DOCTOR'S CROSSING
CARPE DIEM PODCAST
TRANSCRIPT

EPISODE 76 How This Physician Solved the No Experience Issue

With guest Dr. Madeline Edwards

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HF: 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 founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a non-clinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. 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.

Hello, hello, and welcome back to the Doctor's Crossing Carpe Diem podcast. You are listening to episode number 76. In a recent episode, number 67, I talked about 10 steps you could take to increase your desirability as a candidate when applying for nonclinical positions.

Now, I know it's one thing to have a list of potential ideas that sound good in theory, but there's nothing like hearing how a physician actually took some of these steps to transition into an area where they had no prior experience.

Since I really like giving you as much hope and encouragement as possible, especially when it's based in reality, I'm very grateful and excited to have our special guest joining us today. Her name is Dr. Madeline Edwards, and she's an OB-GYN physician who recently transitioned into a role in pharma without any significant prior pharma experience.

Dr. Edwards is going to share with us why she decided to leave patient care and the steps she took to build her platform for landing a great pharma job while she was still in practice. Even if you're not considering pharma, the general principles and steps here can be applicable for most nonclinical areas. It's with great delight that I welcome Dr. Madeline Edwards to the podcast. Hi, Madeline.

ME: Hi, Heather. Thanks for having me.

HF: You're welcome. I'm very excited to have you here. And I think this is going to be a really helpful podcast because so many physicians want to know the "how". How do I actually do these things that you're talking about? You're going to be very instrumental in showing us the way. But before we get into the steps that you took, could you give us some idea of what was going on when you were in practice that made you decide to consider doing something different?

ME: Yes. As you said, I'm an OB-GYN physician, and I graduated from residency and took a position at the academic center where I had trained. I pretty quickly started to have a fair amount of anxiety and feel like it was not a great fit. I was able to go down to part-time, which I was hoping would help some, I had just had a baby. I had a little one at home and I was taking quite a bit of call initially. They let me cut back on my call, and I still found that I just wasn't very happy in that role.

I tried to transition to a private practice. The idea being that with lower acuity patients, I might have a bit less anxiety. I'd be able to have a little more flexibility in my schedule. And I just found that I was anxious all the time. And when I was at work, I was thinking about my kids. And when I was at home with my kids, I wasn't able to sort of leave work at work. I could tell that my work-life balance was off and I was pretty unhappy.

I even remember one time I was trying to read my daughter a bedtime story, and I had my phone up because there was an app on my phone where I could watch the fetal heart strip from the monitor in the hospital of a patient of mine in labor. And even though I wasn't on call, she was my patient and I was worried about her. And I felt like I couldn't let things go. I couldn't leave things at work. And it was really affecting my happiness and my family.

HF: That's such a powerful example of how work can really encroach on your personal life. You can't even read a bedtime story to your kids. And OB-GYN is a very risky specialty. I remember having fun when I was a medical student on my OB-GYN rotation, but I was thinking and I really felt like I didn't have the guts to be an OB-GYN physician. I can really understand this anxiety that you're having. Did you have a sense that it could get better?

ME: Initially I was hopeful because when I was in residency, I always had this support net of other providers there to help me. And I felt it's a very rewarding and a very demanding specialty, but I always felt like I had back up and I felt comfortable when I was a resident. But once I went into private practice, I kept sort of waiting for that magical time when I would get more comfortable and feel better and have less anxiety. And what I found despite trying multiple different environments and trying to cut back my hours and try to find ways to mitigate, I still felt anxious and it only got worse as time went on.

HF: Did you work with a therapist?

ME: I did see a therapist to work on anxiety management and that helped somewhat, but ultimately, I came to the conclusion that outside of clinical practice, I really wasn't having anxiety. I'm generally not an anxious person. And really there was only so much I could do to mitigate the stressor beyond just removing the stressor.

HF: Right. I think this is such an important point because I talked to a lot of physicians who have anxiety and especially those in surgical specialties. And there is going to be a group of physicians who end up working on it and making progress and

they end up staying. But then there's a subset who determined that this just doesn't work for me. And it's good that there are options.

ME: Right. And I feel like I really tried. I feel like I exhausted the tools that I had to try and make it work. And at the end of the day, I was just unhappy.

HF: Right. Then you decided you were going to leave. And how did you figure out that you wanted to go into pharma?

