

# Medical Economics®

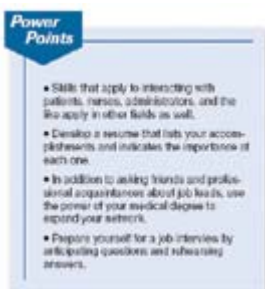
## Taking your medical degree in a new direction

If you're thinking about leaving your practice, you can still put your skills to good use.

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Power Points

In 1999, shortly before Steven Grossman's wife died of pancreatic cancer at age 49, the Columiana, OH, family physician took a leave of absence from his group practice. "I loved clinical medicine," he says. "But I felt that this significant event in my life had happened for a reason, and I had to figure out what that was."

Long a part-time academic, Grossman ultimately moved to Tallahassee to become a teacher and the director of career development at the Florida State University College of Medicine soon after the college welcomed its first class in 2001. He enjoyed the work and the interaction with aspiring physicians, but in 2004 an Ohio hospice made him an offer he couldn't refuse.

"During my years as a clinician, I served as a volunteer medical director for Hospice of the Valley in Boardman, which I had helped to organize," he says. "When the hospice began planning an inpatient facility, I was hired as full-time medical director.

The hospice's board was looking for someone who was comfortable making home visits and had a holistic view of patient care." Additionally, Grossman felt he could bring more to the job than someone who hadn't viewed end-of-life care as closely and as personally as he had.

Grossman's journey from clinical to nonclinical medicine is one that increasing numbers of physicians are making—or at least contemplating. The reasons include a desire to escape managed care and malpractice insurance hassles, to use talents that aren't fully exploited in the exam room, and to experience new challenges.

Nonclinical fields where a medical degree comes in handy are numerous and varied. In addition to opportunities in pharmaceuticals, insurance, utilization review, biotechnology, health systems, risk management, occupational health, and academia, physicians can earn a living as consultants, lecturers, and writers. Indeed, Robert F. Priddy, executive director of PhysicianCareerNetwork in Englewood, CO, maintains that physicians who apply for a nonclinical medical job have a leg up on the competition. "You can reasonably tell a potential employer, 'I meet all your needs, plus I have a medical degree.' "

Still, going from an exam room to a classroom or boardroom is risky, because often it means starting over, and putting aside skills that were learned at great expense. It also means developing a network, writing a resume, and being interrogated by interviewers. And in many cases it means less income—at least initially, while you're getting established.

Here's how some of your colleagues retooled their work life, and what they and career counselors say about the nonclinical job market.

### Exploiting talents you had all along

Not surprisingly, physicians who take up a nonclinical line of work make use of abilities they developed prior to or during their clinical days. Before physical medicine and rehabilitation specialist Marilee Sipski became senior vice president and chief medical officer for CHN Solutions, a managed care organization in Hamilton, NJ, she did committee work, was director of outpatient services, and set up clinical programs—in addition to seeing

patients—at Gaylord Hospital in Wallingford, CT.

In 1997, after Sipski became a part-time consultant to develop a workers' compensation product for CHN, she began taking courses through the American College of Physician Executives. She now heads several departments, including medical advisory, credentialing, quality, and utilization management. "This position has given me a tremendous opportunity to use my perspective as a physician to participate in another arena of healthcare," she says.

Physician career migrations can be swift or incremental. Some examples:

**Rich Sagall**, after 18 years as an FP and occupational medicine physician in Bangor, ME, moved to Philadelphia where, in addition to doing "fill-in" work at different occupational medicine clinics, he's a medical review officer. "I'm responsible for receiving and reviewing laboratory results generated by an employer's drug testing program," he explains. "My role is to protect people from being inappropriately labeled as drug abusers, and to see that employers don't make hiring decisions on the basis of faulty information."

That pays the bills, but Sagall has two "labors of love" that he hopes will ultimately be moneymakers. He's the publisher of *Pediatrics for Parents* ([www.pedsforparents.com](http://www.pedsforparents.com)), a children's health newsletter that's free to subscribers but accepts paid ads. And in 1997 he and medical social worker Libby Overly started NeedyMeds ([www.needymeds.com](http://www.needymeds.com)), a nonprofit enterprise that directs uninsured or underinsured patients to pharmaceutical assistance programs.

When Sagall isn't doing his medical review officer or fill-in work, he's in front of his computer or speaking to physician and lay groups about patient assistance programs, occupational medicine, and drug testing. He's hopeful that NeedyMeds will earn enough through donations and sales of the *NeedyMeds Manual*, a printed version of information on the Web site, so he can be paid for the time he devotes to the venture.

**Mark Spohr** began his medical career as an emergency physician in California and Nevada in the late 1970s, but by the mid-1980s he had segued into the computer software field. The company he started, called Medsoft, focused on developing clinical and financial billing applications for physicians. It was so successful that Spohr stopped doing clinical work by 1987. Seven years later, he sold Medsoft to a larger company and went into international public health with the Routine Health Information Network (RHINO). That work has taken him to Malaysia, Pakistan, India, Papua New Guinea, Thailand, and other developing nations, where he consults on healthcare policy and resource allocation.

"My undergraduate degree is in electrical engineering, and my work with RHINO enables me to use all my training and skills," Spohr says. "I use my technical and engineering expertise in the design, development, and deployment of healthcare information systems, and my medical knowledge to treat and prevent certain diseases."

**Gary Globber**, a Houston gastroenterologist, has been conducting workshops and doing one-on-one coaching in communication and leadership skills for the past eight years. "I teach medical professionals how to more effectively interact with patients and each other, plus how to handle conflict and give and receive feedback," he says.

