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ReachMD

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

Physicians Helping Physicians: Switching to a Non-Clinical Career

Dr. Wilner:

Have you ever entertained the idea of switching gears and beginning a non-clinical career? It's a growing trend among physicians. But regardless of whether you are just 1 to 2 years out of residency or have been in private practice for 10+ years, knowing how to get started can be difficult. Luckily, there are resources available to help you, resources like Physicians Helping Physicians.

Welcome to Clinician's Roundtable on ReachMD. I am Dr. Andrew Wilner, and joining me today is Dr. Michelle Mudge-Riley, founder of Physicians Helping Physicians.

Dr. Mudge-Riley, it's great to have you with us.

Dr. Mudge-Riley:

Hi, thanks for having me. It's great to be here.

Dr. Wilner:

So, to start, can you tell us a little bit about your background and training?

Dr. Mudge-Riley:

Sure. So, like most physicians, I always wanted to be a doctor, or at least I thought about it for a very

long time when I was young. I remember, actually, in 4th grade I told my father that I wanted to be a doctor just kind of out of the blue, and of course he was very excited, and so that got me excited, and everyone was excited, and so onward it was to medical school and becoming a doctor.

School came easily to me, so medical school was great. I enjoyed it quite a bit. But during my rotations, I couldn't see myself doing any one specialty for the next 40 years, so it was a little bit difficult for me at that point because you do have to choose a specialty. I ended up choosing pathology and started that residency, and it was not a great fit. And as I was trying to figure everything out, I really kind of realized that I was in love with the idea of medicine and the science of it, and so that kind of started me on the journey of, "Well, what else is out there for a doctor?"

Dr. Wilner:

Now, you have changed your career quite a bit by founding Physicians Helping Physicians. Share how all this got started and what the organization does.

Dr. Mudge-Riley:

So, Physicians Helping Physicians was started accidentally. As I was trying to figure out what my options were for work and for my career, I dabbled in a few different things. I worked for a medical device company. I did go back to school to get another degree, a business degree, because I felt like I had a lot of gaps in my education, and then I found my way to corporate wellness. During that time, and as I was getting into these different non-clinical careers, I started talking about my story, and I reached out to the editors of Physicians Practice and asked if I could talk about my story a little bit, and they agreed, and so I wrote a piece, and they liked it, and it was published, and that really started a chain reaction of people finding me. I would write other articles. I would be asked to speak in front of organizations. At one point when there were over 50 doctors asking me for help in their own careers or career transitions, I realized I needed to have some sort of business here, and what was it going to be called, and I thought of a bunch of different names, and really very accidentally again I stumbled on Physicians Helping Physicians because I felt like, "Well, I'm a doctor, I'm helping other doctors, so I think that's what I'll call my company." And that was back in the early 2000s, and it's been around ever since, over 13 years now.

What my company does is help other physicians who are interested in exploring non-clinical careers or in the actual transition into a non-clinical career, so that involves everything from figuring out what kind of resumé you need, actually writing a resumé, translating your CV to a resumé, knowing what sort of cover letter to use or even if you should use a cover letter at all, how to network, how to reach out, how to find the jobs that you're maybe looking for and how to wade through all of the information that's out there, how to make sure that you're not getting pulled in by something that may not be real. There's a

lot out there on the internet if you Google non-clinical careers. So my company is really out there to help other doctors who are interested in a non-clinical career.

Dr. Wilner:

Even if my own experience, I've encountered more and more physicians who are interested in non-clinical careers. Just today's copy of the Boston Globe there was an op-ed on doctor burnout. There's even a popular Financial Independence/Retire Early or FIRE movement on the Internet which aims to get physicians out of practice and into retirement as soon as possible. Can you comment on what's driving physicians out of medicine?

