



## **EPISODE 102- A Flexible & Rewarding Side Gig - Plasma Center Medical Director**

**With guest Dr. Helen Rhodes**

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HR: “The devotion of the donors was just very touching. Many of these donors do rely on the compensation to pay their light bills, put food on the table for their families.”

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 102. Today we're talking about a flexible, low stress side gig that you don't hear very much about. We are diving into being a medical and laboratory director at a plasma center.

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Our special guest who is here to help us learn about this very interesting role is none other than OB-GYN physician Dr. Helen Rhodes. Helen told her amazing story in episode 47 about getting back into OB after a long hiatus from delivering babies. It was quite an exciting story.

Dr. Rhodes has been practicing for over 30 years, and one of the ways she has dealt with and moved through periods of burnout is to find different ways to practice and use her skills. Helen is going to share with us how she got into working as a medical and laboratory director for plasma centers and what the work entails. We'll also be hearing about the requirements for getting hired, and there's some good news here, where to look for jobs and more. Without further ado, I'm thrilled and honored to welcome my fellow Texan, Dr. Helen Rhodes, back to the podcast. Hi Helen.

HR: Hi Heather. It's so great to be back. Thank you for having me.

HF: It's wonderful to have you. And last time when we were on the podcast, you were in Hawaii.

HR: I'm not in Hawaii today, but yes, that was a fantastic experience.

HF: Yeah, we were talking on a podcast about locums and you were doing a locums assignment there. So, if anybody's interested in learning more about locums and her story, please go to episode 47. I think you'll really enjoy it. Helen, today we're talking about something very, very different.

HR: Yes.

HF: Yes, yes. This whole area of plasma centers is something we really don't hear much about and I'd love it if you could tell us really what you thought about plasma centers,

what the notion was that you had before you even stepped foot in this role as a medical director.

HR: My initial perception of working at a plasma center really was based on one of my daughter's experiences when she was in college. And at that time, she had called me letting me know she was going to donate her plasma for extra spending money. And I didn't really have a very positive response as I felt like the plasma center may not be run in a clean manner and it wasn't really in a great part of town.

But once I started working at the plasma center as a medical director, I realized that the devotion of the donors was just very touching. Many of these donors do rely on the compensation to pay their light bills, put food on the table for their families, and they're willing to undergo a pretty lengthy medical process. It's a long venipuncture several times a week in order to receive this financial compensation and do good for other people, other patients that get products as a result of the plasmapheresis process.

HF: Yeah, I really appreciate that answer because I too had preconceived notions about plasma centers. I didn't have much familiarity with them. And I found out at one point in retrospect that one of our extended family members had been donating plasma. It kind of broke my heart that I didn't even know this was happening. But you're right, these are often people who are just trying to make ends meet in a tough situation.

HR: Absolutely. And another preconceived notion was that individuals were donating plasma to get money to buy street drugs, which is absolutely not true. The compensation received is not cash, it's a debit card that's used for purchasing groceries or paying utility bills, et cetera.

HF: Yeah. Thank you first for sharing this perspective and we're going to hear more of the details. Would you like to let us know how you actually got into doing this work?



HR: A friend of mine from medical school who's also on OB-GYN knew that I was looking for side gigs in order to supplement my private practice income. And she had been a medical director for one of the plasma centers in the Houston area. And she let me know of one of the positions that have become open. And at that time, I wasn't quite sure I had the time to devote to the job. I was attending business school remotely at the time and I just really didn't have enough hours for the weekly commitment.

But the division medical director who I had interviewed with initially reached back to me about a year later stating that there was yet another opening. And at that time, I was ready. And so, I went through the interview process and was hired. It was definitely a word-of-mouth connection.

HF: And before we can get further into the details, can you give us some idea of how much work is required to do this job? Because it's not a full-time job, it's not even really a part-time job. Would you call it a contractor position?

HR: It's a contractor position and you are allowed by law, federal law, federal guidelines to work at up to five different centers concurrently. And at each center you need to be present four in-person hours per week. So, you can do one center or up to five centers depending on what the needs are and what your schedule will allow. The commitment at a minimum is four hours per week for one center.

HF: Yeah, that's really helpful because that is doable for someone who wanted to add something in but still was working a pretty full-time job or had a lot of commitments. But as you mentioned, if you like it and you're in an urban area, you could probably expand to cover a number of different centers.

HR: Yes. And some of the centers are open seven days a week. It's a job that you could do during your off hours or you could even go in on a Sunday afternoon and do your four-hour commitment if that's what works best for your family and your work schedule.

HF: All right. Take us into what you would actually be doing during these four hours. Well, what's going on in there?

HR: When you are the center medical director, you're part of the medical operations team. Your primary responsibility is to ensure that the donors are healthy. All of the prospective donors undergo a physical examination and history by one of the nurses. And the nurses are under your supervision. Once they pass that, at each donation, they undergo a point of care test for hematocrit and serum protein. And then every three to four months they undergo viral marker testing as well as electrophoresis testing.

