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Alternative Career Choices After Fellowship

Narrator:

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Dr. Rush:

With so much competition, it's getting harder and harder to get into top medical fellowships. So, what can young doctors do to help themselves stand out from the pack?

I'm your host, Tim Rush, and today I'm joined by Dr. Bassam Rimawi. Dr. Rimawi is from New York City and is currently completing his second fellowship in Reproductive Infectious Diseases and Maternal-Fetal Medicine at the Medical University of South Carolina. He took a unique path to medicine. First, he started medical school at the age of 15, and then, he has taken a unique route since graduating. Rather than going directly into practice, he chose to pursue some work as a Locum Tenens, exploring different clinical settings, procedures, before settling down into a permanent location. Today we're discussing alternative career options for fellows.

Dr. Rimawi, welcome to my show.

Dr. Rimawi:

Thank you.

Dr. Rush:

You know, it just stands out so much in the introduction, starting medical school at the age of 15. Let's start there. Tell us a little bit about what it was like starting medical school at such a young age.

Dr. Rimawi:

Well, it was definitely fantastic. I was really tall all my life, I guess because I was on the swimming team for quite some time, so even though my face looked young and I had a little bit of hair on my face, a lot of people really didn't recognize my age, but when I kind of told them my age, it was kind of like shocking for them to hear that, and a lot of people didn't believe it, and they needed to see some ID. When I finally showed them my ID, it was pretty amazing, their face. And I could tell you I sat down with bunches of people that say, "Start from scratch and tell me, how did you do it? Where did you go? And what made you do it this far?" It's like I'm accustomed to telling people pretty much how I made it this far, and it's amazing. It's fantastic.

Dr. Rush:

You mentioned the swim team. I also understand that you were a lifeguard at an early age. Tell me how working as a lifeguard influenced you towards becoming a physician.

Dr. Rimawi:

Sure. So I was a lifeguard for several years. I worked in New York City. I started off working in a small, local swimming pool where I did my high school training as a swimmer, and I was too young to really join the beaches over there because you had to be 16 and older. And of course I wasn't 16 at that time, so my swim coach allowed me to work in a local swimming pool at that time, and some of the great things that it helped me for medical school is you get to learn CPR, you get to really know how to work with patients, you really get to know how to work with other people around you. It really gets to build up your self-esteem to know how to talk to people, to try to work with people, to try to save people's lives. You have people's lives in our own hands, so it kind of makes you feel like a doctor even though you're not a doctor; you're only a lifeguard. When anybody would get a scrape or a cut or anything on their leg, they would come up to you, and you would come down and you'd feel like a hero because you'd open up your first aid box and there you go, you have

alcohol swabs, you have bandages, you have everything you need to go ahead and repair them back to normal. Of course, if you can't do it, you just send them to the emergency department to take care of the rest, but for the most part, over about 90% of the stuff that I have encountered I was able to do it on my own as long as it didn't need any stitching or anything of that sort at the poolside. It makes me kind of feel like a doctor at a very young age, and that kind of like built up my self-esteem to why I wanted to be a physician and one of the most important things in my life that I have come across.

Dr. Rush:

Well, obviously, during this time you were living with your parents in New York. While you were there, you were a witness to a major American History event, the crisis of 9/11, at just 15. Tell us a little bit about your role in the relief efforts there and how that impacted your life.

Dr. Rimawi:

Sure, sure. So I was in college during that time, and I remember my college... I went to a college called St. Francis College, which is literally right across a bay from where the Twin Towers used to stand. So, sitting in class—I remember very vividly it was cell biology class—we were sitting there, and all the sudden our whole building just shook, and we all got scared, and we were like, "Wow, what was that?" So we all ran to the window, we looked across the bay, and we just see a lot of smoke coming from one of the towers, and we're like, "Oh my God, the building got hit. The building got hit." We didn't know what it was. And we're all staring there, and then we physically—I mean me and my whole class, about 30 of us—we physically witnessed the second plane going into the second tower, and bam, just another flame of fire coming up and flames. We were like, "Oh my God, a plane just crashed into the building." We're like, "We need to do something."

