



## EPISODE 112 A Great Area With No Residency Required - Medical Communications

With guest Dr. Lauren Weinand

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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 112. As I mentioned in the last episode, there seems to be a lot of interest in careers you can do without a medical license or residency training. Today we are featuring a great option of working in the area of medical communications, also known as MedComms, where you do not need to have a medical license or have completed a residency program.

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Our wonderful guest, Dr. Lauren Weinand, is going to share her story of how during residency, she made the conscious decision to leave clinical medicine and pursue a new direction that was more aligned with her long standing love of writing.

Dr. Weinand has worked as a medical writer and medical editor. She has experience doing continuing medical education and currently holds the position of an associate scientific director for a medical communications company. Lauren is going to help us understand the area of medical communications, what the day-to-day work entails, what's required to get hired, compensation and more.

In hearing Lauren's story we'll also get some insight into what was helpful for her when she was questioning her career path and trying to decide if she should get off the conveyor belt while it was still moving towards becoming a practicing physician. It is my true delight and honor to welcome Dr. Lauren Weinand to the podcast. Hey, hey Lauren. How are you?

LW: Hi, Heather. I'm well, and thank you for having me on the Doctor's Crossing podcast.

HF: Thank you. I'm so excited because you're going to make a lot of people happy because it's hard to find options out there that you don't need a license or residency to do. And there are a lot of them, but there's no billboards pointing you that way.

LW: Yes, agreed.

HF: As we often do on the podcast, we like to start with your story. I'd love it if you could tell us about how you made this change into really pursuing something you loved early on, but it started going down a different path.

LW: Sure. Yeah, great question, Heather. Growing up, my favorite classes in school and the subjects I was naturally drawn to and had a knack for were language, literature and writing. I also happened to grow up in a very medical family. My parents were both doctors and I had several doctors and nurses in my extended family.

So naturally I developed an appreciation for the sciences and how they're applied in medicine to care for people's health. In college, I majored in Spanish literature and I also completed pre-medicine coursework, and at that time I didn't know that the field of medical communications existed. So, I decided to pursue my love of language literature and writing through my Spanish Lit major, and I worked to become proficient in Spanish with the goal of becoming a bilingual physician.

For a time while I was completing medical school in the beginning of my postgraduate medical training this goal satisfied me, but it didn't quite feel like it was the best fit for all of my passions and talents.

As I continued on in my medical training, clinical medicine just didn't feel like the best fit for what I wanted my professional and personal lives to look like. Fortunately, I had started looking into the field of MedComms during my fourth year of med school, and I worked on some paid contracted MedComms projects as I was finishing medical school and beginning my postgraduate medical training.

As it would turn out, this experience along with my medical expertise as an MD, equipped me to make the career pivot that I ultimately made from clinical medicine to nonclinical medicine in the fall of 2020.

HF: That is such an interesting story because you came from this intensely medical family. You didn't have a chance really to not go to medical school. I mean, of course you could have chosen otherwise, but you were surrounded by it.

LW: Sure. Yeah. It was hard to have confidence in the feasibility of those other careers simply because I hadn't seen them present in my family.

HF: Do you remember bringing up, "Hey mom, hey dad. I really want to do writing instead of medical school." And what they said, if that was a question you asked?

LW: Yes. It was probably at about age 11 or 12 that I had discovered my love for writing and editing, and I was being praised for my skill at both. But like I said, growing up in a very medical family, I just hadn't seen the feasibility of those career paths and nor had my family members. So, I didn't receive as much support to pursue writing as a career compared to medicine, which was sort of the tried-and-true path.

HF: Now it sounds like you started getting into doing some actual writing there in your fourth year, which to me is so unusual. I never even would've thought of doing something other than the path. How were you going back and forth in your mind at that time about going into residency? Was that even a question in your mind?

