DOCTOR'S CROSSING
CARPE DIEM PODCAST
BY HEATHER FORK, MD, MCC

TRANSCRIPT

EPISODE 120: An ID Physician Finds Great Work-Life Balance As A Principal Investigator

With guest Dr. Jill Miracle

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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 and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 120. Before we launch in today, I just wanted to say thank you so much for all of you who share the podcast with others. That is really helpful. And whenever you listen, if there's one or two people that you can think of sending the link to, that would be really lovely because we keep growing in numbers, but there's so many more

people that we could reach. So I really appreciate your efforts. Now onto today's podcast.

There are many different nonclinical roles and careers we can have as physicians. When I ask my clients to tell me what's important to them in a nonclinical job, they often mention flexibility, being able to have more time with their family, less stress, and having a good income with benefits. They also often say they want to feel that they're making a difference in having a positive impact.

Today I have a lovely guest who is going to talk to us about her role as a principal investigator for a contract research organization, also known as a CRO, where she gets to have all of these features mentioned above in her job. Our guest, Dr. Jill Miracle is an infectious disease physician who worked clinically and felt very burned out from trying to balance a very busy career with her personal life. She's going to share with us her path into being a principal investigator as well as what this work is like, qualifications needed, general compensation, opportunities for growth and more. I am truly honored and delighted to welcome Dr. Jill Miracle to the podcast. Hey Jill, how are you?

JM: I'm good, I'm good. Thanks for having me, Heather.

HF: Oh, it's a delight. I've been having you on my radar for a while and this is a topic we haven't yet covered. So, you're going to be really helpful in helping us dive into what it's like to be a principal investigator and how you got here.

JM: Yeah. My story is that I was an infectious disease doctor working in a hospital mostly. I did some outpatient as well for about five years, and I ended up feeling very burned out. The schedule was pretty grueling. I worked either every other or every third weekend, sometimes 12 days at a time in a row, then a couple days off and then another 12 days, a couple days off, another 12 days.

And two, while I did feel like I was helping my patients, there were other ways that I felt the system kind of tied my hands and made it hard for me to help patients and arguing with insurance companies and sometimes trying to see eye to eye with other specialists in the hospital trying to coordinate best care for the patients.

And those frustrations really left me feeling very burned out. I didn't have a lot of time for my personal life I felt like, and it really took its toll when I first had my first child and I know I actually started coaching with you, using your coaching services after I had my first son. And by the time I had a second child, I just felt overwhelmed that I couldn't return to that life of just working all the time, not feeling I had enough time for my family and for me.

I did some career transitioning, which my story is a bit long convoluted. I'll try to make it as short as I can though. I did take a job working outpatient, doing less hours and I still felt the stresses of clinical life.

And I ended up being interested in potentially going into industry because when I had talked with you during coaching, we had discussed this and talked about the different nonclinical roles and I thought industry might be a good fit.

I decided I wanted to learn more about research in general. And I also had an interest in preventive medicine. I actually ended up, after about six years of practicing as an ID attending, went back and did a preventive medicine residency and I ended up getting a master of public health. Usually with preventive medicine residencies, they require a master of public health.

After doing that, I realized I really did like research. It really helped me with understanding it better. And two, I feel like having a master of public health gets you noticed more when you are applying for industry jobs that it shows that you have some background in research and statistics.

After that, I ended up being offered after the preventive medicine residency a job as a population health research fellow at a local academic institution. And I hadn't been successful in finding an industry position and I still was interested in research and I thought still maybe academics might be a spot for me.

So I ended up taking the fellowship position and I enjoyed my fellowship. I really liked the people I worked with, but the big thing was I needed to come up with my big thing I was going to do in research and figure out how to get grant money for that.
As I was working on that and I wasn't unhappy, I ended up being recruited for my current position. A recruiter had reached out to me on LinkedIn and they said, "How would you like to be a principal investigator at a local clinical trial site?" And just with the work-life balance, especially because the clinical trial site happens to be in the town I live in while I was actually commuting up to another city for my fellowship, the fact that I was interested in industry and the fact that this was better personally for me, just with work-life balance and everything, I decided to take this position.

I know it's a long, convoluted story. I don't think it needs to be that way for everybody. If you are interested in industry, I don't want everybody to think that everybody's story is like this. But that's kind of how I ended up where I am now.

HF: Okay, great. That's sort of a helpful arc in where you were and how you got to this principal investigator role. I want to go back and ask some questions, but before I do that, can we just clarify for people who might be wondering what is a principal investigator? Just a little nutshell description.

