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### From the Military to Civilian Medicine & Beyond: A Locum Tenens Physician's Career Path

Dr. Caudle:

After graduating from med school, young doctors across the country are tasked with figuring out where and *how* they want to start their career. But it's not totally uncommon for some doctors to completely change the course of their career after a few years.

Take Dr. John Thieszen, for instance. After six years in the military, he worked in a hospital—that *is*, until he wanted more flexibility and autonomy for both his career and his young family. Now, as a locum tenens for CompHealth and the leader of his own consulting group, Dr. Thieszen has found a way to forge his own career path, which is what we'll be diving into today.

Welcome to *Spotlight On Locum Tenens* on ReachMD. I'm Dr. Jennifer Caudle, and joining me to talk about all of this is Dr. John Thieszen himself.

Thanks so much for being with us today, Dr. Thieszen.

Dr. Thieszen:

My pleasure. Thank you for having me.

Dr. Caudle:

So since you started your medical career in the Air Force, can you tell us what some of the differences between practicing medicine in the military versus civilian life are?

Dr. Thieszen:

I found that there are quite a few big differences between practicing in the military and practicing as a civilian. The reason for these differences is that the military really has a different mission from the civilian world. Military medicine is there to support the troops, to prepare for war if you will, as a physician that can lead to some consternation if it's not understood that it's a different set of values and principals that are necessary.

This can be a good thing because as a physician it can provide some unique opportunities. You can have travel all over the world, sometimes to areas that are experiencing war, but also to areas of the world that are wonderful places to be for several years or for a shorter period of time.

There are leadership opportunities, being in the military as a physician you will get promoted into leadership positions and you will get a lot of leadership training. There are also unusual medical experiences that you can have or medical training in some fields that are hard to train in elsewhere such as aero space medicine or bariatric medicine. You can do infectious diseases, very practical. Combat trauma for example. These can all be great experiences, but on a day to day basis, if you're a physician working for example in The United States, in a clinic or hospital, it can be kind of frustrating.

As a physician we're trained to focus primarily on direct patient care and in the military, a physician will experience a huge amount of bureaucracy. It's really a big government run entity. You have generally speaking untrained administrators who have been promoted from nursing staff or physician staff. The electronic records have been hit or miss through the years. While I was there they were very challenging. Since then most electronic records I've used have seemed really great.

They kind of a different value that they place on physicians, physicians are more soldiers and almost a tool that the military can use. And as such, the military is not very efficient for gearing physicians toward seeing patients quickly and having the resources that they always need.

So, really I think someone in the military or a military physician does best to understand that they're supporting the military mission, which is not always the exact same as a civilian mission of caring for patients directly.

Dr. Caudle:

And financially speaking, was there a big difference working for the military versus working as a civilian physician?

Dr. Thieszen:

For me that was challenging because the military actually paid reasonably well, a big portion of that pay was essentially going toward paying for my schooling. So, there were times that I found myself in a bit of a cash crunch because we had, at that time, a young child and a new mortgage and it was a time in life where we needed a little more money. That's how I got started with Locum Tenens and kind of discovered some of the benefit.

What I found was that I could go on a weekend, if I had a long weekend, three or four days, I could go and work somewhere and have a great experience in a small hospital for example and then return to the military for the week. This really helped supplement our income and kind of helped us get through, but also paved the way for so many experiences after I left the military.

Dr. Caudle:

Can you expand on some of those experiences for us?

Dr. Thieszen:

After I left the military, I joined a fairly big group of hospitalists in my hometown and found that I was honing my skills in some areas of medicine, but also starting to lose some areas of my skills. When you're in a big hospital with a big group, you find that the sub specialists who are around you are a great resource, but they will also, in general will start doing a lot of the procedures that you might have been used to doing from residency.

As a hospitalist, I found that I wasn't doing ventilation management, I wasn't doing central lines, lumbar punctures, paracentesis, thoracentesis, all the procedures that I valued. I learned that by continuing to have locums, this was providing me with the opportunity to continue to keep those skills that I was about to lose, but by going to other hospitals then to a big hospital with a lot of sub specialists, I was able to keep these skills

Dr. Caudle:

That's a great point, and as I understand it, your current working situation is pretty unique. You still work as a locum tenens, in addition to some traveling consulting work, is that correct?

Dr. Thieszen:

Yes. My primary job is also a job where I travel to small rural hospitals.

Dr. Caudle:

Is this part of your consulting work that you do?