So, of course, bells were going off in our school saying all people need to be evacuated, and they urged everybody to go home, do not attempt to go close to the bay, do not attempt to try to make it to Manhattan, just go straight to home and stay as far as possible away from the city at this time. We were so close to the bay that they were afraid that any debris may cross over, and sure enough, I could tell you, within 30 minutes of evacuating, all our cars, all the street, all the front building was just saturated with debris, and we couldn't even tell anything. It looked like it was snowing around September. It was just full of this white dust everywhere. People are inhaling stuff. People are coughing. People are just like really sick. People are crying. We were trying to make phone calls, and of course all the phone lines are so busy because everybody is trying to use the phones, and it was just really, really scary at that time. It's just people were just really nervous at that time.

I volunteered a lot growing up in local communities cleaning up graffiti and cleaning up dirt off the street in local communities, and I worked with the New York City Police Department a lot, and I remember going to my local police department and I told them, "Hey, I'm a lifeguard. I'm very young, but I really want to be a doctor when I grow up. Is there any way I could help?" And they were like, "Of course. We could use as much help as possible." So I remember vividly as if it was just yesterday. I remember one of the sergeants was like, "Yeah, here, throw this on." He like threw it at me, gave me a helmet, gave me some special shield to wear on me that said volunteer helper. He was like, "Throw this on, and I'll take you to the city right now, and you're just going to help. All you do is just help the firefighters, help the EMTs give food to the injured people, help get people into the EMS, do any bandaging, do any stitching. Whatever you need to do, just do it just to get these people into an ambulance and off to the hospital." So I went into the police car, and I remember one of my best friends was with me, and he volunteered, and the police officer put on his siren light, and here we are going to Manhattan, and I felt like a superhero, like they were waiting for me or something to go to the city, and I'm only 15 years old with just lifeguard experience.

And we went to the city, and of course we're bypassing a bunch of cars because it was just a lot of traffic, and cars were moving out of our way because the police officer has his siren on, and we made it all the way to the city. And of course it was just crowded with people, crowded with just debris and dirt. There were firefighters there. There were EMT people there. There were just people just volunteering from everywhere just helping out, and I went out there and I was just helping get food to injured firefighters, to injured police officers, just helping to lift people off because they have injured legs, they have lost limbs, just helping them to pick them up and put them with an EMT with other people. And nobody knew how old I was. They were like, "Thank you, sir. Thank you, sir." And in my head I'm thinking, "I'm not really a sir. I'm still a kid." That's the only thing that was going through my head, but that's fine. And everybody kept saying, "Sir, sir, help me," and I'm like, "I wonder if they're talking to me because I'm not really a sir," you know, because I was so young. Even though I'm helping people, I still had that young mentality in my brain, but it felt really cool because I was able to help a lot of people. That also pushed me toward helping people being a career path that I wanted to go through.

Dr. Rush:

Oh, yeah, that must have just... Oh, that must have been quite a life-shaping and changing experience. You followed in your parents' OB footsteps, but after graduating you decided not to start practicing right away, and instead, you chose to do some locums work. Tell us about that decision.

Dr. Rimawi:

Yeah, so after I finished residency training, one of the biggest fears that I had working in residency training was I was always relying on a superior attending physician whenever I was making my decisions about patients. Even though I felt comfortable doing surgeries, even though I felt comfortable taking care of patients, even though I passed my examinations and I was board certified as an OB/GYN, I just felt really scared to go out to the real world by myself and really take on patient care. So, one of the biggest things that I looked into was locum tenens work, because with locum tenens work, you get to start off light, you get to go somewhere small, and you get to just really build your way up, and that's something that I like about it, because with locum tenens work, the great thing about it is you can put yourself in any specific situation you'd like. For example, in my situation you could just say, "I just want to do labor and delivery. I don't want to do clinic. I don't want to do surgery for GYN cases. I don't want to do emergency room. I just want to do labor and delivery." So you get to go and you get to do one specific region or area that you want to. And vice versa, you can say, "I want to do GYN," or, "I just want to do emergency room," so you could do either one you want. Now, when you go out in the real world by yourself, all of that stuff is just thrown at you. You don't really have that option, so you've just got to get ready and just open up your arms and just catch whatever is thrown at you.

