



EPISODE 85 From Intern to Fulltime Consultant

With guest Dr. Sam Kessel

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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 nonclinical 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're listening to episode number 85. Last week, I asked a favor of you to share the podcast with anyone you know who could benefit from the content. I'm sure you got right to it and found a handful of people to send an episode or two.

But if you haven't quite gotten around to it, now is the perfect time. I would greatly appreciate your spreading the word and helping more physicians have hope and

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resources to help them carpe that diem. A big thank you to all of you who are already sharing the podcast. Now on with our topic for today.

We have a very interesting guest coming on, who chose to leave clinical medicine after his intern year. Our wonderful guest today, Dr. Sam Kessel is going to share a story of leaving residency to pursue a career that he could not resist. He'll be taking us back to his intern year that started just as COVID was coming on the scene and his big decision to leave. Then we'll hear about the intriguing work he's doing in the consulting world and find out about opportunities for physicians who want to work as consultants.

This discussion is going to complement and add to the podcast episode I did earlier in May number 79 with Dr. Christopher Loo. Without further ado, I am very honored to welcome Dr. Sam Kessel to the podcast. Hello Sam, how are you?

SK: I'm doing great. Thank you for having me on Heather.

HF: It's such a pleasure and I'm really glad that you reached out to me on LinkedIn.

SK: Yeah. It's one of the skills that I've developed that I feel they definitely don't teach in medical school, but has been one of the most life changing skills I've learned.

HF: Well, I'm glad you mentioned LinkedIn because as my listeners know, I'm a big fan of it and I just see it open doors and opportunities. And I know you'll be talking a little bit more about it, but to begin with, take us back to that intern year and what was going on because you were right here in Austin, weren't you, doing your internship?

SK: That's right. I was at Dell Med doing my intern year. I matched in March of 2020. So, shortly after the national lockdown was announced, a few days later I matched into residency in Austin. And I was very excited about it. At the time, I was still thinking that we would have our graduation in person in May of 2020. I was unfortunately incorrect



and it didn't really hit me what COVID was going to mean for my personal life and my day-to-day existence when I matched in March of 2020.

When I started intern year in late June, early July of 2020, I knew that COVID was going to be part of my daily life, at least for the short term. And I didn't really understand what it was going to mean for the long term. I knew from the news reports what New York was looking like. But our first COVID patients didn't really start coming into Austin until right around when I started intern year in July of 2020.

HF: And give us some context about how you got into medicine and maybe lay the seeds for what you're going to be talking about in this direction that you went into.

SK: Sure. I came into medicine for the right reasons. I grew up with having a few minor surgeries myself and my mom had some illnesses as well. And I was inspired by the doctors that treated myself and her. And during college I shadowed, I worked as an EMT. I took responsibilities as a resident assistant in my college.

Having responsibilities for others' lives, obviously in a different capacity, but those experiences all combined made me excited to go into medicine. And I was very interested in the technological side of medicine. I studied biomedical engineering at Tufts University, and I was very excited about the cutting-edge new technologies that could impact patients' lives as well as the human connection part, which is what brought me into medicine in the first place.

Now to the point around the seeds of what ended up helping me make a transition to, like you said in the intro an opportunity, I couldn't resist was I took a marketing class towards the end of college with Jack Derby. And that marketing class was a very exciting experience. I just really enjoyed the dynamic creative aspects of business. So that's where the seeds were planted to inspire me to ultimately get my MBA in addition to the MD.



HF: And were you getting your MBA at the end of your medical school?

SK: It was a combined program. I first got into medical school and I had the idea of adding on the MBA during that, but it wasn't until my third year of medical school that I even applied for the MBA. So, it's really a combined five-year program, but you apply to the MBA portion of it around halfway through medical school.

HF: Did you have a vision of how you would be combining this interest in being a physician, but also having a big curiosity for the business side?

SK: I knew that I was passionate about the business side of medicine. I knew I wanted to integrate the two and I knew I was very interested in the startup side of things. I got involved with entrepreneurial activities in my first year of medical school even. So, I knew that I was going to include business in my career path. I wasn't exactly sure how it would play out. I envisioned myself initially more as a proceduralist, someone who would be maybe a surgeon or interventional radiologist originally, and maybe doing some medical device development or maybe be involved with value-based care type initiatives.

