# EPISODE 140 Is It Too Soon To Explore Nonclinical Options As A Medical Student or Resident?

## With guest Dr. Heidi Moawad

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HM: "It will require rejection. Rejection is not a reflection of you at all. It's very, very weird to be accepted to everything you want to try to do.

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 140. Today's topic is going to be a conversation I wish I could have heard back when I was in medical school. Maybe you'll feel that way too.

We have a very special guest a day who's going to talk with us about whether it's okay to be thinking and talking about nonclinical options as early as medical school and residency.

She will also be addressing questions such as "If you're thinking about nonclinical options, does this mean you don't want to take care of patients? Does this mean you should explore in secret and not tell your attendings or fellow students? Will looking in nonclinical options distract you from training and make it more likely you'll leave medicine?"

Our expert guest is neurologist and medical writer Dr. Heidi Moawad. She's an assistant clinical professor and mentor to medical students at Case Western Reserve University School of Medicine, and an undergraduate instructor at Case Western Reserve University.

As the author of Careers Beyond Clinical Medicine, Dr. Moawad is very familiar with nonclinical options and she has also expanded her own platform as a physician by doing utilization review, teaching, medical writing and consulting.

Heidi will be helping us out with navigating this topic of exploring nonclinical options when you're in medical school and residency. A lot of what we will be discussing, however, could be also applicable for any of you who are already in practice. Without further ado, I am very excited to welcome our returning guest Dr. Heidi Moawad back to the podcast. Hi Heidi. It's great to have you.

HM: Hi. Thank you for having me. It's a pleasure to be here.

HF: Yes, and you came on board and helped me out with episode 33 way back when, and we talked about roadblocks.

HM: That's right.

HF: I love that topic because they come up for most all of us and we can move them out of the way.

HM: Yeah, that's absolutely true. And most people don't recognize that the roadblocks are roadblocks, but once they define them, then it's easier to overcome those roadblocks and move forward.

HF: Absolutely. And this whole area of nonclinical options and thinking about them could be a perceived roadblock such as I'm not supposed to be thinking about these things. It's sort of like a dirty secret or it's going to be frowned upon. So, I'm excited to have you back to dive into this topic.

HM: Great, well, thank you.

HF: I'd like to start with how you came up with this topic for the podcast because I think you have some relevance here.

HM: Yes, absolutely. I talk to students, both undergraduate pre-med students and medical students and residents reach out to me as well about nonclinical careers. One of the things that young people are often concerned about is sort of, "Is it okay for me to be thinking about this already and can I still be a doctor and see patients? If I want to explore nonclinical careers, can I leave the door open to multiple options at the same time? Will people kind of shut me down or is there a stigma? Is it okay for me to ask and network?"

Because so many students reach out to me and want to talk about that, I realize that the idea of thinking about it shouldn't be a roadblock and they shouldn't look at it as a stigma and should really explore what the options are. I've always thought that knowing as much as you can about your options is really empowering and it will really position you to be able to achieve whatever you want to achieve.

HF: Is this something that you've seen happen recently? Is it increasing? How long have you been working with students for?

HM: Well, I have been working with students for probably about 10 years, and I have seen it increase more and more probably as there's more awareness of nonclinical careers. But also what we've seen in medicine is that there is an expansion of different options for physicians.

For example, when we were in medical school, it was primarily patient care and basic science research with a little bit of clinical research thrown in there for some people. But now there are so many other things. There's a lot of healthcare communication, like what I work in with medical writing, where so many articles that you click on online are written or edited by physicians. Students see that and they wonder could that be me? Or policy. With the pandemic recently, of course, there's a lot of attention to how much physicians played a role in making policies and also availability and helping with getting things moving faster for people to have access to care.

Students are also more aware of problems with access to care and want to know if there's anything they can do to help that for patients. There's also EMR. That's another thing that didn't exist when I was a student and students want to know how can I somehow make that better? I think a big part of it is that students are seeing that if they're stuck in one area only, they might not be able to have an impact on other things that they want to do for their patients to make the whole entire picture better and more effective.

HF: That's interesting there. Were you thinking about problem solving back then? I have to admit, I don't think I was thinking about how to improve the system back then. I was just focusing on doing my work.

HM: Right. I don't think any of us were. We were more focused on doing well on the tests, getting good evaluations, getting the residency you need and getting all those steps. But students are just so much more aware and I think they really, in a sincere way, want to have a good impact. And it can be frustrating if they've shadowed a physician who's

writing an order for a test, for instance, that gets denied. Students want to know "How can I not be in that position? What can I do to change the system so that when I order a test it will be accepted and when I order a medication it will get done and it'll get done quickly?"

A big part of it is trying to see how they can make it better for patients and just ordering tests and wanting to give treatments, sometimes there are roadblocks there and young physicians in training don't want to have to face those roadblocks, don't want that delay in care for their patients.

HF: Well, that speaks so highly of these up and coming doctors. As you know on the podcast we talk a lot about and do physicians who are burned out, they're thinking about leaving medicine or when they look back they realize even in medical school this was not a good fit for them. Are you hearing from students who maybe are in some of these other categories?

HM: They're not there yet, so hopefully they won't be. They're not really burned out yet. I think students are still really enthusiastic and looking at how they can have a career that is beneficial for them and their lifestyle that they want to have, also beneficial for patients. Nobody wants to get in a position where they can't negotiate for what they want either.

I think they're looking at all of these different things and trying to see how can they position themselves so that they can know as much as possible and also get to what they want to get if they see something later that they want to do.

For example, when someone is still a pre-med student or a medical student or even a resident and they know that there are people who are in charge of things, they don't want to be left behind. They want to know "What can I do starting now to be in the situation or in the position that I want to be in?"