ME: I initially started poking around trying to figure out what I could do with my degree and my training that was not clinical. And someone gave me your name, Heather. I started working with you and learning about all of the different options that are available. I think initially I actually discounted pharma because I had this impression that you really had to have a strong clinical trial background or be somebody who was trained in oncology or rheumatology, or one of these sort of hot-topic issues, the money makers for the pharma industry.

And I also, for some reason, had this sense that you had to be an extrovert to work in pharma. And I'm not really sure where I got that from, but that was just my impression. And so, I initially didn't think about pharma. I was actually more interested in utilization management and I took a contracting job with a company doing a third-party utilization management review type of gig while I was still in clinical practice. And it didn't really excite me. It wasn't really a good fit either.

And then you suggested that I think about pharma and I started listening to podcasts and I joined a Facebook group for OB-GYNs interested in pharma. And I talked to one of your former clients who's currently in pharma and I just started to get more excited about it.

HF: Yeah. Thanks for sharing those details because I always love hearing how someone goes from, "I have no idea what I can do" and there's all these possibilities to narrowing down the options. Clarity comes from action and you took a lot of steps to help you focus. Then when you were thinking about pharma, did you have a sense of, "Well, I could get in. So how do I increase my chances, if this is possible, and then what can I actually do?"

ME: Yes, yes. I took a number of steps to make myself a more attractive candidate for a pharma role. And the first thing I did was I got a LinkedIn page because I am not someone who's big on social media in general. I had to learn how to create a LinkedIn page. I started trying to network a bit on LinkedIn, and I also started writing articles, not a ton. I think I wrote a few over the course of a few months to talk about topics like the COVID vaccination and pregnancy. Just sort of relevant topics that were clinically related, clinically relevant and posting them on my LinkedIn page to demonstrate my interests and my knowledge base.

HF: I just want to give you a shout out here because I do mention to a lot of people that they can publish articles. It's called publishing on LinkedIn, but it's not publishing in a way we think about it in journals. But you can write an article or many of them and put them on your LinkedIn profile so other people can see them and you can link to them. And I suggested it to you. Well, that weekend you wrote your articles and they were really good too. I was impressed. And that's your secret sauce here, Madeline, is that you take action.

ME: I was pretty motivated, Heather. I was desperate to take time away from clinical practice and I was excited to have a goal, to sort of feel like I was working towards something and that I could make a change in my life. I was very motivated.

HF: Well, sometimes we just stay stuck in fear and paralysis. I think that's great that you take that energy and you do something with it. You've mentioned a couple of things already, which is getting on LinkedIn and networking. Networking with other physicians. You can network with recruiters. You wrote some content that was targeted towards a niche you wanted to go into. What else did you do?

ME: The second thing I did was I actually joined an IRB at a local university. I'm based in Virginia and there are tons of universities close by, both small and large. And I just went on the websites of the different local academic centers near me and found the IRB page, found a contact email, sent an interest email. And I actually heard back pretty quickly from all of them.

And what I found was that these large academic centers have a ton of research activity that they actually have trouble keeping up with through the IRB. And so they're always

looking for people to help. I thought it might be strange as a community physician to sort of reach out, out of the blue. But once I joined the IRB, I found that there were quite a few physicians in the group on the board.

I joined the IRB and that involved a fair amount of training. I spent a few months doing online courses, like CITI training to learn about research and ethics compliance, and doing the Good Clinical Practice training. And all of that was free because I was doing it through the university for the IRB. And then I did a live but virtual training session, a couple of them actually with other IRB members.

I got a fair amount of training. And then they had IRB meetings twice a week. They still do. And it was very flexible. I think their one rule was you had to do at least one IRB meeting every two months or something along those lines. So it wasn't a big-time commitment. And I actually got paid for my time as well.

HF: That's such a rich story because one could say, "Why should I reach out to an IRB because they're not going to want me? I don't have this experience." And you can shut down the parade before it gets started, but you did that key initial next step. You started searching. "Well, where can I find an IRB?" And then you found a contact person, and then you emailed and you didn't stop yourself by saying "They're not going to need me." You just went ahead to see what would come up from it. And it sounds like you got a lot of different types of training and experience just from volunteering, raising your hand, basically.

ME: I was very pleasantly surprised and I really enjoyed it. I haven't kept up with it since I've started my new position, but I actually really enjoyed it. It's something that I would continue doing in the future depending on how my time allows.

HF: Yeah. And then you did other things too. There are more. What else did you do, Madeline?