But that transitioned when I was in my MBA and I realized that there's so much potential when it comes to all diseases. When you're looking at oncology and cardiology, looking at the broader picture, the strategic side of medicine that I was interested in was internal medicine.

During the MBA, I reassessed where my career goal is landing. How do I want to include business into my career? And that's what ended up helping me choose internal medicine, which was a big reassessment for me, because I originally saw myself more on the procedural end of things. So that was a big transition. And I was thinking that I wanted to be a practitioner, see patients and then include either startups or medical

device development or apps into my career path as a practitioner. That changed obviously as I moved along. But that was my original vision.

HF: And what changed for you when you were in internship?

SK: COVID, for one, but also just an overall reassessment of what excited me. The intern year was a huge leap and responsibilities, of course, going from a student where you're involved with medical care, but you're really not doing it to having the rubber hit the road and you're the one whose name is on that prescription. You are the one the patient is asking, "Hey doc, what do I do about this? What do you think about this?" In that way, I did enjoy the intern year. I enjoyed being part of a team. I'm still very close with many of my colleagues that I met during that time and I consider them friends for life. But COVID made me reassess everything. It was very stressful. It was a lot of death, frankly. And ultimately, I wasn't happy. And so, I took a step back. I looked at the drawing board and I was trying to put together the pieces of who I am, what I like and what I want to do.

And I realized while I did enjoy many aspects of patient care, obviously the human side of it, getting to connect with people. What I realized that I was most inspired by was the creative dynamic thinking and strategy piece. And so, I'm thinking about the exciting cutting-edge advances in medicine, and how to bring those technologies to patients. And it made me reassess, "Do I want to be a practitioner or do I want to be someone who's more on the side of bringing those cutting-edge technologies to patients thinking strategically about all of medicine and thinking more about the big picture, which is what I realized excited me?"

So, it was COVID. That was a main driver for me to reassess my goals. And then putting the pieces together based on what sparked my interest. Like I led a diligence project for an angel network, which is a group of investors for a cardiac imaging company during my emergency medicine rotation. While I was treating COVID patients or other patients that

came into the emergency department, on the weekends, in the evenings, anywhere in between, I was looking at the startup, I was talking to the startup CEO. I was talking to early-stage investors and what excited them about this new cardiac imaging technology.

And I realized that's what excited me. When I was doing night shifts, for example, from 4:30 PM to 6:30 AM, afterwards, instead of immediately going to sleep, I would take calls with entrepreneurs in the morning. So, it was really that, that helped me clarify "Who am I? What is it that excites me??" Like what people are saying, "What keeps you up at night? What sparks joy for you?" And that's something you talk a lot about.

But it was really that contrast between, I was in the ED or on a night shift and not loving it because it was so stressful with COVID and then taking calls with entrepreneurs. And it made me realize that I'm interested in the strategic side and strategic thinking. I'm interested in technological advancement in medicine. And that's what excites me the most. And that's what I need to do. So that is where applying to consulting came in. That's where L.E.K. came in and that's where my passion lies. And I've been very excited and happy since I've made the transition.

HF: It's easy to listen to you, Sam, and just hear and feel that energy. It's an energy that can't really be contained. One question that's coming up in my mind as I'm listening to your story is, did you have this idea of potentially finishing residency and then going on and doing your passion work in a sense, and still combining the two?

SK: That was the original intent, to continue on with residency, I was even entertaining the idea of a fellowship. So, it was certainly my original plan to create a hybrid model. And I think a lot of doctors do that. And I think that's a laudable goal. I think COVID really pushed me to say, "Well, if it's something I want to do eventually. Why not eventually happen now?" I like to think that it would have turned out differently in terms of perhaps making a transition later on in my career.



But what happened was that push came to shove, I was unhappy and I needed to reassess. So, it was one of those things, where if there was a way to integrate that love of business and keep that part-time during my career. And I think you mentioned that at the beginning, I certainly think there's a way to do that. But push came to shove, I was unhappy with COVID happening and that eventually came earlier than I originally anticipated.