Dr. Thieszen:

There are about three hospitals that I'm credentialed at. They're all considered rural hospitals. I'll travel there anywhere from five days to ten days at a time. I'll live in the hospital and be the primary hospitalist taking patients day and night, which works out fine in these smaller hospitals because there are not a lot of admissions at night.

So, I'll go out for a period of time and really consolidate my work effort. Then I'll have anywhere from a few days to several weeks or more at home with my family kind of on vacation at my own house or going somewhere if we choose to.

Dr. Caudle:

And since your working situation *is* so unique, what are some benefits of approaching your job this way?

Dr. Thieszen:

This niche that I found with working and traveling and doing locum tenens, has some wonderful benefits for me personally and professionally. For one thing, it's lead to a lifestyle that I found to be perfect for our family.

I have three little boys, we have a six-year-old, a four-year-old, and a two-year-old and they are really, really fun. At this stage of life, I just don't want to miss by being gone at work all the time. My wife and I love to take them on vacation or just be at home and I like to be part of their learning and play sports with them and take them to sports.

What I found with this lifestyle is that I'm able to make the schedule. I can be gone for three days or a week or two weeks, but I choose when in advance, in agreement with the hospitals. Then I can come home and have that time as real concentrated family time. We can

do things that otherwise would be impossible.

For example last month, I was able to take off almost an entire month and take the family to Costa Rica where we enrolled the family in a Spanish immersion program. So, it was like a vacation, but we were also learning Spanish in the school and it was really, really great. That's not something that people can do really, but by consolidating my work schedule into chunks it's allowed us some amazing flexibility.

Dr. Thieszen:

Right. Exactly. It's lead to a great life/work balance. That's something that's very difficult as you know for physicians to achieve. Also this traveling and doing locum tenens work has lead to some other benefits that I wasn't really expecting initially, but working in several different hospitals has given me a variety that I really enjoy because the patient populations can be so different.

For example, one of the places I work is an upscale vacation town in Colorado that you would know as Vail. Working in Vail has been quite an experience because the population there tends to be people like the Prince of Saudi Arabia and very, very wealthy clients. But then I also work in small eastern Colorado rural towns where I take care of patients who make their living from farming. A wide variety of experience has been a great benefit of traveling and working locum tenens.

Dr. Caudle:

For those just tuning in, this is *Spotlight On Locum Tenens* on ReachMD. I'm Dr. Jennifer Caudle, and I'm speaking with Dr. John Thieszen about nontraditional career paths for physicians.

So, continuing right along in our discussion, Dr. Thieszen, what advice would you give to young medical students or recent graduates who don't really know what they're looking for in a career?

Dr. Thieszen:

That's a great question and one I'm happy to talk about because I came out of medical school and some of my plans were made for me because I had joined the military, but it's really important for graduates to be careful what they're doing when they're joining a group. They need to be careful of the documents that they sign. When you're joining a group it's very exciting, you're interviewing, the hospitals are wanting you to come, it's nice to feel anticipated and to feel wanted.

There is a tendency for people to think that this contract is just a formality. The contract is not really a formality, but it's critical. People like to think that I'm joining this group and I'll be working here for 20 years and 30 years and then I'll retire and nothing will ever go wrong. That's typically not the case.

More often, you might work somewhere for a year or two years or five years, but that contract will more often than not, come into play at some point. I look at it almost like end of life preparation. At some point it's going to happen so you'd be foolish to think that it will never happen to me. In the same way that contract that you're signing will probably some into play so you need to be careful about what you sign.

Even though a hospital is a big organization, you can negotiate these contracts. Several pieces of advice along those lines, I would recommend graduates or anyone get an attorney to review the documents before signing them. There are easy ways to get that done, either just paying an attorney out of pocket, a one time fee or there are monthly programs you can pay for an attorney very inexpensively. Definitely I would recommend having the attorney review the documents.

Several pieces of the documents that we're not taught about in med school, but are important are the terms of separation. A lot of hospitals will want you to sign saying that once you resign or the hospital lets you go, your group lets you go, you'll continue to work for them for up to six months. I can tell you from personal experience, and from the experience of a lot of other people I know, when that happens, even if you're parting ways very amicably, and trying not to burn bridges, working for a place for six months after they've either let you go or you've said, "Thank you, but I'm moving on," that six months is really awkward and is a long time and everybody is just kind of wanting to go to the next step.