Locum tenens work really gave me the extra work and the extra care and the extra, really, self-esteem motivator to really get me out there and really push me around. And I could tell you for sure, starting my fellowship over here, I mean, I was glowing on my first year, and I still am over here just because of my work, my locum work. I started off, and people are like, "Wow, you have so much experience and you just finished residency a year and a half ago." And I was like, "Well, yeah, I did a lot of locum work." And that really helped me. They said, "Whoa, that's really nice. That's real cool. Tell us more about it." And I told them, and they are like, "I wish more of our physicians would do that after residency because it would really help." And I could tell you for sure a lot of the residents that are here now in my department, they come and they sit with me because they know I have done locum work, and they say, "Hey, Dr. Rimawi, can you tell us more about how you did locum work, and do you think I should do it?" And sure enough, I tell them, "Hey, it's a great way to go, and you should do it because it really helps you a lot. It really guides you in a path where you get to make your own decisions, and it really helps you to start off light and really just build yourself up so you don't really have to start from scratch and just get everything thrown at you at once. You could really start off really light." That's the first thing.

The second thing is it pays really well. Sometimes starting off straight from scratch you don't know anybody. Sometimes you go to an area where you're in a new location, a new state, a new community, a new city. You don't know anybody. Nobody really knows you. For you to go open up your own practice, you're not going to shine on your first day. As a matter of fact, it may take you months and months before you actually start to get your office rolling. When you go into locum work, they assist you. They get you into a facility where you're like as if you've been a physician for years and years, and people are open-handed, and they know that you are coming and they are ready for you, so it kind of, again, builds up your self-esteem to kind of like get you accepted into the field that you have finished and graduated with.

Dr. Rush:

Well, let's shift gears. Tell us about your current position. You're now in your second fellowship. Can you explain? I know we just talked about it a little bit, but specifically, how did the locums experience help you in applying for the fellowship opportunity?

Dr. Rimawi:

So I could tell you for sure that reproductive infectious diseases is a very rare fellowship in obstetrics and gynecology. As a matter of fact, there are only 4 fellowships in the entire world with 3 of the fellowships being in the United States, one of them being in South Carolina, another one being at the University of Pittsburgh, another one being at University of San Francisco, and then the fourth one is in Toronto, Canada. There are only 4 in the whole world, and it's a really competitive position to get. They interview about 15,000 applicants, and they only take 1 person every second year, so every 2 years they interview 15,000 and take 1 person.

So, when I applied for it, I went into this, you know, coming from a small hospital where I graduated residency and having my locum experience work, and when I interviewed that day—and I remember telling them about my LOCUM work and what I did after college—they saw how motivated I was to really get my experience up to par after my residency. And one of the unique cases that I saw while being a locum was a young lady that came in that had a really bad infection in her uterus, that she was pretty much in the intensive care unit dying, and her husband came up to me and held my hand and said, "You know, we have 8 other kids at home. Please, doctor, I don't have much money, I don't have anything, I don't have a car, but I'll get you whatever you want, anything you need to save my wife. I cannot lose my wife." I told him, "Sir, I'm going to do everything I can, I promise, as if this is my own wife, as if this is my own mother, as if this is my own patient, which it is, and I'm going to help her." And sure enough, I took her to the operating room. She required a hysterectomy just to save her life. And she went home 4 days later smiling, happy, thankful as ever just to go ahead and... I told him, "You don't have to pay me back anything. It's just my job as being a physician." And when I told them this story and I told them that I

would never have gotten this if I didn't do locum work, that was one of the biggest things that really led them to take me into the fellowship program, and I got accepted into it.