My passion lies at the intersection of medicine, business and technology, and there are multiple ways to get at that. There are physician entrepreneurs, there are physicians who did residency and fellowship, and then transitioned into consulting or other career paths. So, there's many ways to approach it and to marry those interests together.

HF: I think this is a great place to segue into having you talk about the consulting role and how physicians can enter at a lot of different points along their career path. But before we do that, I just want to take a quick pause to hear from our sponsor. And then we'll be right back.

LinkedIn has been one of the most helpful resources for my clients in landing great jobs. Initially, many of them were reluctant to put themselves out there and network on this platform, but once they created a profile and learned how to use LinkedIn strategically, they had a lot of success.

My LinkedIn for Physicians course shows you how to create your own standout profile, have success networking and land nonclinical jobs. To learn more about this online course, go to doctorscrossing.com/linkedincourse. That's doctors crossing.com/linkedincourse, or simply visit the Doctors Crossing website and hit the products tab at the top of the page. Now back to our podcast.

All right, we're back here with Dr. Sam Kessel, and we're going to be learning more about consulting opportunities for physicians. So, help us understand how physicians get into



this and how they can start early on like you, but also consider this mid-career or even late career.

SK: There's no one perfect time to make a career transition. And certainly, there's a lot of factors to consider. Strategy consulting is for the doctor who wants to learn about business and make a pretty substantial career leap. And that can happen right out of school. I've known several people who've done that. They could be like me while leaving midstream through residency or shortly after completing, or even at the mid-career stage. And docs of all stripes have done this.

Strategy consulting uses a lot of the same skills as medicine. The ability to parse together through large amounts of data and come up with an understanding of how to approach dynamic open-ended problems based on it. So, whether it's looking at a patient who doesn't fit into the textbook, as all of your listeners know, never do, or being able to look through disparate pieces of data and put together a story for how to move forward, that applies to patients as well as when you're looking at the business side. Those skills are largely transferable and make physicians very strong consultants.

The challenge for a lot of physicians, and I'm sure your listeners may feel like this, it sounds really interesting, but I don't know anything about business. And I think consulting is a great career transition for a lot of people, whether for folks to stay in consulting permanently or as a starting point for another career, because it's basically a residency in business. You learn a lot of different business skills, whether it's how do business models work, how do companies work, how does the biotech industry work and getting that understanding.

Consulting is a really broad array of activities in the business side of things. And it's open to people of all different backgrounds. We have people who are PhDs. We have people like me who are MDs. There are other MDs at my firm for example, I'm not the only one. It's not as rare as you'd think to see physicians making the transition into consulting.

Now, consulting is a pretty broad term, but when I'm thinking of consulting, I'm thinking of management or strategy consulting, where we are solving specific issues at a critical juncture for management teams. So, a management team might be deciding whether to enter a new market, develop a new drug, or expand a drug to worldwide patient populations. And we get to use our medical background, to help use that understanding of how medications work, the unmet needs of patient populations and that scientific understanding, which is really helpful for helping solve these critical business problems.

HF: For example, a company will have this idea that they want to do, and it might be involving a drug or device, or even maybe a program that they're going to offer. And then a physician can come in wearing that medical hat to help them really understand is it feasible and maybe even help them decide how to change what their idea was about how to implement it so that it actually works and sort of bring in that different perspective.

SK: That's exactly right. One of my first cases was a cell therapy case for oncology. So, I had to use my medical background to one, understand the science and the clinical applications, and two, be able to communicate those. Understanding the unmet needs of patients, understanding the science behind a drug so that I was able to ask the right questions. And we were working very closely with their chief medical officer.

Being able to be that linchpin between the scientific medical and business perspectives, I think is a really unique place for physicians to be in. And you don't need to have your MBA like I did to make that transition as something that you are expected to pick up a lot along the way. And while I loved my time at Darden, and I feel like I learned a huge amount from that, that alone isn't enough to make the transition completely smooth.