I advise new graduated to consider pushing the hospital a little or being careful not to sign a document...I would say three months or less is more reasonable. The hospital needs time to find a new doctor to replace you but six months is a really long time. So, consider negotiating for a shorter clause.

The other clause to watch out for in contracts for new graduates is non-compete clauses. People don't understand I think sometimes that what this can mean is that a physician can literally resign from a group or be fired from a group and not be able to practice in the same town anymore. That can mean moving your whole family or practicing somewhere else. Some of these clauses may be unavoidable, but again have an attorney involved.

That brings me to my next point which is, as physicians and as young graduates, I think we feel awkward about negotiating your terms, but this is where some of the easiest money is to be made is by negotiating. Simply asking for things like, is there a signing bonus? Is this the best you can do for my salary? Can you pay travel expenses? I felt very awkward asking for any more money, but in the 30-seconds it took that I felt awkward asking about it, the hospital agreed to 20-thousand dollars of a sign-on bonus. That was the best 30-seconds of awkwardness I ever spent.

Finally I would advise young graduates or any graduates or anyone really to consider trying locum tenens. This goes back to the contract. When you sign the contract and you join the group, they hardly know you and the truth is you hardly know them. It's like a first date, you don't know the background you don't know the hospital's dynamics and if you can do locums for example, you get to try the hospital, try the group, before you buy all the way into it. So, you're not on a contract.

You can go for three months or six months with a locums company, you can do shift, you can start to understand the inner workings of a hospital that otherwise you wouldn't know and you might find surprising. I strongly advise people to consider doing locums, consider trying out a place before you jump all the way in with both feet. I think it's a brilliant way to go.

Dr. Caudle:

So, looking back on your own career, are there things that you would have changed or done differently?

Dr. Thieszen:

I found a niche that I'm very happy practicing this way, I love the work experience I'm having and I found the place that I needed to be. To get here it took joining the military for a while and then it took joining a big group. There is a part of me that would be tempted to say, if I could do it all over again, just straight out of medical school, I would not join the military and I would go right to doing what I'm doing now.

But then I think that the experiences that I've had along the way, in the military, even at times when it was difficult, or in the big group, these have really helped me to become the physician and the person that I am. So, in the end I don't think I would change anything, but I definitely say that I'm happy to have found the place that I'm at.

Dr. Caudle:

S, now that you're a few years removed from your own graduation from med school, what do you think is the most rewarding part of practicing medicine now?

Dr. Thieszen:

It certainly has. There are several things that I am really enjoying about medicine now and I'm enjoying about this place in medicine that I'm at. You do have a wide breadth of knowledge from medical school and from residency that will serve you well and you are prepared to go out and take care of patients.

But as a few years get under your belt and under my belt, I found that I am able to be more confident about having seen an illness enough times you start to have a confidence about it and about how it usually will play out. It's nice to walk into a patient's room and know this is the diagnosis, this is what the patient can expect over the next few days for their prognosis, this is what the treatment is and what it's going to do. Having experience the illness in detail so many times it leads to a certain amount of confidence which is nice. I'd forgotten a lot of things since medical school about organic chemistry and such, but I've gained confidence about day to day practical care of the illnesses.

I've touched base on this a few times during this conversation, but one of the best things right now is the lifestyle and the life/work balance that I'm living. I think that's a really unusual thing for physicians to find. Full time for most doctors is probably at least 70 hours a week, plus probably five to ten hours of administrative time. I know very few doctors who are working less than that and usually they're either in a subspecialty or they're working part time.

You can find a way to work less like I've done. This is one of the most rewarding things is to be working 55 or 60 hours a week on average and putting the time together so that I have good family time, that's been a very rewarding thing about this stage in my career.

Dr. Caudle:

That's such great advice, Dr. Thieszen, and it's especially important since we don't typically learn those kind of things in medical school. But unfortunately, that's all the time we have today, so I'd like to thank Dr. John Thieszen for joining me to talk about his experience as a locum tenens physician.

Thanks so much for being with us today, Dr. Thieszen.

Dr. Thieszen:

Absolutely. I really do appreciate the opportunity. Thank you.

Dr. Caudle:

I'm Dr. Jennifer Caudle. To access this and other episodes in our series, visit [reach-m-d-dot-com-slash-Spotlight-On-Locum-Tenens](https://reach-m-d-dot-com-slash-Spotlight-On-Locum-Tenens), so you can be part of the knowledge. Thanks for listening.