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Mid-Career Change: Transitioning to Locum Tenens

Narrator:

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Dr. Johnson:

There's a common sentiment that most physicians who pursue locum tenens work tend to be clustered at either one end of the career spectrum or the other, but recent surveys indicate that there's a new trend taking shape, with nearly 40% of clinicians considering locums work toward the middle of their careers. Is the exception becoming the norm? On today's program, we're going to explore reasons for this shift in thinking and talk with a locum tenens physician about the benefits and challenges in making this transition.

You're listening to ReachMD, and I'm Dr. Shira Johnson. Joining me today is Dr. Thomas O'Mara, a pulmonologist, who has been working locum tenens for the past 12 years. Dr. O'Mara, welcome to the program.

Dr. O'Mara:

Hi there.

Dr. Johnson:

So, to start, can you share some background on your career path and how locum tenens work first entered into the picture for you? We usually think of it in terms of emergency medicine, but you're a medical subspecialist in pulmonary, so I think our listeners are very interested in how you got to this point in your career.

Dr. O'Mara:

That's right. Well, I first started off, finished my fellowship in 1994, and at the time I actually considered locum tenens work because it was a little difficult finding a job in the area we wanted, but I found a job in coastal South Carolina and started there and actually worked in a partnership for 9 years. And some things happened with the partnership that required a practice dissolution, and I went out on my own for a couple years, but at that same time we had a new baby and my middle child was diagnosed with juvenile dermatomyositis, so it was becoming difficult to maintain a private practice. And then at that point I transitioned out because we made the decision in our life to move closer to my wife's family in Upstate New York because we wanted the kids to grow up around extended family, and at that point started looking around for a job in the area, and one of the recruiters actually talked me into doing some locum tenens shifts in Florence, South Carolina, and I went in and did a few weekends, and it was great. I loved it, and it was so much easier, and that's where I started, and I've stayed with it ever since, and they've kept me busy for the last, well, 12 years.

Dr. Johnson:

So, what were some of the elements that drew you to making this practice transition when you did, and was that easy or a difficult change at first from solo/private practice?

Dr. O'Mara:

Well, like I was saying, everything that happened in our life, with all the stress with the new baby and the sick child and the practice dissolution and everything that was going on—and truthfully, my wife was not happy where we were living. She wanted to be closer to her family, so it actually was a very difficult decision because I had a very successful private practice at the time and our kids had their friends, we had soccer teams, we had, you know, everything that you have as a family where you've been somewhere established for a long period of time. We had friends, neighbors, everything, so it was a very difficult decision, and it was very difficult to extricate from that situation.

Dr. Johnson:

So, we know that for many of our listeners, working in private practice or an academic center conveys the sense of stability and routine, at least to whatever extent each field can offer. What was your experience with this compared to the locum tenens work?

Dr. O'Mara:

That's true. Private practice certainly has a sense of stability because you have your steady set of patients, you have the people that refer to you all the time, and it's plenty busy, I can promise, but the locum tenens, when I started doing it, I didn't realize what a huge need there was. And the need tends to be concentrated—my feeling is, anyway, what I've done—is in smaller towns where there might not be enough work for 2 full-time or 3 full-time, but there's too much work for 1 or 2, and they need help, and some of these people are just dying themselves and they end up getting a little bit of help. They get some time off, I go in, do some work, and I get a steady supply of assignments. It's just been no problem whatsoever. I've actually had to turn away a lot more than I would have been able to accept as far as assignments. So, in the sense of stability, yeah, it's pretty stable. I have plenty, plenty of work.

Dr. Johnson:

Is there anything like a normal schedule for you or for other people that are working locums?