After training with several organizations in the US and England, Globber started out small and gradually reduced his clinical hours after he had gathered enough clients. He now practices medicine just two days a week, and is on the road the rest of the time. Recently, he added workshops with patients on how to effectively communicate with their physicians. He also runs seminars in nonmedical business settings because, he notes, "I found that the skills that apply to interacting with patients, nurses, administrators, and the like apply in other fields as well."

**Hermilo O. Jazmines**, an ob/gyn in Naperville, IL, earned a master's degree in health and business administration in 1994 as a hedge against the vagaries of the medical field. So when his malpractice premiums more than tripled in 2003, he was prepared to move on. First he helped organize, and served as medical director of, a physician-owned medical liability company, which quickly grew from 14 to 90 doctors. Six months later, he turned the insurance operation over to a management company and became a physician surveyor for the JCAHO. "In doing extensive on-site reviews of healthcare organizations, I can use my medical expertise to promote patient safety and improvement in quality of care," he says.

### Getting ready to make the leap

To bolster your career opportunities, should you go back to school, as Jazmines did? As many former practicing

physicians have found, it certainly can't hurt. FP Jeffrey A. Elting, a West Point graduate and former Army Medical Corps physician, earned an MS in national resource strategy from the Industrial College of the Armed Forces/National War College in 1998. Four years later Elting became the first medical director for bioterrorism response coordination for the District of Columbia Hospital Association. He's responsible for developing communications systems to link hospitals, public health offices, and law enforcement, and for preparing hospital emergency plans to accommodate bioterrorism victims.

In 2000, internist Lynn Helmer of Haddon Heights, NJ, earned an MBA at Drexel University in Philadelphia after taking on administrative and quality management duties at local hospitals. Later, she became vice president of medical affairs at two different organizations, and worked as a medical director for an insurance firm. She now runs her own consulting company, which focuses on quality management and leadership development. "I got the MBA because I realized that winging it wasn't enough, and because I wanted to better understand the business side of the medical industry," she says.

While getting an advanced degree is undeniably helpful, you also can prepare yourself for a nonclinical career by doing volunteer work or an internship in an area that interests you. "Get out there and test drive opportunities," says Stephen Rosen, chairman of Celia Paul Associates, a New York City-based career-counseling firm for physicians, attorneys, and scientists. "You'll gain experience and make contact with people who can help you."

### **Writing a resume, networking, and interviewing**

"Physicians generally aren't well prepared to look for jobs, because most—especially those who run their own practice—have never had to sell themselves to an employer," says ob/gyn T. Robert Mestas, medical director of PhysicianCareerNetwork.

So where do you start? The best advice is to begin with the nuts and bolts. "Most doctors have a CV, but nonclinical employers usually are looking for a resume," says PhysicianCareerNetwork's Bob Priddy. "Unlike a CV, a resume is a personal advertisement. It should therefore highlight achievements that will impress a potential employer. For example, don't simply specify that you purchased supplies; indicate that you negotiated a contract for supplies that saved your practice money. And if the turnover in your office is lower than average, use that to illustrate your strong management capabilities and ability to motivate people."

As for networking, in addition to asking friends and professional acquaintances about job leads, you can use the power of your medical degree to reach out to strangers. "It may be a person who gave a lecture at a medical conference two years ago," says Priddy. "Write a cordial note indicating, 'I'm a physician who was in the audience two years ago when you spoke in Tucson. I found your words very inspirational. Now I'm going through a significant career change, and I believe you may be able to offer me some important advice and direction. May I schedule a 15-minute phone call?'"

If your leads are helpful and you're fortunate enough to get an interview, prepare yourself by anticipating questions and rehearsing answers. Among the likely queries:

**Why are you leaving patient care?** "The first rule of interviewing is 'never be negative,'" says Mestas, who left clinical practice after 20 years and now helps other physicians restructure their careers. So don't indicate that you feel beaten down by managed care or that you no longer enjoy seeing patients. Mestas' recommended response: "I've had a wonderful career as a clinician, and I truly enjoyed the challenges and opportunities it afforded me. However, I have a wide variety of skills, including those I've presented on my resume."

**What should I know about you?** Don't assume that the potential employer wants your autobiography. "What the employer is really saying is, 'Tell me why you're the right person for this job,'" says Steve Rosen. "Be ready to indicate your job-relevant experiences and accomplishments, but don't hold the floor for more than 30 to 60 seconds." Keep in mind that many of the day-to-day responsibilities of managing your practice—hiring and supervising a staff, negotiating contracts, establishing policies and procedures—are accomplishments that can be transferred to nonclinical settings.

**Do you have any questions for me?** "Interviewers judge candidates as much by the questions they ask as by the answers they give," says Rosen. "Research the job opportunity before your interview so that you can ask questions that indicate you've done your homework."

It's also important to ask questions that are specific to each person who will be interviewing you. For instance, if you're talking with an operations person, you might ask, "What are the greatest operational challenges that the

company is facing, and how can I help you with them?" If you're speaking with the CEO, ask, "What are your long-term and short-term goals for the division that I'll be working with?"

If you're rejected for a position, don't hang your head. There are lots of others for which a physician could make a perfect fit, and another opportunity is sure to present itself if you stay persistent. For additional information on interviewing, networking, preparing a resume, and other job-hunting basics, see our six-part series on "Finding a Job" at [www.memag.com/findingajob](http://www.memag.com/findingajob). You can buy a bound version of that series [online](#) or by calling 888-480-0579.