



EPISODE 130 Real-time Transition Story - Dr. Alec Jacobson Part 2

With guest Dr. Alec Jacobson

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AJ: “Every conversation that you can have with someone is important because you truly never know what can happen from it. And this one random conversation was all it took to get me a job. And I think that's just extremely, extremely powerful.”

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 130. I am super excited about our guest today. He is Dr. Alec Jacobson, and you may remember him from episode 115.

Alec is a brave soul. He agreed to come on the podcast and do something that we've never done before. He is sharing his transition story in real time. If you don't know Alec, he is a fourth year pathology resident and he determined that clinical medicine is not what he wants to pursue. So, he bravely came on the podcast to talk about his real-time transition. If you haven't heard episode 115, you might want to go back and listen to that

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first. But in this episode, we're going to find out what has happened since that episode, and you can walk along beside him.

I am incredibly grateful to Alec because it's a big deal to come on the podcast and tell your story, but there's a whole nother level of vulnerability when you come on when you don't know where you're going, you don't know what you're going to be doing, you have no idea how long it's going to take to figure it out, and who knows what could happen. I'd love for you to give a very warm welcome to Dr. Alec Jacobson for coming on the podcast and sharing this adventure with you. Hi Alec. Welcome.

AJ: Hey, Heather, thank you so much for having me back on.

HF: I am thrilled. And I just again want to thank you so much for being willing to do this because there's so much we really learn from being willing to stand in uncertainty and let other people share that process with you. And it might be messy, it might have some learning in it, some big challenges, but I love that you're here and doing this with us. So, thank you.

AJ: Absolutely. I hope that people learned something from the first episode and were able to relate in some way to my journey. I'm just extremely excited to be back and share everything that's transpired since then.

HF: Well, thank you. And as I said, I think it'd be great if you haven't heard 115 to go back and start there. But for listeners who maybe would like a little bit of a catch up or just want the Cliff notes, can you tell us a little bit briefly about what you shared in that episode?

AJ: Sure. Very briefly, I am currently in my final year of pathology residency, and this really just never felt like the right fit for me. And I think from a broader perspective, I just feel

like I never really even wanted to be a physician. And so, I was having this crisis of sorts in terms of what I wanted to do with my life.

I eventually decided that I needed a change and I wanted to pursue something different, something in the nonclinical arena, while still being able to utilize some of what I've learned in med school and learned in residency. So, that's how I got to where we are today.

HF: And what made you willing to come on a podcast in a very public forum and share this evolving mystery with a bunch of strangers?

AJ: Yeah, that's a great question. I think in the beginning parts of this career transition I remember feeling a lot of shame, feeling embarrassment, just feeling like, "Why am I feeling this way? Why do I feel like I want to be out of clinical medicine?" I felt like no one was really in the same boat as me, and that was really hard.

But when I took a step back, I remember thinking, "Why am I feeling so embarrassed about this that I want something different for my life and that I want to pursue something else?" And I think once I sort of got over that, I thought that it would be so helpful for people to just hear about everything I'm going through, even though I don't know what's going to happen next, even though there's still so much uncertainty.

And I learned so much from all of the podcast guests that you have had on early on in my transition, and I just hope that I'd be able to help some people too by sharing a little bit about my journey.

HF: You'd mentioned shame and we know that shame likes us to hide in darkness, keep us in that cave. And you've found the perfect antidote, which is to put light on your situation and realize that the world isn't going to stop turning, people aren't going to hate on you and you actually had a real outpouring. Can you share a little bit about the response you



got to both the article you wrote on LinkedIn about your transition and also the podcast?

AJ: Yeah, the responses I got from the podcast and the article that I published on LinkedIn were incredible and really moving to me. Honestly, I feel like this has been one of the most important things I've done in my life. More important than graduating med school, being able to be a resident. Just being able to share some of the things that I've experienced has been tremendously powerful to me and just hearing people that can relate to my experience, relate to my journey, and be able to feel courage as a result of me putting my story out there.

HF: I'm really glad to hear that. Did you have any comments that were negative or felt disparaging to you?

AJ: Honestly, no. And I was very happy with that response. Honestly, a little bit surprised, but I felt like all of the comments were very positive and very supportive, which was another thing that has really helped me in this journey. Knowing that people close to me, friends and family are supporting me, but also that strangers are supporting me and that they are able to find my story moving and find my story inspirational in some way.

HF: I'm really glad to hear that. And I would say if someone puts themselves out there and you get a conflicting opinion or someone who is really not in alignment with you, it can also be an opportunity to just commit to what you're doing. Like, okay, they can feel that way, but this is what I'm doing and who I am and I'm okay with that.