Dr. O'Mara:

When you get into an assignment, I tend to work at the same place for several years at a time until either the need goes away or the need builds to a point where they can recruit somebody on as a full-time person, so in that sense, I end up getting on a normal schedule. What I've been doing, at least 10 of the last 12 years, is a pretty steady diet of working 1 place for a week or 2 at a time. The longest I've been assigned at one place has been 4 years. But there are some places where a physician needs to take time off, they want to take a sabbatical for 6 months or something like that, and you go in and you work 6 months, and you work just like you were in private practice for 6 months, so in that sense it's normal. The unusual, not normal, is at the end of that you then go somewhere else, and you might go somewhere interesting, somewhere you didn't even think you might end up in your life, and you find out it's a really, very interesting situation.

Dr. Johnson:

Well, traveling would be a major aspect of your life working locums, and those assignments could really span the globe, right? How has this expectation affected your ability to balance work and home life? You sound like they work with you, right? in terms of you and your family's schedule?

Dr. O'Mara:

Right. When I was in private practice, get up early... Any physician who is in private practice knows this. You get up early, early in the morning. The kids may not even be up yet. You go in; you work. You work all day. You might not make it home for dinner a lot of days. The kids might be in bed by the time you get home, and you don't see them. The other thing that happened is when I did get time off, my wife was always fond of pointing out that I was never really off because my brain was always

back wondering what's going on with the practice, because I'm not there, I'm not making money, therefore money's not coming into the practice, but there's still bills to be paid and employee salaries, that sort of thing, going out. So, now, when I'm away, I'm away. I don't have to worry about coming home for dinner or anything like that. That stress is gone. But then when I'm home for my 2 weeks a month, I'm completely home. I don't have to worry about getting called back in for a sick patient. I can spend quality time with the family. I can get up with them in the morning. I can stay up with them at night. We've home-schooled our kids. Two of them are finished now, the third one is still going, but because of that, they were able to do their work while I was off working, and then we could have a lot of free time together. Then there were times they actually traveled with me, you know?

Dr. Johnson:

That sounds great.

Dr. O'Mara:

Yeah, it's been great. You know, they come with me. We got to spend an entire summer living on a lake in Hot Springs, Arkansas. That was great, because the place they put me up was a 3-bedroom condo on the lake with a boat dock, and I was able to go fishing with my kids while I'm answering calls from the hospital, and I'm only 5 minutes away from the hospital. That was fantastic.

Dr. Johnson:

That's great. That's absolutely great.

Dr. O'Mara:

Yeah, and then there was another one. There were 4 months during winter—well, we started in the winter, I guess, February, March, April, May—in Idaho Falls, which is only about 100 miles from Yellowstone Park, so they were able to see Yellowstone Park in winter, spring and summer that year. And the plus on that one was I was working 2-week shifts at a time, so it was 2 weeks on, 2 weeks off, and during those 2 weeks off, we used that as a home base to see a lot of the West Coast and Western United States. So, the family life has actually been better since I've been doing this.

Dr. Johnson:

I can see why. You actually have better scheduling and more flexibility.

Dr. O'Mara:

Exactly. I do not miss kids' birthdays, I do not miss major holidays, because, you know, I schedule when I want to schedule, not when I have to because it's my turn.

Dr. Johnson:

So, for those just joining us, this is ReachMD, and I'm Dr. Shira Johnson. I'm speaking with

pulmonologist, Dr. Thomas O'Mara, about his mid-career transition into locum tenens work, and it's very interesting.

So, let's draw from your story in becoming a full-time locum doctor to cover some questions that mid-career physicians are often asking. The first thing they'd say is, "Why now?" because sometimes if it's in the middle of your career, you're at a point where people are looking to settle into something predictable and without a lot of uncertainty, but it doesn't sound to me like what you had gave you much uncertainty.