LW: Yeah. Like I had said, I did start getting that experience towards the end of medical school and continued on with those paid contracted projects through the beginning of my medical training. And I loved that I had the opportunity to start doing that in my fourth year of medical school because as we all know, it's kind of the time when we're advised to do things we may not otherwise have time for. Like we're told it's the year to have a baby or something like that. So, instead of having a baby...

HF: Oh, that's great for an internship, right?

LW: I pursued another labor of love. And so, I felt like it was my chance to do something like that. I had the time. I knew it was something that I couldn't not try. And so, I just went for it and I made time for it because you do make time for the things you love.



HF: When you were in residency and you decided not to go on, how did you come to that final decision?

LW: Yeah. For me there were a few key points that it came down to. I learned that I really wanted to be leveraging all of my passions and talents in my daily work. Not being able to do so as time went on, got harder and harder for me. And I also, in addition to being able to enjoy my work fully in that way, I wanted to have the flexibility I felt I needed and the free time I wanted for myself and to be with my loved ones and to pursue my favorite pastimes.

HF: We'll get into medical communication, but one more question because I think this is something that a lot of physicians in your position are faced with is someone saying "Just finish. Just go through residency, then you could write and you'll have the benefit of finishing." Was that something that was said to you or you said to yourself?

LW: Sure. Definitely having more years of clinical experience could help to land a role sooner in medical communications and/or negotiate a higher hourly rate or salary. No question. But I think for myself and so many others, at a certain point it no longer feels more worthwhile in terms of my daily enjoyment at work to be doing that. And it feels more worthwhile to take a strategic risk and make the career pivot.

HF: Thank you for making that point, Lauren, because I think looking from the outside, a lot of people make a judgment, "Oh, you should just finish", but when it's really you and no one else can feel what it's like to be you in that situation, you are the only one who can weigh those scales and know where they're tipping.

LW: Absolutely. Yes.

HF: Well, now let's dive into the nuts and bolts of medical communications. What exactly is MedComms?



LW: Sure. I think of medical communications as the field where you're developing medical content and medical events often on behalf of industry stakeholders, including medical organizations and the pharmaceutical, biotechnology and medical device industries.

You're producing all sorts of different content and events, online content, published content of different kinds. It could be articles, it could be white papers, it could be slide decks and virtual events, in person events, you name it. And you will be working with your clients and targeting different audiences, oftentimes healthcare providers, but also caregivers and patients.

HF: We often talk on the podcast about these big nonclinical buckets, medical writing being one of them, and then industry being another. Industry when we're talking about pharma, biotech, medical devices. Would you say medical communications is sort of in between the two, like sort of a venn diagram, sort of that intersection of medical writing and industry?

LW: Sure. I think that's one way of looking at it. I definitely see medical communications as an application of medical writing. In addition to what I've already mentioned, it involves creating that content or those events that are of interest to the stakeholders, that you're working with. And this could range anything from disease state awareness education to education on disease management, and some of the latest treatments.

HF: We know that you love writing and you're really great at it, so I can understand why this would be a good fit for you. In terms of the work itself, what you find most interesting, enjoyable, besides getting to write?

LW: Sure. For me, some of the most interesting and enjoyable parts of my day-to-day work are learning about these advancements in medicine and working with clients to craft their messages to best reach their target audiences. So, those things pique my interest

as a medical professional, but also as a creative person, getting to enjoy the creative process, seeing how a piece goes from an outline or even before that. Our vision for the piece and then the outline and the draft, rough draft, final draft, and seeing it come all together. And just kind of also tying it up with that perfect message for how to best reach our target audiences. Those are the parts that I enjoy the most.