All of those results are reviewed by the nurses on the medical operations team. But you provide oversight should there be deviation from normal or if they have a question about a patient's past medical history or physical exam finding. They reach out to you for recommendation as to whether to defer that donor from donating or allow them to donate. When you get to the center each week, one of the managers usually has your tasks for the day written on a dry erase board.

It's very systematic. It's very much governed by federal regulations and guidelines. And you just log into your computer and go through your tasks, complete them in an unhurried, unstressed manner, and then go out to the donor floor where you supervise a physical examination and answer any questions that one of the nurses may have.

HF: Are you doing any direct patient care?

HR: No direct patient care.

HF: So, you wouldn't be doing examinations.

HR: You do not do examinations. There's a certain way that the physical exam is done and as part of your training you actually do one to demonstrate your ability to observe them. And when you are the medical director, you'll be observing physical exams once a week when you go in for your site visit. But the exams are not done by the medical director, they're done by one of the nurses.

HF: When you're not physically at the center, are you responsible to be on call in case the nurses have questions or issues come up?

HR: You are responsible for being on call, but it's a phone call or a text. I would say that happens maybe once or twice a month. And if they can't reach you then there's a backup medical director that they can contact should you be unavailable.

HF: Okay. Well, that sounds like very minimal call responsibility here. What do you find challenging about this work?

HR: I remember when I was going through my training for my first plasma center job because I've actually worked for two different companies over a four-year period. And the division medical director said, "You take off your clinical hat and you put on your operations hat. Think about this as an operational job where you're ensuring that the processes are being followed according to federal and local guidelines." So, it's a very systematic, well-oiled machine, not clinical at all. And that was the challenge. It was to not think about donors as patients, but to think about them as giving plasma in order to help pharmaceutical products be developed.

HF: What made it hard for you to not see them as patients?

HR: Because when there's an abnormal finding, my clinician hat wants me to help them get that taken care of. When there's an abnormal finding, either on their physical exam or the lab work that's done. That was difficult. But all the plasma centers I've worked at,

they have a relationship with a community clinic where there are physicians that can evaluate those abnormal findings. And once the donor has had that done, they come back with a report from the community clinic showing what the valuation consisted of and determining whether the donor is suitable to donate plasma again. So, there is a process in place, but it was difficult in the beginning not to be a part of that process.

HF: It sounds like you wanted to help them. Your big heart went out. It was like, “There's a problem here. This is what I do and I need to help.”

HR: Yes, exactly.

HF: Do you see a lot of illness and disease and infections in the plasma center?

HR: No, because of the very strict inclusion and exclusion criteria, their temperature is taken, their vital signs are taken. They fill out a history and there's certain responses that if they're abnormal, automatically defer the donor. They're not allowed to go through the process.

The goal is to have a healthy donor because a plasmapheresis process is not just like giving blood. The whole blood is drawn out, the red cells are separated from the plasma and then the red cells are infused back into the donor and it takes about an hour. Donors are only allowed to give plasma twice a week per federal guidelines. So, you want young healthy donors that are at a lower risk of having an adverse event happen, like vasovagal reaction or an allergic reaction from the process.

HF: Well, I'm curious because you describe working with a team here and it sounds like they're running the show most of the time and then you come in for this four-hour period and then you're gone most of the time. And I'm sure it's different at different centers but how have you been perceived coming in as a medical director and what have the relationships been like?

HR: Very positive reception. When I get to the center, I felt very welcomed for each shift. You plan your shifts ahead of time. There are certain tasks that can only be done when the medical director is there. Once a month you're responsible for a mini lecture with a PowerPoint presentation. Two members of the medical operations team as well as the quality team.

And that was probably one of my favorite parts of the job is being in the classroom and teaching and hearing their questions. Especially during COVID when we were changing operations and the process for prospective donors based on what was happening during the pandemic at the time. Lots of questions, lots of changes in masking and distancing and checking donors for possible COVID. But the reception was positive. I felt like they were looking forward to when I came every week.

HF: That's always lovely, to have open arms waiting for you and not people feel like you're just looking over their shoulder and nitpicking and waiting for you to leave. So, that's really nice to hear.

This sounds like a really interesting role where you get to be involved in making sure something is followed according to regulations. You have teaching involvement, you're interacting with different levels, staff members. What kind of physician would be a good fit for this? And you can also talk a little bit about specialty too.

HR: I think any specialty would be a good fit for this role as long as you have the requisite four hours per week to devote to in person presence. Some of these centers do require some driving. But specifically, those who have trained in pathology because of the knowledge of blood banking are more ideally suited for this position.

The physicians I worked alongside with at other centers included pathologists, OB-GYN, family medicine, internal medicine, but any physician would be a good fit for this role



because of your understanding of infectious disease and determining whether a prospective donor is healthy and suitable.

HF: What are the requirements in terms of board certification, years after residency, years in clinical practice?

HR: In Texas, the requirement is an MD or DO degree, an active medical license in the state and one year of residency training. You do not have to be board certified.