Dr. Mudge-Riley:

Oh, yeah, there are so many articles like that. You almost see one every day when you're opening up your inbox or one of the periodicals out there. And you know too, being a physician, that medicine has changed tremendously over the past 20 to 30 years. I started medical school in the late '90s, and even then things were changing. Of course you have the administrative increasing burdens, the technical piece like EMRs and the increase in chronic conditions of patients, increase in complexity of patients, decreasing reimbursements. All this stuff is talked about in many of these articles, but really, I think one of the biggest things is the loss of autonomy that physicians are feeling and the loss of mastery over just being able to practice their craft in the way that they feel like they have been trained to do and spent so much time doing and wanted to do for so long. There's also a decrease in camaraderie between physicians and respect for physicians by, not only the public, but others who are interacting with physicians, and so all of this together is really, I think, leading a lot of physicians towards burnout. When you pile on the increased hours and the risk, even sometimes an increased risk nowadays in practicing medicine, and it just doesn't add up to really a happy career for a lot of physicians or maybe the career that they thought that they were getting into.

Dr. Wilner:

Yes, with all that, I think it's no surprise that there are many dissatisfied physicians. Well, for those who are considering a non-clinical career, what are some of the benefits the healthcare providers you've worked with have found when they have made the switch?

Dr. Mudge-Riley:

Oh gosh, there are so many different things that physicians can do. We all can usually get into anything we want to, but some of the things that people gravitate towards or some of the more popular non-clinical careers are, of course, Pharma and biotech—not necessarily sales because physicians don't really have a huge interest in that, although there are some that do. Medical writing is another area that physicians are getting into a lot more. Entrepreneurship, whether it's starting something that you see

may be a gap in your own specialty like maybe house calls or an on-call service or telemedicine service or working for a startup maybe that's aimed at empowering physicians or doing things that take your skill set and enable you to use it. Then there's insurance work, health insurance or life insurance. There's IT work. A lot of physicians are interested in IT, whether it's predictive analytics or work with some of the EMR companies. There's government work, working at the FDA. There's wellness work, whether it's corporate medicine, which is what I ended up getting into, or lifestyle medicine, or even opening a spa or a coaching practice. There's leadership opportunities, administrative opportunities, public health. I can go on and on.

(laughter)

Dr. Wilner:

Could you give us a brief case history of a physician who came to you and went on to choose a non-clinical career—anonymous, of course—but to give us an example?

Dr. Mudge-Riley:

Sure, yeah. So most physicians that find my company or me are a little bit scared of what might happen, or just approaching this because it isn't something that is talked about in most medical schools. When we go to be doctors, we're trained to be doctors, and that's almost all that's taught to us. Really, this non-clinical side isn't really touched upon, so there's a lot of fear, anxiety. There's just a lot of just wonderment of what's out there and how do you get into it. So the typical physician will call me from their car or someplace where they can get a little bit of privacy, any old closet. I mean, really, I have physicians calling me whispering quite often, at least for the first couple of calls, until they realize that really it's okay, it doesn't have to be so secretive, and just talking about what are the options for their specialty.

A pediatric cardiologist called me the other day and was just chatting with me about some of the things that were going on in his life and his interest in exploring non-clinical careers, and so we talked about a bunch of these different options, and really kind of marrying a person's interests with what is available to them, geographic location, can they move, what sort of salary do they need. Nothing is a huge obstacle. Most physicians can't relocate for whatever reason, either spouse or kids or parents that they can't leave, so they're steered back to remote options, and so we talk about that. And I even mentioned to this physician that I was speaking to, Mr. Avery—of course I'm making up that last name—that I worked with another pediatric cardiologist years ago and he transitioned into health insurance and was working for a big, very well-known health insurance company and making more than he was making in practice.

So compensation always comes up, and we'll probably talk about that as well, but really, the big trends

that I see in physicians that really find my company are just that fear but also the real interest in knowing, “Okay, is this right for me? and give me the information that I need so that I can make a good decision about whether I should go into a non-clinical career or continue to explore it or whether my current situation may not be as bad as I think.”

Dr. Wilner:

That’s great. For those just tuning in, you’re listening to Clinician’s Roundtable on ReachMD. I’m Dr. Andrew Wilner, and I’m speaking with Dr. Michelle Mudge-Riley about Physicians Helping Physicians, a coaching service designed for physicians interested in exploring non-clinical careers.

Dr. Mudge-Riley, earlier we talked about some of the benefits physicians experience by making the switch to a non-clinical career, but what about some of the pitfalls that are encountered in such a transition? For instance, are there compensation inadequacies physicians should be aware of?