You have to have a huge change in mindset going from the medical world into the business world. And there's a lot of learning that comes along with that. So, reading

constantly, whether it's fierce biotech or fierce pharma or reading about digital health, reading the Wall Street Journal on nonmedical businesses, getting an understanding of how the business language is used. And I'm still learning it, honestly. It takes time. It's an important skill set. And for those doctors who are considering the career transition, that's a good sign to see what sparks your interest.

So, reading, listening to podcasts like yours and even ones on specific business topics like from Stat News covers biotech pretty comprehensively. It gives you an understanding of what the themes are, what the new hot areas of innovation are. And even what the biggest problems are that may already exist.

HF: Now, obviously you don't have to be an oncologist to be a consultant on this cell therapy. I know that there are physicians who do consulting work. That's very much an hourly. It's not a full-time job. And in that aspect, it seems like they're often really being asked to use their medical brain and they don't have to have a lot of business knowledge. Would you say that's accurate?

SK: Mostly. I think that you're right, that more experienced physicians who are fellowship trained or academics, et cetera, they're often asked to use their clinical experience to speak to the unique problems, for example, unmet needs in their patients or the current gaps in the treatments that are available for patients.

I think it's important even then, though, to try to gain some level of business understanding so that you can answer the questions that say you're doing a consultation for an oncology company, understanding where those questions come from, I think is valuable. So, when a company's asking you about unmet needs, sure, the answer can be, that's a stupid question, cure the disease. I actually had a physician say that to me the other day.

But when we're talking about unmet needs, we're trying to figure out with the currently available treatments, what's the biggest problem that patients still face? Is it that they're getting neuropathy really commonly? Hair loss is a huge issue and no, it's not life or death for hair loss, but it makes a difference in people's lives. Or maybe it's the nausea. So just understanding that yes, of course we want to cure the disease. That's always the biggest unmet need, but unmet needs meaning with the current treatments available, what would be something that would make the patient's life better compared to the current standard of care?

Having some understanding of where the business folks are coming from, I think could be a really valuable skill set to make them a more desirable consultant to businesses. Even if it's a part-time thing, learning about biotech, if you're an oncologist doing consulting for biotech, I think would be really helpful.

The same thing applies for digital health. Take a listen to Rock Health podcast. Listen to what the landscape is in digital health. What are the companies trying to do? What problems are they trying to solve and critically, what are they not thinking about? Because for example, in digital health, a lot of these companies don't have physicians involved. And so, noticing, "Hey, what are the gaps? And what am I uniquely suited to handle?" I think it would make someone who's working part-time in consulting very valuable to a company. So, I would say yes to your point. They are largely using their clinical background, but being up to date on the major trends in the business world of whatever business you're consulting with, I think would be really valuable.

HF: Thank you for answering that. And you mentioned some good tips, such as listening to podcasts, reading books, reading Wall Street Journal, educating yourself about biotech in these industries that you might be consulting on. Are there other things that a physician might do who's in practice and thinking they might want to make a full-time transition into consulting or be able to find a part-time opportunity?

SK: Yeah, that's a good question. I think reading certainly helps. I would say going back to the LinkedIn thing, that was critical in my transition. I hadn't even heard of consulting before starting medical school. And it was through talking to other people. It was talking specifically, I call it the ex-pat physician community in industry and getting an understanding of how they think, I think would be a really important skill to have.

Being able to reach out to people on LinkedIn, just saying, "Hey, I'm Dr. Smith. I'm interested in learning about your career path as a physician working in pharma or biotech. And I would love to have a 30-minute conversation to learn how you think about this." I answer those kinds of questions all the time. I speak to all walks of life, whether they're second year medical students up through seasoned attendings.

I think being comfortable reaching out to people who have that experience would probably be one of the best things you can do as you contemplate a career transition. And also assessing what are you looking for in a career transition even before starting all of this.

So, having those conversations about career paths were instrumental for me. Some mentors come to mind, Alex Harding and Brenton Fagnoli are both internists, who've worked in the business world that I've reached out to. And they've been instrumental in helping me make my decision.

I would say, certainly feeling comfortable, reaching out to people, asking them their opinions, trying to learn about what they do in their career, figure out "Aha, that's something that I want. I want that in my life." That's one of the most important things.

