



EPISODE 3 How to Land a Nonclinical Job in 5 Steps

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HF: Hey there and welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place.

I'm Heather Fork, a former dermatologist and this podcast is all about helping you find your best path forward and how to make those changes in medicine or beyond. You don't need to get stuck at the *white coat crossroads*. So, pull up a chair my friend and let's *carpe* that *diem*.

Are you wondering how you can do something different in your career, knowing you need to make some changes, but you have no idea how to get started, and the uncertainty is paralyzing you? Well I have just the thing for you today because I have a special guest with me and almost a year ago to this day, she came to me for coaching because she needed to make changes but she didn't know how. She is in a job now that she really loves and she's very happy.

And what we're going to do today is go through the *Carpe Diem* program that she did and how she went from uncertainty and not knowing, to finding answers and happiness.

I'm really excited to introduce you to Dr. Modupe Oladeinde, a Board Certified Family Practice Physician. Hey Mo, how's it going?

MO: Good morning Heather, I'm good thank you! Thank you for inviting me to the podcast today.

HF: Oh my gosh, I am so excited and so grateful to you for being willing to share your story. So take us back to that time a year ago when you didn't know where you were going to end up.

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MO: So, indeed I had been practicing about 15 years, family practice of course, and about two years ago though Heather I started feeling a sense of burnout, absolute burnout. I was just really tired of patient care. My patients loved me though, you know!

HF: I know they did, yes, yes!

MO: So, but internally I was struggling. I mean I was just kind of tired of the routine. The mundane. The going from room to room, crazy schedules, schedules produced by somebody off-site and it was just absolutely crazy. And I thought, oh maybe it was because I was on, what you call the RVU schedule, on my job at the time. But apparently that wasn't the case because I changed jobs to a job where it was totally salaried, and I was still feeling the same. So that led me to where I got to about this time last year, meeting with you.

HF: Yes, and you make a really good point Mo, in that often physicians will try to change their job. Say, well maybe it's the environment, maybe it's the structure and then they go to another position like you did which I think is good because it helps you answer questions. But then you made some changes, and you knew you loved patients, it wasn't that, the patients loved you too.

I loved that story you told about how in the waiting room they'd be passing your card around and saying, Go see her, see her!

So, part of the *Carpe Diem* program starts with the commitment statement and that's something that you just declare needs to change or it needs to be different for you to, that your goal is. So, what was the commitment statement that you made when we got started?

MO: So, my commitment statement was I wanted to do work that used my spiritual gifts because I'm a spiritual person. I'm a Christian. I wanted to do work that would utilize my spiritual gifts and my natural gifts to help people in a way that would kind of empower them to make positive changes in their lives. I wanted to feel appreciated Heather. I wanted to feel valued and definitely I wanted to be well compensated for whatever I was doing. So that was my statement, to do work where I would have time for my family, for my son. Grow as a person, looking for a challenge in a different way. So, that was my statement at the time.

HF: What was it that was making you feel not valued? Because it sounds to me like the patients really loved you and they were expressive of how they felt about you.

MO: Yes, so from the perspective of my patients, yes, I could tell that they loved me and I felt very good with that. But the establishments that I worked with – I told you I changed jobs – the prior

one there was just so much administrative issues that I felt it was all about numbers you know. Rather than valuing the job that I was doing and then even in my new job too I found it was all about numbers and numbers and metrics and this and that as well as, you know, hey I'm a physician! Value what I'm doing, please! So that was that, yeah.

HF: Exactly, and you speak for so many physicians who feel undervalued, under-appreciated and just a provider. A commodity that can be replaced. Now, in the *Carpe Diem* program, the *Diem* stands for a question that you ask yourself. Do I Enjoy Medicine? D I E M. And when you were first coming to coaching, how did you feel about that question and how did it inform what you were thinking about as your next potential job?

MO: So, I enjoy being a family physician. My background actually was in ophthalmology. I was in the UK and Europe and then I came to the US and switched from ophthalmology to family medicine and to my surprise I enjoyed family medicine so much that I wasn't really even missing ophthalmology. Because with family medicine of course it's the whole range, the whole nine yards, dealing with patients also being a specialist.

So anyway, as far as practicing medicine, I loved practicing medicine and there was never a time in my mind where I thought, oh I was going to leave medicine altogether to do something totally outside of medicine. Whatever it was that I wanted to do, I wanted to stay within the realm of medicine as a profession, rather than switching altogether. The only main thing was I didn't want to be dealing with patients any longer, like face-to-face dealing with patients.