AJ: Yeah. I will say, I did actually a little bit later on in my journey, I wrote in a Facebook group geared towards physicians pursuing nonclinical careers. I wrote a little bit about myself, a little bit about what I'm looking forward to and there were a few people there in that forum that commented saying, "You should just stay in medicine. You're on this

great path, why are you leaving? Just do a fellowship, try to get some clinical experience under your belt and then try and make this transition.”

And so, I think that really relates to what you were just describing there. And when I saw those comments it was a little tough because it did make me question some things and reflect back “Am I making the right decisions?” But at the end of the day, it made me feel more certain in my decision that I didn't really care what these people thought and I felt confident that I was on the right path.

HF: Case in point. That's great, Alec. All right, so let's talk now about what's happened since episode 115, which aired on February 1st. I'll let you take the ball and run with it.

AJ: Yeah. I think a lot of what I discussed in that initial episode was about coming to terms with my decision. Why was I making this decision in the first place? How I was able to decide that this was the appropriate choice for me to pursue something different. And so, once I was able to come to terms with that, started a lot of the heavy lifting and a lot of the work in terms of trying to actually find a job now.

There were many different steps to this process. I think a few of the most important ones were getting my resume up to speed, creating a LinkedIn profile, my networking. I think those were the three of the most important things that I did along this journey to help me get to where I am now today.

HF: In that episode, Alec, one of your main interests that you talked about was medical communications, which connected with your love of writing. Did that stay your main interest or did you explore other options?

AJ: Yes. Medical communications remained my main interest. That was the field that I felt like I wanted to pursue and felt like I had the best chance of landing a job that I felt was appropriate for someone like me with my credentials and my background. And I think



one of the big challenges though, was trying to land at this place, deciding that Medcoms was going to be the right fit for me.

Because there obviously are so many nonclinical careers out there and I felt like listening to your podcast and talking with a ton of different people and all these nonclinical careers that a lot of them really interested me and I thought that they could be a decent fit for me. But I had to be realistic in a lot of ways and, and realized that a lot of these jobs would require more clinical experience than I have. So, it was important to cross those off right off the bat that it wasn't worth wasting time trying to think about those as viable career options.

And then obviously I have this passion for writing. I have a degree in writing, it's something that I've always been very interested in. And so, trying to marry the two, medicine and writing, really points me in the direction of Medcoms and I felt very confident about pursuing something in this field.

HF: What were some of the things that you eliminated?

AJ: There were quite a few. I looked into medical affairs, which obviously is a very broad umbrella, but things like the medical science liaison position was one thing that I looked heavily into. And I did think about things like utilization management. That was one for sure that I felt like having more clinical experience would be a lot more helpful. And I thought about things like consulting and felt like that really wasn't going to be a great fit for me either.

I think those were really the big buckets that I spent some time focusing on. I think drug safety that's another one that I looked into quite a bit. But ultimately, as I had a lot of these conversations with people, I kept coming back to Medcoms, I kept feeling like that was where my real interest lied and where I felt like I'd have a great opportunity to land a job that I'd be happy with.

HF: Yeah. You make some really great points here that in this process you're going to ideally start wide and look at a bunch of different options. Some people know what it is right off the bat and they stay narrow, but I think it's good to look around a bit and then really find out what are the requirements to get into X, Y, Z. And you looked in the big pharma bucket, you looked in the big bucket of utilization management and also writing as well as consulting.

You did a bunch of informational interviews. And what did you learn in particular when you were talking to people in medical communications that helped you determine that this would be a viable option?

AJ: Yeah. I think it was a few things. First of all, I just wanted to gauge whether the work was going to be interesting to me. And so, I listened to a bunch of podcasts with people from the Medcoms world and I felt like this was something that I was really excited about.

And then I took that one step further and tried to have a lot of conversations with people in Medcoms. That was from people in different types of roles as well. People in medical director type roles at Medcoms companies, people in the medical writer position, for example. It helped to hear a bunch of different perspectives, but I think when I spoke with all of them, they said that yes, I was eligible for a lot of these types of jobs in Medcoms, that I could be a good fit in Medcoms. And hearing them talk about their work, I felt very inspired and just felt like this was something that I really wanted to pursue.

HF: On a scale of zero to 10, what would you say your interest of all in medical communications was when you were having those conversations with 10 being really excited?

AJ: I'd probably put it at an eight. And that's really good for me, especially when you consider where I was in pathology and clinical medicine in general, which was probably

around like a two or three on the happiness scale. So I felt really good about being at an eight. I think maybe some people would want to hear that it was at a 10 that I was just over the moon. I could not be more excited for this. But it's a job at the end of the day and I want it to be something that I'm at least excited about and at least have some level of passion about, even if it's not the most exciting, best thing in the world to me.

HF: Well, eight is great. I tell people you don't want anything below a seven, it's really not sustainable. Eight is really a great number and especially like you said, when you contrast it with how you felt about where you were going. So you had these conversations, you felt good about Medcoms, what happened after that?