Dr. O'Mara:

No. At first, there's the uncertainty of, "Is this going work? Is there going be enough business? Are there going be enough assignments for me? Am I going to like the traveling? Is it going to work out?" For me, it did. The other thing is, My wife is, fortunately, very independent, but she always points out that when I'm talking to somebody about doing this, is their partner has to be on board because it's time away from home and there are people out there who don't like their partner away from home for extended periods of time, and so they have to be on board as well. But, why now? Like I was saying earlier, that just everything that happened at that one point in my life, and it was just kind of a coincidence that the recruiter finally... He had been calling for several years, actually, and I finally said, "Okay, fine. Let's give it a try," you know, because I didn't have anything else going on at the time, and I said, "Okay, fine, I'll try it," and he says, "If you don't like it, you don't ever have to do it again," and he was right, I didn't. I didn't realize that at the time, but I'm glad I did.

Dr. Johnson:

Would you be able to speak to is there a lot of demand for other subspecialties, besides pulmonology, that you've seen? Have you come across other people in different parts of internal medicine that have also made this choice?

Dr. O'Mara:

Oh yes. I'm hospital-based, so practically any hospital-based specialty or subspecialty has been represented by locum. I've seen surgeons, I've seen cardiac surgeons, neurosurgeons, infectious disease, neurologists especially. I guess there's a big shortage of neurologists. I've seen just about... Every neurologist I've worked with in the last 10 years, especially in these small towns, has been a locum neurologist. Hospitalists is another big one. There's a lot of locum hospitalists. I don't know much outside the adult specialties, like pediatrics, that sort of thing, but I would guess it's probably the same.

Dr. Johnson:

So, I want to touch upon physician burnout here, because it's obviously becoming more prevalent, and it does play a role in the growing patient-to-physician gap in America. You touched on it earlier, but how did this career transition help you avoid burnout, specifically?

Dr. O'Mara:

I get to work as much as I need to or want to, and when we want to take time off, when I want to take time off or when we want to have time together as a family, when we want to go on a big trip together or if we want to just spend time around the house together, I can do that. If I'm starting to feel tired... I have learned that about 2 weeks without a break is plenty long enough. When I was in private practice... Anybody who's in private practice knows you can go way more than 2 weeks without a break. It just keeps coming and coming and coming. And I think one of the things that in hindsight in private practice and in that situation is it didn't seem like there was a goal or an end, something that you could shoot for, whereas in a locum job, you know that come Monday morning at the end of your assignment, then that's it. You can walk away. You can take a breath. You're not going to be getting phone calls. You're not going to be on-call. You're not going to do administrative work or anything. You walk away. And it's really refreshing to the brain, and mentally, it's so much more restful, and physically as well when you do that, so that's helped a lot to avoid that burnout situation. Suppose you're in a private practice situation and it changes and you don't like it. "Well, how am I going to get out of this?" and, "I go to work every day at this job I don't like." That'll kill you. And the same thing with an academic career, as well: "How am I going to get out of this? How am I going to change the situation?" With locums, if you get into a job that changes and there are situations that become intolerable or things you just don't like about it personally, say, "Okay, guys, schedule me somewhere else," and that's it. "It was nice knowing ya. Have a nice day." The end. Sometimes it's just a matter of the scheduling. "We can only schedule you these days." "Well, those days don't work for me, but it was really nice working with you. Have a nice day." It's just less stressful, so burnout really hasn't been that much of an issue as far as my life now because I can take time and take care of myself.

Dr. Johnson:

So, lastly, do you have any other thoughts or takeaways that you'd like to share with our audience based on your experience?

Dr. O'Mara:

In my experience, I've loved it, and if you're not sure, I'd say do that first weekend and see what you think. See if you like the travel. There are actually a lot of locum jobs you can probably get close to home, too. You might have to drive there an hour or two, but there are things in the area. You don't have to go... I like to go anywhere and everywhere that's new or interesting, and so I end up going all

over the country, but you don't have to do that. Just give it a try if you're interested; see what you think. It may be the thing that saves you from the burnout, saves your career in a sense.

Dr. Johnson:

I like that thought. Dr. O'Mara, my thanks to you for sharing your career story and your reflections on becoming a locum tenens physician.

Dr. O'Mara:

You're very welcome.

Narrator:

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