ME: The third thing I did was you had recommended that I look on the website clinicaltrial.gov, which is basically a giant list of all of the research activity that's going on within the United States. And you can actually pare it down to look at just what is local to your area. And you can also pare it down to look at different fields of interest. I was

able to look at different studies going on within women's health that were specific to my area.

And then I found actually quite a few trials that were in progress, but there was one specifically that was focused on postpartum and intrapartum depression. And it was located, again out of a university nearby and it looked like they hadn't really started it yet. I sent an email to the PI for the study, and again, just said, "I'm an OB-GYN physician in the community. I saw this posting. It sounded interesting. Can I hear more about it?"

We connected over the phone. And then I ended up volunteering to be one of the sites that they were recruiting patients out of for the study. On my end, it was not a heavy lift at all. I had to approve it with my office manager, but I was able to talk to patients who were coming in for their initial OB visit. I already covered postpartum depression as part of my sort of intake visit. And so, it was easy to add in the information about this study and offer them the chance to be a part of it if they wanted, and then just serve as sort of a liaison for that study site.

HF: I think that's amazing, because what time frame were you doing all this over? Just for people who are listening to have an understanding.

ME: Probably over about three to four months, I would say.

HF: That's not a lot of time.

ME: It's not, it felt like a long time when I was in the front.

HF: Yeah. Yeah.

ME: But actually, it was a lot of work to add on to my already busy life and busy clinical practice. I was working on these projects on the weekends, in my free time in the evenings, but I actually enjoyed them. I found doing something different and again, working towards a goal to be in a better position and learn more about a career that I was interested in was enjoyable. I didn't feel like I was killing myself, adding a whole bunch of work onto my plate.

HF: Obviously, you ended up going into pharma, but I'm curious as you were doing these different things, were they helping you to feel like this was really the right direction for you and confirming this choice?

ME: I do. I think that I really didn't have much of a sense of what pharma was until I started doing all of this research and trying to build this platform. And the more I learned, the more excited I became and the more I felt like I was getting to be creative and use my knowledge base in different ways.

HF: Yeah. Now we're going to just take a short break here, so don't go away and we'll be right back. And then we're going to hear a little bit about what your job is like.

If you are applying to a nonclinical job, it's a great idea to convert your CV to a resume. A well-crafted resume helps recruiters see why you're the right person for the job. My resume kit is a downloadable PDF that walks you step by step through creating an impressive resume of your own. You'll have everything you need, including templates and a bonus on writing a winning cover letter.

To get immediate access to this kit that I use with my coaching clients, go to doctorscrossing.com/resumekit or simply go to The Doctor Crossing website and hit the products tab at the top of the page. Now back to our podcast.

We're back here with Dr. Madeline Edwards. And we've been talking about the steps that she took to increase her platform for transitioning into pharma without any prior significant experience. Is there anything else that we missed or that you want to add about doing this preparatory work?

ME: I think those were the main three steps that I took. The LinkedIn course, the IRB, and then the participation in a clinical trial through a local university.

HF: Yeah. And you did networking and you spoke with other physicians. I think that's really helpful too. Tell us a little bit about what this job is like?

ME: Sure. I am a drug safety physician for a women's health pharma company. It's a new company. They were recruiting quite a bit, fortunately, around the time that I

started looking for positions. I work 8:00 to 5:00, Monday through Friday, fairly typical hours. I'm remote-based. One of my big concerns when I initially started thinking about pharma was that I don't live in the traditional Boston, Philly, New York city region. And so, I was worried that that would be a big obstacle for me.

But I found that there were actually quite a few remote positions available out there. I work remotely from Virginia and I go into the office usually in Philadelphia about once a quarter, which is very manageable. I have a lot of flexibility in my schedule. Just this morning I blocked off an hour to go to my daughter's teacher appreciation event at her preschool.

HF: Yay.

ME: And I make up the hour later at my convenience. I've really been happy with that work-life balance piece of it, and being able to be flexible for my kids, being able to sort of work on projects on my own time has been amazing. For the actual meat of the work, I do a lot of bread-and-butter pharmacovigilance type of work. That involves looking over adverse event data, both in the post-marketing world, but also in clinical trials.

I'm involved in designing a clinical trial for a fertility drug that's coming to the United States hopefully soon. I am asked to do presentations about women's health topics to the company fairly frequently because not everybody has a background in women's health. I've presented on PCOS and contraception. I really enjoy getting to continue sort of that teaching aspect.