JM: Yes, for sure. A principal investigator in clinical trials and industry essentially it's a physician who takes responsibility for the entire trial at a site. There will be a trial that they're having at various different clinical sites. And at your particular site, you are the person in charge for making sure that that research study is carried out per the protocol. That there are no major, what we call deviations, that everything is followed

appropriately, that the subject's safety is being protected and that the data is being collected with integrity and that everything is done appropriately.

HF: Okay. We'll be coming back guys to further details all about this, but I'd like it if you could give us sort of a visual Jill on what it was like when you were working in your infectious disease job. You had your son and the work-life balance really was hard for you. I remember how stressed you were. What was your day-to-day like when you were living that life?

JM: Typically I would be at the hospital a lot of times until maybe 06:00 or 07:00 o'clock at night. My husband would have to pick up my son from daycare. Sometimes I wouldn't see him much because he'd be in bed by the time I was finished at the hospital. I remember one time even my mother-in-law was watching him and he had hurt himself and I got a phone call and I couldn't even go pick him up because I was in the middle of a consult. I felt like I could not leave. I had all this work to do and I just felt like I couldn't really be there for him.

And two, I would be working like I alluded to, sometimes even every other weekend I'd be there, sometimes I'd get to go home early on a weekend day, but not always. Sometimes it would be even full days on the weekend, not get to spend much time with him and not really see him for 12 days stretches. That was very hard. And it was hard too. Even before I had children it was hard on me. I didn't really feel like I had much time for rest and relaxation.

And two, even if you're at the hospital till 07:00 PM there's a lot of times charting that. Then you go home and you're still charting a ton. Because I remember too, even on my vacation week, sometimes I'd have 30 charts in the hole and end up spending a whole vacation day just sitting there doing charting, which I think a lot of people can relate to.

So, it seems like my job was all encompassing. And obviously too, there's so much stress that you have people's lives in your hands and a lot of factors are out of your control. You want patients to have a good outcome and sometimes it was like the system itself made it very hard for you to feel like you're doing a good job, at least for me. And especially too, when you have so many things to do that you feel like you don't even have enough time to spend with your patients and that you really can't give them the quality care that you want to.

HF: Yeah. And it's a shame that this work-life balance is such a big issue because it does cause physicians to start looking for the door and often feel if you will just let me have a fair semblance of a life. We're not even talking anything major, like "I'm out of here" because that is not a life that you're living. If you had had a good work-life balance, Jill, do you think you would've stayed in ID?

JM: I think a lot of things would've had to change. I think work-life balance would've been part of it. But part of my issue with clinical medicine in general was I felt like there's a lot of systemic issues that sometimes medical errors and things would happen due to some part of the team not functioning correctly. Something would get lost in the shuffle and a patient would have a bad outcome. And I felt like it was just because hospitals were… This is pre pandemic, hospitals were so busy and nurses are overworked and doctors are overworked.

I feel personally I might have been more likely to stay in ID if I could have struck that work-life balance. But I just had a lot of issues with the system itself. And two, medications not being covered for patients, spending a lot of my time on the phone with insurance companies, arguing for a patient to have medications they really need it.

Sometimes it'd be an HIV patient that had lots of antiviral resistance and they would need this particular medication and they would have very uncontrolled HIV AIDS. And it

truly stressed me out that I was having to work so hard to get the insurance company to cover it so that this person could live their life.

HF: I think you're identifying a lot of reasons why physicians are unhappy with their role at this time now. Then you decided you needed a change and you've mentioned industry a couple times and for people who aren't that familiar, we usually use that to talk about pharma, medical devices and biotech.

And then you went on to do a preventative medicine residency. I know there's some physicians who do that and some who go directly into the pharma industry. Do you feel like that's a necessary route or more route that just worked for you?

JM: I don't think it's a necessary route by any means because I do feel like it helped me and I'm very happy that I did the preventive medicine residency, especially because the master of public health, I feel like I understand study design and statistics so much better than I did before. I think you don't necessarily need that. I think it just gives you a bit of a leg up for potentially attracting more jobs and then perhaps understanding better your role once you're in pharma.

HF: Right. And I think that's a good clarification. A lot of physicians may think they need to do additional training to get a nonclinical job. And I'd say in 90% of the cases, that's usually not true for an entry level job. But as you're saying it can enhance your platform and it worked for you.

Let's talk a little bit about this role of the principal investigator. We hear about it for academics who might be working in an institution and then they're a PI. How is that different or the same to the role that you're doing at the principal investigator in a contract research organization?

JM: In a contract research organization, the protocol comes from the sponsor, the drug company, the pharmaceutical company. It's not like I'm writing my own protocols, developing my own research, I'm doing somebody else's research. I'd say that's the biggest difference. For people that are in academics, if you have an area of expertise and you really feel passionate about, you want to be the one writing the protocol and developing the research, perhaps this isn't the right role for you. But this is more so you do industry sponsored trials.