AJ: Yeah. Once I felt good about pursuing Medcoms, I ended up applying to a lot of different jobs and really focused my job search on positions in medical communications of course. And so, I did this through mediums such as Indeed, LinkedIn. Those were really the main two ones that I used in terms of applying to jobs and I just fired off a ton of applications.

Like I said, I was able to get my LinkedIn profile up to speed. I was able to get my resume up to speed. And once I had those things under my belt, I felt very comfortable applying. It was tough in the beginning because A) it was pretty early. I felt like I was looking for a job in starting after residency and I was looking six or seven months prior to that. So, if I was able to speak with someone from these companies, they said get back to us in much closer to when you're actually looking for the job because then we'll know our hiring needs. That was a little bit tough, but I understood that for sure.

I also applied to a ton of jobs and I didn't hear back, I didn't hear anything. And if I did hear something back from a lot of them, it was just a rejection. That was really tough. Just feeling good about where I was, feeling good about getting my resume, then LinkedIn up to speed and then employers didn't want to hire me. I was like, "What am I doing wrong? Why is this happening?" But in talking with a lot of people who have gone through this journey, this is such a normal part of the process to get rejected or just not

hear back from jobs. And that takes a lot of patience and a lot of perseverance.

HF: I think the times are a little bit harder right now too, so that is a factor. But it's not uncommon to send out 50, even 70 applications and not get much of a response. It's the complete opposite to when we apply to clinical jobs and the doors open up and the floodgates are there for us. So, you sent on all these applications, you're getting discouraged. What happened?

AJ: Yeah, something pretty fortuitous and honestly, pretty lucky happened to me. I'm very grateful to have a strong network and a lot of people in my network were gracious enough to set me up with people in some of these healthcare adjacent fields and healthcare adjacent jobs. And so, I had many of these informational interview type conversations with people and one of them was with someone at a medical communications company. And we really hit it off right away. He seemed very interested in my credentials, interested in my background, and just interested in potentially hiring someone such as me at his company.

I felt like this was a really cool thing that was happening. I was really excited but obviously didn't want to get too ahead of myself. So, as part of this process, he had me take his company's writing assessment, which I did. Thankfully, I was able to do quite well on this writing assessment and the rest is really history in that he felt good about our conversations, felt good about me and my background and what I could potentially bring to this company. And he offered me a job.

It just happened so fast, especially considering how long this whole process has taken, considering how many rejections I had gone sort of going through the more traditional routes of applying to jobs through company websites or applying on LinkedIn and spending all this time on cover letters, resumes, et cetera. So, this was a really cool thing that happened and obviously I feel very lucky that something like this did happen.

HF: Well congratulations, first off, Alec. This is unexpected. I did not think that this real time transition podcast experience would have you landing a job in your second episode. So, that is huge. It also speaks a lot about you. You also talk about how networking and having these personal connections is so important and it's really true.

AJ: Yeah. I really can't underestimate the importance of networking in terms of trying to land a job. I had heard from people very early on in my journey that networking is critical. It's really crucial to get to know people, put your name out there and just connect with people to see what they might be able to offer you and see how you might be able to help with some of the things that they're invested in and things that their company is working on.

This story shows just how important it is to network. And there were many times when I was set up with people to have conversations where I felt like, "Ah, I don't know, this conversation might not go anywhere. I'm already talking to a ton of people." But every conversation that you can have with someone is important because you truly never know what can happen from it. And this one random conversation was all it took to get me a job, and I think that's just extremely, extremely powerful.

HF: Yeah. I want to follow up on a couple things you said before we wrap up, but first I want to share with the listeners a couple things that are available for you that Alec mentioned.

He mentioned that the resume, the LinkedIn and networking were really helpful for him. And if you'd like some freebies on these topics, you can go to doctorscrossing.com and at the top of the page is the freebie tab and there is a freebie on using LinkedIn. There's a freebie on your resume and CV. There's also one for interview tips and the LinkedIn especially, will help you with networking. It's where a lot of my clients find people to do informational interviews with. So, you can just go to the freebie tab at doctorscrossing.com.



All right, we're back here with Alec Jacobson. Now, Alec, we just have a few minutes left and I'm sure there's a lot of things a listener would like to ask you, but before we go any further, could you give a brief definition of Medcoms for those who aren't familiar with that area, what you'll be doing?

AJ: Yeah, sure. I think the way I see medical communications is translating scientific information to myriad audiences, whether that is other healthcare providers, pharmaceutical companies, any stakeholder who is interested in being able to better understand and better interpret scientific or medical data. So, that's how I see Medcoms. And there's many different roles within Medcoms. That was something that I spent a lot of time trying to understand, where can someone like myself fit into Medcoms, especially as someone with no nonclinical experience, no experience in medical communications.