I get to collaborate with colleagues all over the world from all different specialties. Manufacturing, regulatory, labelling, clinical development. My boss is headquartered out of Switzerland. One of my coworkers I work with pretty closely is out of Columbia. I just love being able to discuss and work through problems and work on these cross-functional teams with colleagues who are global. I think that is very fun and different and interesting.

And then I also, I think I find a lot of meaning from my job. I was a little bit worried in the transition that I wouldn't have that same sense of sort of helping humanity as you do when you're a healthcare worker. But I have a lot of projects that I feel very

passionate about. I'm working on a medical device for postpartum hemorrhage that we're hoping to bring to low-middle-income countries. There's a lot of exciting fulfilling work out there. And I feel like no day is the same. I have variety. I get to be creative. I'm very happy in my current position.

HF: It sounds rich. Sometimes when you think of drug safety or pharmacovigilance, you think you're just looking at adverse event reports, but you're teaching, you're interacting with colleagues all over the world. You're doing something to help in developing countries, different drugs are coming out. It sounds very dynamic.

ME: It is. It is. And I think that was one of the things I was most relieved about once I got down to the work, because I was worried that it was going to be a lot of sort of just looking at Excel spreadsheets. And it's not that at all.

HF: Signal detection.

ME: Sounds very dry from the basic description. But I think what's fun about pharma is that no day is the same, no matter what role you're working in.

HF: Yeah. That was a really good description. And we're getting close to wrapping up here. If a physician is out there and they're listening and saying, “Well, I really don't have any experience, nothing special about me and I want to do something different.” What would you tell him or her?

ME: I would say don't be discouraged. I think it's easy to pull up a job description for a job that you're interested in and say, “Well, I don't meet any of these criteria. I don't have any experience. I just shouldn't even bother.”

But what I found is that if you display interest, if you make meaningful steps towards showing some interest in pharma and doing whatever it is, whatever field you're interested in doing work to show that you are a hard worker and that you are a qualified candidate and you're teachable, I think that most companies are willing to hire physicians and train them on the job.

HF: Absolutely. And obviously, you learn how to do what you do on the job by being trained, and that's proof that they onboard you and they expect to train you.

ME: Right. Right. And my boss was actually an OB-GYN who made a similar transition several years ago. She completely understood where I was and what I didn't understand. There was a lot of learning of not even just the day-to-day work, but sort of the environment and the culture within the industry and how to write an email appropriately between colleagues. There's just a lot of soft skills that I had to pick up and learn. I was very pleased with how welcoming and understanding everyone was. They're hiring you for your clinical knowledge and your expertise. And they understand that the rest will come.

HF: Yeah. I just spoke with another physician who transitioned into pharma, and he was talking about his mentor when he started, because he didn't have much experience. He would get on a call and she would share her screen and show him what to do with X, Y, Z, and then he'd do it. And then she'd check it. And just remember that when we went to medical school, we didn't know anything about caring for patients. When we went to residency, we didn't really know how to be a doctor, not that much in that specialty, but we learned it. You're never going to have to learn anything that's harder than what you've already done.

ME: Exactly. And I found that because of residency and having that skill of just knowing that I can jump in and even if I don't understand and don't know what's going on, I will figure it out and I will learn it and it will be fine. I think that's a skill that we all pick up in residency. I actually felt quite comfortable doing that in this environment as well.

HF: And you don't have to worry about killing people.

ME: Right. It's true. Any emergencies that I encounter these days are nothing compared to the emergencies that happen in the hospital. Much less stressful.

HF: Is bedtime better? You can read stories to the kids without having work encroach?

ME: Frequently read stories and fall asleep in bed with them actually this time. So much less stressed. I can just relax and enjoy the time with them.

HF: That's so great. Well, I wanted to thank you so much for coming on the podcast, Madeline. This is excellent. I know it's going to be encouraging to so many physicians.

ME: Thank you, Heather. It was a pleasure.

HF: Oh, wonderful. Guys, I wanted to let you know that if you're interested in pharma, you can go to the doctorscrossing.com website, and at the top, hit the freebie tab. And there's a resource on pharma. You can read about some of the different types of positions. And also, if you want, check out podcast number 67, which talks about the different steps that you can take to get into any type of new nonclinical role.

Thanks so much for listening, and don't forget to carpe that diem. I'll see you in the next episode. Bye for now.

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Podcast details

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