- HF: I know that one of the problems with clinical practice is we feel that it becomes like Groundhog's Day and we don't really get to learn a lot. And so, when I have physicians that transition into nonclinical careers, one of the things they often say is, "Wow, I'm learning. I'm learning about all these diseases and things that I really never got to read about when I was seeing patients."
- LW: Absolutely. Yeah. I think that's something that in clinical practice many of us wish we had more time for, to spend that extra time getting to read even for pleasure almost it feels like, to learn more about those areas that pique our interests in medicine. Thankfully, continuing medical education helps with that a little bit, but there's definitely a different kind of pace and of course focus on how I get to do that now in my everyday work.
- HF: Yeah, you're right. With chart notes and seeing patients and everything, there's hardly any time to even be a person let alone learn. Now, one of the questions physicians often have when we talk about pharma and industry and working for them is, "Is there going to be a conflict of interest? Are you going to have to write things that you don't feel comfortable writing or take a certain tack that maybe feels like it's being promoted by the company, but makes you feel a little uncomfortable?"
- LW: Right. And I can understand why that conflict of interest might be something someone who's thinking about entering into medical communications, it might be something they might be concerned about. But in my experience, no, there hasn't been a conflict of interest in terms of all the content and events that I've worked on, the sponsors are disclosed, all content and events that we develop are medically responsible and ethical.



If there are ever any concerns about that, it's our job to provide guidance to the clients and make sure that's not a concern.

And then also when we're producing content and events on disease management and the latest treatments, we definitely provide a fair balance to cover all aspects of disease management and not just the client's product.

HF: What is a typical day like for you, Lauren?

LW: Sure. In my work as an associate scientific director, I lead a team of medical writers and medical editors, and I work with cross-functional teams, marketing, digital production, creative services, data analytics, IT services, sales to drive the development, execution and delivery of our medical communications and medical education projects targeted at healthcare providers. I spend most of my day directing the medical writers and medical editors and medically reviewing the content to make sure that it's of the highest quality.

HF: It sounds like you work with a lot of different people and departments.

LW: Yeah. That part is really, really cool. And for those of us who just love getting to work with people of different backgrounds and from exactly different disciplines in some ways, serving different functions, but we all come together for that common goal of producing our content or our medical events. It's just really, really fun and really cool to see.

HF: I know on job descriptions for these jobs I often see and for many other nonclinical ones "Skilled at working in a matrix environment." Is this what they're referring to as a matrix environment?

LW: That's a great, great question, Heather. I'm not sure exactly what they're referring to with that descriptor, but I think that might be it.



HF: I want to get into what are the qualifications needed for this role, but before that, we're going to take a short break. Don't go away. 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](http://doctorscrossing.com/linkedincourse) or simply visit the Doctor's Crossing website and hit the products tab at the top of the page. Now back to our podcast.

All right, I'm back here with Dr. Lauren Weinand, and we're looking at the qualifications for getting into medical communications. Do you need an MD to get into medical communications, Lauren?

LW: No. You don't need an advanced degree in the health professions. For a long time, people who ended up working in medical communications were coming in with a communications or editorial degree or background.

For those of us, of course, who are transitioning from a clinical medicine career to a nonclinical medicine career, of course, we have our advanced degree in the health professions. And so, in this day and age, it's very, very common to see those of us with advanced degrees in the health professions, MDs, DOs, PharmDs, RNs, et cetera, transitioning into medical communications. And then we also see PhDs in the health sciences working in medical communications.

HF: Does someone need to have a writing portfolio to get a job?



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LW: Yes. That's a great question. You may not have that degree in medical communications, as long as you have your advanced degree in the health professions or in the health sciences, you're golden. But of course, you do need to have writing samples, your portfolio. There's no way to work around that besides just taking on your first contracts and getting some experience.

HF: Can you talk a little bit about compensation?

LW: Sure. The pay varies depending on the number of contracts you have starting out. Of course, it's not going to be very many when you're starting out. So, I definitely agree with the advice not to quit your day job as you get started.

The pay can range from side gig money to having enough to pay the bills, to living comfortably to six figures, to even hundreds of thousands of dollars a year depending on who you work for, your expertise and your years of experience in the field. Now, having more years of clinical experience could help to land a role sooner and/or negotiate a higher hourly rate or salary.

HF: That's quite a range, really.