HF: I love that you use this term ex-pat medical community. I've never heard that, but I think it's a great one. These are physicians who've left clinical practice and they're doing other things?

SK: Largely yes. I would say the two that I mentioned, Alex Harding and Brenton Fagnoli], they both still practice part-time to some degree or another. I would call them full-time business people at this point, but they are physician businessmen or physician executives.

I would say that some of them do continue to practice to some degree or another. Usually it's very part-time but yes, the ex-pat medical community, in terms of people who've made a transition to full-time business work like they have, and there's plenty of others. They made a huge shift in their career path and they're usually happy to help, not these people specifically, but the general community is happy to help other docs make that transition.

So, it's been very supportive for me. I've reached out to dozens of doctors working in different settings, whether it's biotech, venture capital, obviously consulting, that were very helpful in helping me chart my own career path.

HF: I'm really happy that you brought up about reaching out on LinkedIn and you gave an example of what to say in your message, because that's what often stymies people. "What do we actually say?" We're very hesitant to ask strangers for help. But you gave an example that you help people and not everybody's going to say yes, and don't flood Sam. But if you reach out to enough people, someone is going to say yes, and that'll help you get a toe hold and begin to talk to people who can make this seem more real to you.

SK: I think that's exactly right. And also, I'm usually pretty happy to speak to any of your listeners. Scheduling is always a challenge, but I'm always happy to speak to physicians or medical students interested in making a career change or even integrating business into their current career as a part-time activity.

So, I would say, yeah, you're exactly right. Don't expect every single person to respond, but if you get one out of five, guess what? That one conversation might change your life.

So don't be afraid to reach out. I would say I reached out to you on LinkedIn. That's why I'm here today. So, I'm very grateful to be here. But that's what it takes. It's reaching out to people that you admire and make it sound that way because it's true. "Hey, I'm interested in your career path." People love talking about themselves and I'll say again, people in the medical community, once you're in, you're in. And the people who've transitioned to industry are often happy to help people make that transition.

HF: Well, this is really inspiring and you're a very generous person. The time has gone so quickly. I'd love to ask you more questions, but we're getting close to the end here. And I'm thinking if there's a physician out there who's maybe in residency and they're not sure that they should stay or go. They really don't know and they're conflicted. Do you have any advice?

SK: Yeah. One, assess yourself quickly. Don't spend a huge amount of time searching your thoughts, but figure out where your thoughts are lying. What is it about medicine that brought you there? Do you want to stay long term? Are there people's careers in medicine that you admire and that you want to mimic?

I would say get an idea once you've looked at yourself, look at the opportunities available. What kinds of people are out there who perhaps are physicians who've made a transition or perhaps have done something completely different? What do you admire about their career path and that you want to emulate?

And then three, talk to people of all different walks, either who are physicians who transitioned careers. I don't know, maybe you decided you're interested in crypto. Reach out to people who are in those careers that you find and you admire and give it a shot like we just talked about.

And so, the fourth thing is to try things part-time. You asked about what doctors should do who want to try things part-time? I say start trying things part-time. MDisrupt is a



matching platform for physicians in startups. That's an example of something you can do. Reach out to startup CEOs of digital health companies, if they're small enough or even more mature companies and try working part-time.

I did it part-time during residency. It was a little crazy, but that was something I found fun to do on my weekends and evenings. If you're on a lighter rotation, let's just say you're on an emergency medicine rotation, you're doing 18 shifts in a month. That might be your chance to try something that's part-time. And again, find something that's willing to be flexible with your busy residency schedule.

HF: Excellent. Well, thank you, Sam. Thank you so much for coming on the podcast and sharing your experience. It's been really helpful and also for your generosity of helping others and paying it forward.

SK: Absolutely. My pleasure.

HF: All right, guys. So, if consulting is of interest to you, as I mentioned, there's another podcast number 79 where we talk about being a consultant as an independent contractor, which is something you could do while you're still in practice. So, feel free to check that out and I'll link to it in the show notes, as well as how to get in touch with Dr. Sam Kessel. And as always, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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