HF: You were clear about that at the beginning?

MO: I sure was, I definitely was, yes.

HF: And how did you know that for certain, especially since there was so much affection and you were very well regarded, you had really high patient satisfaction scores?

MO: Yeah, I think it was more of the sense of the burnout. I felt like I was giving so much of myself to my patients and I felt like it drained me, personally and emotionally. It just drained me, and I didn't want to be there anymore, and I think that was really what drove me to saying, you know what? This is enough.

HF: Okay, so that was clear. Now the next step in the *Carpe Diem* program - and for those of you who don't know it – the C is commitment, a commitment you make to yourself. A is the assessment phase. R is research. P is preparation and E is execution.

So, let's talk about the assessment phase. What did we start doing to help you answer this question of, what's next for me?

MO: So, in the assessment phase we did an Enneagram which is a whole series of questions and answers to try to figure out what my personality style or what type of personality I have. We also did a skills chart. We did a career vision preparation exercise and then we also worked through work preferences. I did assignments on work preferences. For example, would you like pharma? Would you like real estate? Do you want to do utilization management? So, we worked through all of that.

And then in the assessment phase also, you did recommend that I join this Facebook group of non-clinical physicians which was really a good thing because then I was able to hear people's stories of their transition. How people were sounding all excited in that group about their non-clinical careers. That was just a huge thing also.

And then on the personal side, I actually did kind of like a self-assessment of my strengths because I had doubts about, can I do anything apart from taking care of patients? I actually sat down one day and I wrote a list of what my strengths were and I came up with certain things that I'm like, okay yeah I think I can do this, and then I also read books.

For some reason around the same time I was reading books and one of the books I read was called *The Gift of Imperfection*. It's a bestseller, I can't remember the author now but that book really helped me feel empowered. So, to say that hey, you can do this. You can do whatever it is you have in your mind to do. That was all part of my assessment phase.

HF: Now is that Brené Brown's book, *The Gift of Imperfection*?

MO: Yes, that's her.

HF: Yes, she's very popular and will help you stand in your courage and be vulnerable which is actually powerful. Now, you mentioned a really important point Mo, which is physicians often say, *I don't have any transferable skills*. And I love that you made this list and so, what did you come up with as your strengths that you could transfer to another position?

MO: The first thing was obviously I do have the strong clinical background. Like I mentioned I had been in ophthalmology for a few years in Europe and the UK before coming here and then 15 years of family medicine. In-patient, out-patient experience. I also wrote down that I know that I do have organization skills. I like to just generally tidy things up and organize. That's just me, even around my desk, around my home and then I'm someone who's very time-sensitive. I went to high school in what you would call a paramilitary high school.

My dad was in the military back in Africa, so I think from that perspective it was instilled in me to have a time sensitivity. So, if you tell me something is at 9.30, it would be 9.30. That was another thing I wrote down and then I thought to myself too that I do communicate well -verbally and written skills.

So, I wrote these things down and I surprised myself when I wrote them down. Because I'm like, oh really? I had to do that personal self-assessment to even convince myself that yes, you do have what it takes.

HF: That is beautiful. And I'd love it if you're listening to this and you're having any doubts about yourself is to do that exercise because just in a day of seeing patients you are using a phenomenal range of skills and you're not chopped liver. So, make that list and start feeling empowered about what you have to offer.

Okay Mo, so when you went through the assessment phase, were there a couple of new directions that came at the top of your list that you wanted to then start researching?

MO: Yes, one of the things Heather was that part of the assessment helped me to figure out, am I someone who's kind of like a leader or am I a follower? And I had to look at that and work on that for myself to say, hey look, you do have leadership skills too. Because at one point in my career, I actually helped establish an ambulatory center – a clinic - where there were zero patients on Day 1, and I had a medical assistant. I had a front desk person and with the three of us we established that practice. It wasn't on my radar as something I did that says about leadership in me, but through this program I had to really think back. Like you said, many of us as physicians, we just go through the motion. We don't know really what we have in us.

Another thing that came up during the assessment was, again I had to think back to how adaptable I have been in my life. For example, I studied my basic degree in medicine in Africa and then I went to the UK. I did a residency program there of ophthalmology and then I came here to the United States. I'm thinking, that's adaptability you know, so that's another thing I

had as a plus that I really wouldn't have thought about until we went through the assessment program.

HF: That's great. I think it's really good to think of what you do and actually what that means about what you bring into your job. Now, did you come up with any specific ideas in terms of what the next job would be from the assessment phase?