I learned about a ton of positions, things such as the medical writer type role positions such as the research associate, and then there's various medical director type positions as well. Associate medical director, medical director for example. I was lucky enough to land a position as an associate medical director, which I think is a reasonable landing point for someone such as myself in Medcoms. I think research associate and medical writer are two of the other positions that would've also been appropriate for someone like myself. But I'm very excited to be able to have landed a position as associate medical director.

HF: Yeah. Again, huge congratulations to you. And one thing I want to go back and touch upon is you said that this took so long, you were sending out your applications. And really, I know it was a lot of work, but you did it in warp speed because I think it was only a couple months. And there are physicians out there who it can take a couple years, even longer sometimes to find that job that they're looking for and have it all work out. So, what would you say to those who are not having much luck and they don't feel like they have a network?

AJ: Yeah. This whole process is really difficult and I certainly can relate to what they're going through. Like I mentioned, I had a lot of experience applying to jobs and hearing nothing and just getting no bites. And that was super frustrating. It definitely makes you question whether you're applying to the right jobs, whether you're on the right path at all.

I think one thing that I had a lot of success with was just reaching out to people sort of blindly on LinkedIn. And that's a really great way to expand your network, especially if you feel like you don't have a ton of family connections or connections through friends or current employers, whatever. It's okay to just blindly reach out to people and see who might be willing to talk with you and spend 30 minutes getting to know you and you never know where a conversation like that might lead. I'd certainly recommend some of those things. Just really trying to expand your network, especially on LinkedIn and seeing what can come of that.

HF: They say the best time to network is when you don't need anything from anybody. It's really true. Just start building your connections, whether it's in your personal life, your professional life. I know a lot of doctors are givers and you respond to people who reach out to you for help. So, it's just a wonderful way that we all connect, and help each other out.

Now I want to sneak just one or two more questions in, and then we're really wrapping up here. Some of the listeners may be wondering, okay, he was going to be a board certified pathologist and that can make \$200,000, \$300,000, \$400,000 and more. How did you come to terms with how your salary might be different when you were closing that door to clinical practice?

AJ: Yeah, I definitely had to come to terms that my immediate salary in an entry level nonclinical job was going to be significantly lower than probably what was attainable as a practicing pathologist. I accepted that from the beginning. I understood that this was the reality of what I was doing, and it was more important to me to find a position that

was meaningful and a position where I could be happy as opposed to continue on in this field that wasn't the right fit for me but where I could potentially make more money.

It helped a lot as well listening to a ton of podcasts and just talking with a ton of people. Again, just trying to acquire as much information as possible on salary to learn what the expectations are that I can have for a nonclinical position. And in everything I learned, it really became evident that while the initial starting salary for an entry level position might be lower, there is a lot of growth potential.

And that is something that I felt very comfortable with, that this is ideally the floor for where I'll be for the rest of my career and it's only going to go up from there. And I think it sounds like there's a lot more growth potential in a lot of these nonclinical positions as compared to clinical medicine where it might plateau, for example.

HF: It's kind of true. That's what I hear from a lot of people who go into nonclinical areas, that there's stock options, there's bonuses, you can advance in your career, you can diversify. And plus another thing is that when you're happy, you have rocket fuel that you're using and that rocket fuel helps you do other things that you might not be able to do if you're in a job and you're not happy to come home and you're tired and then you can't think of other ways to make money on the side or just advance your career. So, I always say follow the energy.

AJ: Absolutely. And I think salary is obviously so important, but there's other things to consider. This new role that I've accepted is going to be a remote position, for example. And so, you hear time is money, but this gives me so much time back in my day that I did not have previously. Things that I can pursue some of these interests outside of work that I never was once able to due to the stressors of my previous job. And so, that's really exciting to me too. And that goes well beyond just the number that's written on the paper in terms of salary.



- HF: Now, those are all excellent points and I'm really proud of you and I appreciate you coming on the podcast. I'd love it if we could drop in and do another episode when you're actually in your new career.
- AJ: Yeah, that sounds really cool. I'd love to share what my experience has been in this new job with everyone.
- HF: Yeah. Well, it's a date. All right, Alec, thank you again for coming on the podcast. You've done a fantastic job and I know a lot of the listeners are going to be cheering you on as am I.
- AJ: Thank you so much for having me on. It's great to be here.
- HF: My pleasure. All right, thank you so much my dear listeners. Please find someone to share this episode with. I think anytime someone who's feeling trapped and stuck can hear an episode where one of us is trying to figure it out and move forward even in uncertainty, that can be transformative. And so, please share the podcast far and wide and don't forget to carpe that diem. I'll see you in the next episode. Bye for now.

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