HF: I see. It sounds like for whatever your state's requirement are for licensure would probably be the number of years residency you might need. If it took two years to get a license, you might need two years residency. If it's just one year, it could be one year.

HR: That would make sense to me. Because in Texas we only have to have one year residency to get an active license.

HF: Well, that's good news to folks who have not completed a residency because it's really hard to find often a sort of semi clinical position even though you're not seeing patients here where you haven't had to finish residency or even be board certified.

HR: I think it's a really good option for those doctors.

HF: Now we often feel we need to be really qualified to do something and we need some extra training to even be eligible. Someone may be thinking, "Well, I don't know anything about plasma centers. And maybe I'm a dermatologist and I want to do this." Do you have to have some training or qualifications before being hired for this job?

HR: Well, the good news is that you don't. And the training program that I went through once I was hired was onsite paid training and I was also laboratory director, which has different tasks involved. To be a laboratory director I had to get a CLIA license through



the COLA course, which was an online 20 hour course that one of the companies actually paid for so that I could be both the center medical director and the laboratory director at the centers I was assigned to. But the training is paid and it's very thorough.

HF: That's what we like to hear.

HR: Yes.

HF: And that's very reassuring. We often need to just accept that we can learn on the job because we've learned so much and that most of these jobs that we get that are nonclinical is we are trained on the job and they expect that we're going to be trained.

HR: Yes.

HF: Now we're getting close to wrapping up here, but I have a couple more questions. Before we get to talking about compensation and a few other things, we're going to take a quick break so I can share some resources and I'll be right back.

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 are 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](http://doctorscrossing.com/resumekit) or simply go to the Doctor's Crossing website and hit the products tab at the top of the page. Now back to our podcast.



Here we are back with Dr. Helen Rhodes and we're going to talk a little bit about compensation because I know it's so important, we need to know this. What could someone expect if they were to be the medical director here, Helen?

HR: The hourly rate is equivalent to primary care outpatient clinic work as locum tenens. Of course, you don't have the overhead and it is contractor income, but if you worked at four different centers each week in a year, you could earn in the low six figures. And remember, you're only working four hours a week. So, if you worked at four centers a week, that's 16 hours of work per week plus the driving. One of the companies I worked for also compensated for mileage. And that was nice, especially when I was driving to a center that was a hundred miles away.

HF: Well yeah, that's helpful information. And we've mentioned this division director a couple times. Is this something that a physician could advance too and would that be like an employed full-time position?

HR: Yes, they do have area medical directors and division medical directors in each of the companies I've worked for. Those jobs are really difficult to get because they retain those physicians for many, many years and the vacancies don't come along very often. If you were able to advance in the company and get one of those positions, it is a full-time W2 job with benefits.

HF: Well, that just shows you that it's a good place to work because there's not a lot of turnover.

HR: Exactly. I gave up the position because at the time I made that decision, my mom was ill and I was traveling to another state for a permanent locum tenens job as well as running my practice. I was being pulled in so many directions, I had too much on my plate and I decided to give up the plasma center job. Other than that, I would've continued.

- HF: Yeah, understandable. How would a physician go about finding one of these jobs?
- HR: All the major job boards I've seen postings for plasma center medical director. I think that's the key word, is to put in "medical director" and "plasma center" in your search box. You could also find out the companies in your area that have plasma centers. I live in the Houston area, so there's three or four different companies, and go to their websites directly looking for openings.
- HF: That is great information. I know that they can find those jobs by putting in exactly what you mentioned at the search form and they can do that on LinkedIn too. Now to wrap up here, is there anything else you wanted to share, Helen? This has been a terrific episode.
- HR: Well, I have a funny story. My youngest daughter was living about three to four hours away and I was working at one of the plasma centers, this was a few years ago. Doing my weekly tasks, I looked up and my daughter was standing there. And I thought, "My goodness, this was the same daughter that had called me when she was in college telling me she was going to donate plasma for money." She's standing there and I look up and say "What are you doing here?" And she said, "Well, I just wanted to come let you know in person that I've been accepted to medical school."
- HF: Oh my God.
- HR: She was doing a master's program at the time and she wanted to tell me and her dad that she had been accepted and she wanted to do it in person. So, she drove to the plasma center because she knew that's where I was that day to let me know of her acceptance. And now she's a fourth-year medical student and she's interviewing for residency.
- HF: Oh, that's such a great story. Did she give you a little shock there for a minute? Do you think she might be there to donate?



HR: Definitely. I thought, “What are you doing here?”

HF: What specialty is she going into?

HR: She wants to be a general surgeon.

HF: Oh, wow. Okay. Right. All right. All right. Well, Helen, thank you again for coming on, not once but twice to the podcast. It's always a real treat to have you here.

HR: Thank you so much, Heather. It was great to be here.

HF: All right. Well, I hope you have a great rest of this month and maybe we can even meet sometime. I feel like I've known you and met you in person, but we haven't. So hopefully you come to Austin or I'll come to Houston.

Thanks guys so much for listening. I hope you enjoyed hearing about this not very much talked about opportunity. And don't forget as always 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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