MO: Yes, it came down to utilization management plus or minus. Definitely my mind it was, I wanted to work with an insurance company and I felt like it could be disability insurance, it could be life insurance but it was just about working in an insurance company and utilization management fell into that category as well.

HF: Excellent, yes it is helpful when we do that career assessment that you have a list of over 50 different possibilities and you rank them in your interest level and then we talk about the ones you're not familiar with. So, that's how you start narrowing down these different options because there's actually quite a lot. So then take us Mo, into the research phase when you started learning more about utilization management and health insurance. How did you do your research?

MO: Okay, so I did google search of nonclinical careers. I researched utilization management and what exactly is it? Because to be honest, apart from the main utilization management that was being thrown around on that Facebook non-clinical group, I really didn't have a good grasp of what do they do? So, I googled it. I did a google search of what does a utilization management medical director do? And then to give them the term 'medical director'. And I'm like, medical director? I don't think I can do that! But it's basically the term that's used for a physician in that role because they use the term medical director.

So, I did a google search. I also listened to a Facebook Live utilization management session by Dr Stefania Ratcliffe. She did a program with a Facebook Live session on utilization management which gave me an idea, a better idea of what the job was. What did they do on a day-to-day basis? So that was very helpful.

HF: Right, exactly. And then I believe you spoke with one of the ambassadors for the Doctor's Crossing to learn more about the job since she had already been in a number of health insurance positions?

MO: Yes, I did, yes, I did and that was very helpful too. That was also helpful towards interview preparation as well. Speaking with the ambassador, yeah.

HF: Yes, I think you make a really good point is when you're in the research phase there's a number of different things you can do from the Facebook groups where other physicians are mentoring and giving information to others, helping out, reading, doing informational interviews such as the one you did with our Doctor's Crossing ambassador.

And then that brings us into the preparation phase. One point I want to make is in the *Carpe Diem* program, it's linear but it also is, it zigzags. You can be doing research and preparation at the same time, even some assessment. So, in the preparation phase, what are the things that you did there?

MO: So, in the preparation phase we worked on converting my CV to a résumé. A résumé that's targeted to what's looking for a position in utilization management. So, we did that and then we updated my LinkedIn profile. That was great because we were able to put a background picture. I took professional pictures so that was really a good thing and then I also uploaded my résumé to Indeed, to Glassdoor. I applied to jobs through, it was a small startup recruiter based out of Canada that I connected with and she helped me. We applied for some jobs through her.

I think I actually got one interview through that process. And then I took utilization management courses. I did a course with ABQAURP – American Board of Quality Assurance Utilization Review Physicians. I did a course with Lean Six Sigma. And then I also signed up with various IROs – Independent Review Organizations.

Then I did something else. In my preparation process I wrote my elevator pitch for a potential interview because I kept hearing about elevator pitch, elevator pitch. So there was this one day I sat down and I wrote like a 3-minute pitch of an introduction of myself should there be an interview. So, these were the things I did.

HF: Yeah, you did a lot and I have to say for those of you who are listening, Doctor Modupe was so great with her homework. She always did it and she did it above and beyond, and when I would comment on it, she was like, but isn't that what everybody does? People have different time frames that they're working on. The preparation and the work that you do really pays off, especially before you even talk with recruiters. Before you even interview there's so much that you can do to increase your chance of getting hired. And she mentioned the converting the CV to a résumé and that is really helpful because it targets what you are doing and connects the dots to what you want to be doing for the recruiter.

And that's something I have a kit for where you can just follow the steps to convert your own CV (to a resume) and it makes a big difference because when a recruiter gets a clinical CV and it's

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for a job that's nonclinical they have to do the heavy-lifting to translate how you would be particularly positioned for that job but the résumé actually does that for you.

Another thing that Mo did very well was we did interview prep. We did it on Zoom and so I could see her, she could see me and we practiced the common questions that you get asked and you can even do prep before you ever apply for a job or even know what you're doing. Because the interview questions that are asked are pretty standard, you can even start practicing them now, and that saves time, because things can go very fast when you do start applying. Alright, so you did a lot of great prep and then what happened?

MO: Then what happened Heather! Well initially I had two interviews. Like I mentioned earlier, I had one through that startup recruiter who is, she's based in Canada but we were talking. She would just put my résumé out there to different companies. So, I interviewed with this one company. They actually offered me the position which was fantastic.

HF: Good job!