Dr. Mudge-Riley:

Oh, yeah, that is always a question that comes up. So compensation can be an issue for sure for some physicians. There are some very highly compensated specialties—orthopedics, radiology, surgery—and often it is a little bit more difficult to find a non-clinical career that will pay a comparable amount, particularly if someone has been out and practicing for 10 or 15 years already. The compensation changes, though, are often very positive for other specialties. Pediatrics, family medicine, for example, they often see their compensation increase in a non-clinical career. For every specialty though, whether it’s a highly compensated one like ortho or surgery or maybe one that’s not so highly compensated, the great part about a non-clinical career is there’s not as much of a ceiling as there is in a specialty. So, often times you reach that ceiling in your particular specialty and that’s it. Especially geographically there can be these different pockets of places where you’re just not going to make any more money, but in a non-clinical career, that isn’t so much the case, so that’s kind of the nice part about it, but definitely every situation is you unique and different.

You know, some of the other pitfalls, interestingly, the emotional transition. We train so long to be doctors, we put so much of ourselves into it, we put a lot monetarily into it, but it becomes really part of our identity, and so physicians really need to talk about that emotional piece of doing something where they may not be called “doctor” every day when they go into work. They may be called by their first name.

The other pitfall that I often talk about with people is it is difficult to transition when you have only practiced clinical medicine, when you haven’t done anything else. Not impossible by any means, and that’s part of why my company exists, but it’s hard to do it. It’s hard to do it by yourself because we haven’t had any training on resumés or cover letters or networking or all of those things that you learn

about when you're in the business world or even really doing anything else. Sometimes we just miss that. Going to med school you don't need to do it. So those are a few of the pitfalls that we talk about.

Dr. Wilner:

You mentioned the loss of clinical identity. You've seen quite a few physicians now successfully make the transition from a clinical to a non-clinical career. How big a problem is that? Do they just kind of forget about it, or is it a nagging problem? What do you hear in follow-up?

Dr. Mudge-Riley:

Yeah, so the transition is never as hard as everyone thinks it's going to be, and part of that is because once you do transition, you realize how many other physicians are doing non-clinical things, and we all kind of find each other. As you start to transition, you realize that there are other people out there who have done this already or other physicians that want to transition, and so part of the reason that my organization exists is to bring that support to everyone, that community aspect of transitioning and celebrating non-clinical careers, but it really is not that hard to find physicians who have transitioned now. Things were a little bit different 20 years ago when I was exploring my options, but nowadays, because there are so many of us, we tend to kind of come together, talk about this, and we'll always be doctors, and we have that shared background. So it's kind of like the military. You come from a similar place. You understand training, the education, and just you have that natural respect for each other and what you've been through in a transition.

Dr. Wilner:

Well, before we wrap up, what advice would you give your peers who are interested in learning more about a non-clinical career?

Dr. Mudge-Riley:

The biggest piece of advice, I would say, is don't be shy. It is okay to talk about a non-clinical career. There are a lot of people who may make you feel like it's not okay or you may worry that it's not okay because you trained so long and so hard to be a doctor, but there are lots of us out there, way more than there used to be, so just try to find some other physicians who have transitioned. You can visit my website. There are lots of free resources there. There are lots of different in-person meetings. I'm holding one in April in Austin. There are other organizations in this country that talk about non-clinical careers, and so if you just start looking and don't ignore your—just kind of maybe that burning question, you don't have to transition to a non-clinical career. You can just learn about what your options might be, and maybe that will suffice, or maybe you'll find a way to not only work in a non-clinical career but still practice clinically, and a lot of physicians really feel like that's the best route for them, is to have that diversification of their career. It really works for them. So lots of options, don't be shy, and don't

lose confidence in yourself.

Dr. Wilner:

That's some great advice for us to think on as we come to the end of today's program. Dr. Michelle Mudge-Riley, thanks so much for joining me today.

Dr. Mudge-Riley:

Thank you so much for having me.

Dr. Wilner:

I'm Dr. Andrew Wilner, and you've been listening to Clinician's Roundtable on ReachMD. To access other episode of this series, visit ReachMD.com/cliniciansroundtable where you can Be Part of the Knowledge.