HF: And can you give us the vision of what your day-to-day is like?

JM: Yes, I sure can. The work hours are very reasonable. I work 08:00 to 04:00 Monday through Friday. There's lots of flexibility, at least at my office. There is typically with my staff and everything, if I have something that I have to go to, an appointment or something, I have that type of flexibility.

In terms of my actual duties when I'm here, often there are research subjects scheduled. We have several research protocols that we're currently doing right now and they'll be patients scheduled. I don't necessarily see every single one of those patients. It depends on if the protocol specifies that for that particular visit that they need a physician to examine them, or take a history, et cetera.

Lots of times there's people here, I have to be here on site in case something comes up that they need to see me. But a lot of times it's the study coordinators seeing the patients and I'm available for questions. In the meantime, I have lots of emails that I have to attend to. A lot of times they're sending new studies our way to evaluate to see if that might be a potential good opportunity for a site.

Also, even though I don't physically see every single patient, I do sign off on all of the charts. There's lots of documentation involved in clinical research and making sure that

everything's filled out appropriately, that it makes sense and that I'm signing off on pretty much everything that people do.

And then a lot of times we have so called monitors. It's kind of confusing because I work for a CRO doing my job. You don't necessarily have to work for a CRO to do this position. And then there's other CROs that we interface with that work for the sponsors for our company. They will send what's called a monitor out periodically for each study to review charts and make sure that we're on track and we're doing things appropriately.

A lot of times I take some time on my day to meet with the monitors and just make sure that I know if there's any issues that they're concerned about. Often have staff meetings, we have trainings on protocols that can change. And I have to be up to date on all the changes that happen with the protocols.

One of the big major things that a principal investigator does is it's my job to ensure that subject safety is protected. The way that we do that is with every single visit that we have, whether it be telephone or in person, it's my job to make sure I'm evaluating an adverse event that happens. An adverse event is anything medically that happens to person while they're in the trial, whether or not it's related to the study drug. We have to record it and I have to evaluate it and see if I think it's related to the study drug.

So it's my responsibility to determine that if adverse events are related. And if something is a serious adverse event, meaning they get admitted to the hospital or they have a death, then that's reportable to the sponsor and it's my responsibility to make sure that it gets reported to the sponsor in a very timely fashion.

HF: This is sounding like this is a good fit for someone who pays a lot of attention to details and can keep track of things. And I want to go into a bit more detail about qualifications then who would be a good fit. But before we do that, I want to take a short break and 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 Physician's 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 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 are back here with Dr. Jill Miracle. We're talking about being a principal investigator and we're diving a little bit further into qualifications for doing this job and who might be a good fit. Can you help us out here, Jill?

JM: Like you said, a good fit is somebody who's very detail oriented, but in terms of qualifications, pretty much, at least for my company, they tend to like people who have a good solid general medicine background. If somebody has internal medicine background, family medicine, emergency medicine, things like that, those are typically the specialties that they look at. But that's not hard and fast. There's a lot of places that might be looking for a specialist if they're doing specialty studies. So really, I think any type of physician can do it.

In terms of qualifications, at least at my company, they want you to be board certified, have completed a residency. And whether or not in terms of clinical experience, at least for where I work, I don't feel like there's that rule like, "Oh you have to have five years of clinical experience post-residency." Because I know there's a lot of that type of qualification for me for other industry jobs. So, those are the big qualifications.

HF: So, you might be able to have this job potentially right out of residency if the company were open to that.

JM: Potentially.

HF: But it never hurts to have more clinical experience, obviously.

JM: Yes. I think it would help because a lot of what we're doing is if there's lab work that's done for a study, part of my responsibility is to look at that lab work, review it for abnormalities and make sure it's being addressed and reported. And I think the more clinical experience you have with evaluating those types of things, especially on your own unsupervised for many years, I think it gives you a little bit of help with that.

HF: You obviously have an MPH and you've done the preventative medicine residency. Someone might be wondering, "Well, I don't have any research experience. I've never done an MPH. I've been a straight clinician." Would they be eligible?

JM: Potentially, yes. I know my company hires people that don't have research experience and I know I went straight into a principal investigator role, but a lot of times they hire what are called sub-investigators. So, that's another potential role that could be full or part-time. And PI can be part-time too, by the way. It's very flexible.

Where with a sub-investigator, you practice under somebody else. So, you have a PI who is ultimately responsible and then they delegate things to you where you're doing exams, evaluating people. Doing the same things as a PI, but the PI is ultimately responsible and you can go to that PI then with questions and get trained on the job by the PI.

HF: I think that's a great potential opportunity is to be a Sub-I. And I've seen where clients of mine have been a sub investigator even in their practice and it's been a helpful stepping stone into pharma. Are you able to give a bit of guidance about compensation?