MO: However, the compensation was not what I was looking for with that particular group. And then I did a second interview which they just said I didn't match their needs which was okay because I just looked at the fact that I was even getting interviewed said to me that, hey that résumé is working! At least you're getting interviews, you know. So that was exciting for me and I just saw it as preparation for what was to come and then eventually I got another interview with, this time an insurance company, and I have to tell you guys this. I have to tell people this Heather.

You had said, Mo let's try to connect with in-house recruiters with some insurance companies via LinkedIn. So this particular in-house recruiter for this company that I now work with, we connected with her via LinkedIn some time in April and it took a whole month for her to - I wrote back to her to say, hey you know, I put out my résumé to you, just following up and I didn't hear anything. And then about a month later I get an email from her to say, I would like to talk to you and, oh my God that was how it all started!

So, I spoke with a recruiter. She said, go ahead and apply for this particular position. It was a utilization management position with a great insurance company. I did put in my application formally and then I interviewed with a couple more people in the hierarchy in the company and I was offered the position. So, that's how the execution phase happened for me which was very exciting.

HF: Yes you did a really fabulous job. And you know what's interesting is that back in February I reached out to that recruiter because I had mentioned her name and so I reached out to her on your behalf but they weren't hiring family practice physicians at that time. They were looking for some sub-specialists. It just shows you that 'no' doesn't necessarily mean never. I love that you persisted. You went on LinkedIn.

There's a lot of physicians who aren't sure how to use it (LinkedIn) and that's completely understandable. Connecting with recruiters, the companies that you're interested in, it may not happen right away but when you are patient it can pay off and I'm really happy for you. So, would you like to just say a little bit about how this position meets and exceeds what you were hoping for in the beginning?

MO: Yes Heather, thank you. So, as we were going through the interview process with this company, in the back of my mind was, the only thing that's going to break the deal here is if the compensation was not what I was expecting. Because everything else was checking off on my list as I like this, I like this, I like this. And then when they told me what the compensation was Heather, I just could not believe it because it totally exceeded my expectations. Because it was such a huge deal, I mean I'm going from clinical to non-clinical.

I had done one interview where they offered me the job but because of the compensation I declined. Because I'm like, no. So in the back of my mind, like I said, as we were going through this interview, I am like, Lord I really want this job but it's one thing if they do not have the compensation that meets my expectation then that would just be it.

But honestly, I was pleasantly surprised and am so excited that the compensation package was really good. Again, like I said, it exceeded my expectations and I've been working with the company now the past two months, great team. I love what I do. It's utilization management. I didn't know much about it. They didn't require that I had huge experience or anything. They taught me everything that I know today and I am enjoying what I'm doing. It's great.

HF: That's so fantastic and I'm really really happy for you and I think physicians listening to this are going to have hope because they can see themselves in you. I like that you mentioned about the compensation that was offered initially did not work with what you wanted for yourself and so sometimes it does take courage to say, 'no thank you' when you don't have another opportunity in hand but to really trust and know your own value.

MO: Yes, very true.



HF: And for those of those listening, I wanted to say a little bit about compensation just to give you some guidance. For utilization management, health insurance and even a lot of the more common non-clinical careers such as pharma, but I'm specifically focusing more with utilization management, the lower end of the salary range is usually around 150k to 180k. Then in the middle, more commonly, 180K to 220/24K0 but you can also get into the higher end when you're including bonuses, stock options, other perks. You can actually get up into the high twos, low 300s.

Another thing to think about is where you start isn't necessarily where you're going to end up because in these companies there often is upward mobility.

I just wanted to give you that encouragement because a lot of you think you're going to go down in income. You think, how can I even transition because I can't afford to take a pay cut? Well especially if you're in primary care as Mo's example shows you, you can actually go up and be working less hours!

MO: Absolutely! Working from home, even Covid regardless, this is a work from home position even regardless of the Covid, it's always been work from home, flexible. It's like a dream come true!

HF: I am really thrilled and if you were to give one word of advice to physicians who are considering a change, what might that be Mo?

MO: Coach. Get a great coach, honestly, that is, because honestly Heather I felt stuck until I plucked up the courage to get coaching and I think that's the best thing I ever did.

HF: Well thank you. (Laughter) I did not ask her to say that! That surprised me. I am honored to have been able to share in this journey with you and all the other physicians I've worked with. Happy to help you out there and as I've mentioned in earlier episodes I'm really trying hard to bring more resources so you can do this as a DIYer and if you need coaching, I'm happy to be here too.

So, thank you, thank you Mo and we'll check back with you down the road and see how things are going.

MO: Of course, thanks Heather, thank you so much. Have a great day.

HF: You too, I'm proud of you.

MO: Thank you. Bye-bye.



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