that, and why you want to do it. You have to do what is best for you.

Dr. Caudle:

With those final takeaways in mind, I would really like to thank Terry Rand for joining me to share her experience and to offer some insights into the benefits of Locum Tenens work for advanced practitioners. Terry, it was great speaking with you today.

Ms. Rand:

Thank you, Dr. Caudle, and you enjoy your day.

Dr. Caudle:

I am your host, Dr. Jennifer Caudle, and to access this episode and others in the series, please visit [ReachMD.com/Locum Tenens](https://ReachMD.com/Locum_Tenens). Thank you for listening.