JM: I would. I'm sure it varies, but I would say somewhere around either low $200,000 to mid-$200,000.

HF: Yeah, that can be better than a lot of primary care physicians are making.

JM: I don't know if I can say this, but I make much better money than I ever did as an infectious disease doctor. So, I'll just leave it at that.

HF: Yeah. Okay. Well, good to know. Good to know. Another thing I wanted to see if you could touch upon is the opportunities for growth. If you get into this position, what else might be available to you? Either inside the organization or advancing into industry.

JM: In terms of advancing within industry, something like this can really open up jobs in working for a pharmaceutical company directly, especially since we interface with the sponsor a lot as well as other CROs. So you could transition into something specifically in industry. In our company at least, it seems like there are at least a few people that move up into more administrative type roles. I don't know that that's extremely common, but for whatever it's worth, there's actually a lot of people in my company that have been PIs for some 15, 20 years. I think there is a lot of job satisfaction. So, you may not even necessarily feel like you have to move in any particular direction.

HF: Yeah. And that brings us to this aspect of how do you feel like you're making a difference and having an impact in this role?

JM: I think it's a very impactful role, especially we have a particular study that they are seeking FDA approval. And that is a really amazing feeling to know that something that you helped do research on is actually potentially going to market. And we were a higher enroller actually than some places.

And to know that we contributed a large number of subjects to that particular study, that it potentially has a product going to market is a really good feeling to feel like you are still helping people. Even though it's not like I'm curing somebody's infection right there on the spot, you do feel like you're making a difference and perhaps even on a bigger scale.

And additionally, I'd like to say too that my interactions with the subjects are really very positive, that most people that are here are healthy, happy, most of them want to help with science and research and want to help progress science. And I even had a woman that told me "I do this because my grandson has type one diabetes and if people never did what I did for the studies long time ago. We would never have treatment for diabetes."

So, it's really satisfying to work with this patient population so to speak, that it's folks that really are for the most part altruistic and it's very satisfying work.

HF: That is such an interesting point that you make because it helps us see that we can be in a "nonclinical" role, but we still could have connection with patients and being able to feel like we're hearing their stories, which often is something we really love to do and helping them out and we haven't really "left" medicine.

JM: Yes, for sure, for sure. And I have actually more time to talk to people. There was a guy that came in that was really sad, he had a sick wife and I just sat there and listened to him talk about his wife and he said, "Oh, this has been one of the most therapeutic things that I've done in a while. Thank you for taking the time to listen to me." And you never have chances like that I feel, or rarely do you get to have that time with patients in clinical medicine.

HF: Right. Or when you're listening you just feel like you're thinking of all the things you have to do and you can't really feel as present as you'd like to. We're getting close to wrapping

up here, but I'm curious, do you have some suggestions on where someone might go to look for open positions?

JM: I would say just go to your websites you usually go to in terms of LinkedIn, Glassdoor, wherever you search for jobs. There's usually principal investigator jobs open. Even though I wasn't necessarily seeking mine at the time, I realized after that I've joined some things, some groups on LinkedIn like Principal Investigator Network and things like that, that there are often places hiring throughout the US at different sites for principal investigators.

I know too a lot of times you can look at clinicaltrials.gov. But if you look at the NIH clinical trials website, you can see if there's studies, if you have a particular interest, see what's going on and you can see if there's that studies being conducted in your area. And you could even try to touch base with the PI at different sites and say, "Hey, do you need a sub investigator? Are you interested in having a sub investigator?" That's an idea as to how to try to get into a role like that.

HF: That's an excellent suggestion. Just to reiterate, you can look on LinkedIn, you can look on indeed.com, you can look on the individual contract research organization sites I imagine in the career area. And I will put that link to clinicaltrials.gov where people could see which clinical trials might be going on in their area and reach out to the study coordinator. All right, any last suggestions, ideas or thoughts that you'd like to leave the listeners with?

JM: I think I'll just say it's never too late to change. If you're hesitant about making a career move, I wouldn't hesitate to do it. Life is short. Our time with our families are precious and I would say don't be afraid to make that career move. And it may not be the last one. You may keep moving and that's okay. And if that career move even means staying in clinical medicine and just adjusting something about it that makes it so that you are happier, do that.

HF: I love those words, Jill. And you're absolutely right. We've had people on the podcast who've had four iterations. So, this is way of the careers these days. It doesn't have to be die with your boots on. You can dance with your boots on and dance a lot of different dances. Well, thank you again. It's been lovely to have you.

JM: Thanks for having me. I appreciate it.

HF: My pleasure. All right, my dear listeners, thank you so much for being here. 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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