LW: I know. I know. Definitely I would encourage anyone who's considering going into medical communications, don't sell yourself short. If this is something you're really passionate about, you feel that you are and you just want to get some experience, go for it. Like I said, don't quit your day job. I've heard it can, and in my own experience, it was true. It took about a year and a half to get to where I really wanted to be in terms of compensation. But I think that's to be expected. You just have to get started and get some experience.

HF: And you're probably making way more than you would've if you stayed in residency.



LW: That's true. That's absolutely true. I haven't seen the hundreds of thousands of dollars a year, but the rest I've seen.

HF: If someone is out there listening like, "Oh, this kind of piques my interest", what are some steps for them to get started, even just exploring?

LW: Sure. I definitely have a medical communications toolkit. I'd be happy to share some of those tips and resources with your listeners outside of this podcast. But as far as where to get started, getting to read articles or listen to podcasts like this one to hear experience from someone who's been there, I know I found that to be so helpful. And just encouraging and getting started.

And then I looked for where could I find my first contracts? And for me, that ended up being on Upwork, which I think since 2015 or so has been the largest freelance platform out there. Upwork was where I found my first contracts, and I didn't look back and then from there I was offered the positions I was really hoping for, for my medical communications career that I happened to get on LinkedIn. So, Upwork and LinkedIn worked great for me.

HF: I've found people on Upwork myself. I think that's a great place for freelancers. And LinkedIn, obviously. I mentioned LinkedIn a lot about being a great resource for networking. Are there other insights you might share for how to really decide if a direction is meant for you?

LW: Sure. I think what I kind of found looking back on my journey into MedComms was that there were some key personal insights and questions I asked myself, and then even insights I received from others and or questions and comments also from others that I think when I was listening to those things, they were spot on. I think that's where for all of us who are considering making that career transition, that's where I would encourage

us to focus in addition to trying to engage in podcasts or reading online content to learn more about the field.

For me, some of those insights were just thinking back to how from a young age, how much I loved writing and how much I loved editing, and how I received praise for both of those skills. And even just asking myself “What would I want my dream job to look like? What would I want my dream personal life to look like?” That was pretty instrumental for me. And then also just thinking back to what I had learned from others who are important to me in my life, family, friends, and colleagues.

Naturally, I think if you're pursuing, or wanting to go into a nonclinical medical career, you're probably a pretty versatile person. And in my experience, I was told that a lot from the time I was growing up in terms of the versatility of my interests and my skills.

And then also even just the kind of feedback that I received from others, especially colleagues who had let me know. And I think it was wonderful feedback and I think well-meaning too that yes, I should have enjoyed my medical training more than I did and just sort of tapping into that and taking that to heart. And also taking to heart what I said before, just whatever personal insights you have about where you'd really like to see your career go and your personal life as well.

HF: That was such an interesting thing that you said about how you got feedback that you should have been enjoying your medical training more. Because so often what I hear being said is no one likes residency or residency is really hard. It will get better, just hang on versus if you're not feeling connected to it now, maybe you should really reconsider this.

JW: Right, exactly. Just as you said it, it'd be so wonderful if we heard that more in medical school and residency, but I usually heard much more often, if not exclusively, “It will get better.” So, that's what so many people hold onto. And eventually, like I said before, at



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some point it's no longer worth it to hold on and keep going. It feels much more worth it to make that strategic risk and make a career pivot.

HF: Yeah. And it worked out for you. You listened to yourself and you trusted that. I can see you smiling a big smile right now, and I know that you found where you're meant to be. That's really lovely. Is there anything else you'd like to share with the listeners before we sign off here?

JW: Thanks so much, Heather. It has been a wonderful opportunity speaking with you on this podcast. I just want to let the listeners know that they can please feel free to reach out to me anytime that they'd like to learn more about the field of medical communications or my MedComms journey.

HF: Oh, wonderful. You've been an awesome guest, Lauren. I really appreciate you coming on the podcast. And now listeners just understand that she's busy, so she may be able to give you some information, but just be considerate when you reach out. So anyway, guys, I hope this has been really helpful for you. I love having you out there listening. Don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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