When I got into here, I told them how much I love high-risk obstetrics and maternal-fetal medicine, that even though it's very rare to get 2 fellowships, they said, "Whatever you need, we'll give it to you." And I said, "Well, can I get 2 fellowships?" They said, "It's yours. If you want 3, we'll give you 3. If you want 4, we'll give you 4." I'm like, "Well, that's too much. Let's stick with 2 for now, and we'll see how it goes after that." And I went ahead and they gave me 2 contracts at once, and I signed an infectious disease contract and I signed a maternal-fetal medicine contract.

And the good thing about it, in obstetrics and gynecology usually each fellowship is about 3 years long, but they said just to make it easier for me, "We'll cut it down a year for each, and we'll give you 2 fellowships in just 4 years," so that's only really staying 1 extra year and I get 2 for the price of one. That really worked out to my benefit just because my locum work really helped me, pushed me to get that extra experience, to get to see that sick patient that I was able to talk about, and without my locum tenens work, I would not have seen that patient and would probably have not gotten that fellowship.

Dr. Rush:

Well, wow, I can imagine how busy your life is, but yet you still do locum work. First of all, how do you find the time? And second, with all that you're doing there within your fellowships, what are you getting out of locums still?

Dr. Rimawi:

Well, with fellowships, just like residency, of course, the pay is not the best in the world, so a lot of people always say, "You're the most overeducated underpaid physician because you're still a fellow." And I tell them, "It's okay. When I graduate, hopefully more money will come in time." And it's not all about money. It's all about just taking care of patients and doing what I love most. But the good thing about it is you still have some bills to pay, you still have car payments to make, you still have medical school loans to pay off, and you need that extra little money to help get you through, and I could tell you doing locum tenens work at the same time helps to get that extra paycheck under your belt. And I could tell you 1 paycheck from locum work is more than I make in 3 months of fellowship, and it's only a weekend with locum work, so it really pays off amazingly, and it's a great experience.

The other thing is that with fellowship, even though I'm doing 2 fellowships and stuff, there are always rules that they have to follow, so they don't allow us to work more than 80 hours a week. After 80 hours a week, they usually let us go home. So, because they respect me a lot over here and they really like me, I usually don't work more than 40 hours a week, so I have a lot of free time to still go ahead and do some locum tenens work. And I still get to pick up extra shifts here and there, weekends. I only usually work like 1 weekend a month in my fellowship, so the other 3 weekends I'm able to dedicate that time to locum tenens work.

Dr. Rush:

Wow. It's amazing how much you have experienced at the age that you are. Where do you go from here?

Dr. Rimawi:

So, after I finish my fellowship, I'm planning on moving on to a large academic program looking hopefully to become a chairman of a department somewhere, maybe like a big academic program. I'm also doing a lot of research as well, because without research, medicine would never grow, so I like doing a lot of research as well and try to expand on medicine. At the same time, I want to definitely continue doing locum tenens work because it's a great experience and a great, great mode of payment and helping you to get some extra money that you needed. And again, it's not all just about the money. It's getting to meet new people. I think one of the best things I have learned about locum tenens work is meeting new physicians, getting to see different hospitals and getting to see how they practice medicine, and then you get to bring your experience into their hospital, and they are like, "Wow, I've never seen a physician practice like that. That's so cool. Is that how you do it at your hospital?" And I would say, "Sure." Locum tenens work really gives you that bump to really go and show off your skills at other hospitals. It makes me feel, again, much better.

Dr. Rush:

Well, Dr. Rimawi, unfortunately we have run out of time, but I do want to thank you for being our guest today.

Dr. Rimawi:

Thank you for allowing me to talk today. I enjoyed speaking with you today, and I hope to get to continue working with you. And whatever I could do to help, please call me and let me know.

Dr. Rush:

We've been discussing alternative career opportunities with locum tenens and fellowships. I'm your host, Tim Rush, and thanks for joining us.

Narrator:

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Narrator 2:

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