HF: And how they can have a seat at the table, have leadership abilities. In this conversation, even if it's not been your personal experience that med students have reached out who are feeling like this may not be the right fit for them, I'd like to include them in the conversation.

Let's say for example, there's a group of students and some of them are thinking about having a side gig or supplementing what they do clinically with a nonclinical role. And there may be some too who are really thinking "I don't know if I made the right decision." How do they start navigating finding out what would be a path to take and things that they can do even at this early stage?

HM: Yeah. Well, I think what I like to do is to think about things in categories rather than a list of a hundred nonclinical jobs, which I know I have lists like that on my website, but I think it's really better to back up a little bit and think about yourself and who you are and what your preferences are. A few different ways of looking at this. One is as you know when we were in medical school, we didn't have many of these nonclinical careers that exist now. There was no podcasts, there was no internet, so there was no medical writing, Epic and all these kinds of things didn't exist.

It's better instead of thinking about very specific positions to think more about categories. Are you more interested in policy and making big decisions for large groups of people or are you more interested in something that would be related to product development? For example, either devices or pharmaceuticals. Or are you more interested in communication, like what I do with medical writing and editing, or are you interested in teaching?

I think with that kind of thing, it's important to consider categories more and in terms of who you are, where your strengths are, what comfort level you have and what really makes you happy. And also things like, "Do you like to work remotely or do you like to work in person? Do you like to have the ability to continue to work when you're home?

Or do you like to have a job where you literally cannot work when you're home so you can completely have that wall between your work and your home life? And do you want to do it part-time along with clinical work or do you think you would want full-time?"

I think these are the questions that students have to ask themselves and then start networking, potentially even shadowing. Although I know sometimes shadowing can be difficult in remote work types of fields, but there can be ways to work it out. And start to do that to see both if you like it, but also to start building that network.

HF: I really love your idea of putting things in categories because when people are searching, they often think, "Well, what are my options?" But you need to back up a couple steps, like you said, and figure out who you are, what you gravitate towards, what kind of problems you'd like to solve, and really a lot about your personality.

Now you mentioned networking. Who can they talk to? You're obviously a very receptive person. Have you heard any of faculty or other individuals who may be here if you are having these conversations or hear of students asking questions who really don't feel it's that appropriate?

HM: Absolutely. I've definitely heard of other faculty who have wanted to shut it down. I've heard of faculty who have even kind of complained to me about students who might be asking about other things because there are many faculty who feel like this is how it is, this is how I learned it, and this is what I do.

But the reality is that the medical industry is changing so much. If you're about to retire, it's totally fine to think that way because you don't really need to make any adjustments and you've had a great and long career doing what you've done and you don't need to learn anything else. That's totally fine.

But if you're kind of mid-career or early career, you already kind of realize that you are going to have to be on top of learning new things and adapting your practice to new things.

Students absolutely have to look at what else is going to happen in medicine and to be in a position to prepare themselves to adapt. Yeah, I know that students have been shut down by bringing it up and yes, talk to, like, they're not taking it seriously if they're already thinking about other things, but they have to think about how are other things going to develop?

Even if you are purely clinical and in a subspecialty, there's a big chance that new procedures are going to come up in your field that do not exist now, and that your way of practice is going to be different before you retire. So, it's fine. If you're comfortable doing things the way you're doing and you have a lot of work doing that, that's great, but you might not be very interested or understanding of students who want to think more about their own longevity.

HF: How do you know who is okay to talk to?

HM: Good question. That's a really strong social skill. I think a big part of it is if you're in a setting where your attending or the professor has to teach you something that you need to learn, that's probably not the best time. If you're learning physical diagnosis for instance, you need to show them that you have achieved those milestones so they can feel comfortable that they've taught it to you.

That might not be the best time to do it, but if you're in a situation where you have a lot of downtime and you might be walking in a group together, or there's some in between downtime, that could be a good time to pick their brain. And then you see how they respond.

Some people might just say, “I don't know”, and that's probably going to be the most common answer. If the answer is “I don't know”, then that's fine, but you probably want to just keep on trying with different people. But really I would strongly encourage doing it during downtime because the faculty of a medical school want to make sure that they teach you and that you have absorbed what you need to learn so you can do well on your tests. And if you distract with other things about careers, then it seems almost like you don't want to learn it or it's just not the right time for that. So, timing is everything.

HF: I think that is important. Timing is crucial. Even when they're teaching you a procedure or something, that's not the time to say, “Hey, what about medical devices?”

HM: Exactly, right.

HF: Right. If you're worried about maybe backlash or even giving someone the wrong impression about you or being alienating, I know it's probably guesswork and intuition of “Is this professor okay to ask? Should I not ask this person any advice about that?”

HM: Well, one thing is yes, some of it is guesswork and intuition and kind of improving these skills of networking. And I think it's okay to make mistakes once in a while because they're not going to flunk you out of med school. If you talk to someone who really didn't like what you are talking about, say you talk to a surgeon about medical devices and they really don't want to talk about that. Some will be interested in this subject and may even have some advice to guide you, some will think you shouldn't have gone to med school if that's what you're interested in.

But realistically, if you're doing a good job and you're demonstrating your knowledge and you're showing that you are being responsible in the things that are expected of you, it's not going to really have a negative effect on your grades, your evaluations, your residency evaluations. It's not going to be a deal breaker. So I wouldn't worry too much about it.

HF: And there's this question in my mind, if students are exposed to nonclinical careers early on, is it more likely that they might end up leaving medicine? Whereas if they hadn't been, like we weren't, I never heard the word nonclinical until I left medicine. Just like I never heard burnout, I never heard wellness. I don't know about you, but they weren't three words in our vocabulary.

If they're exposed to these nonclinical options, is it more likely that they might end up leaving? Maybe the residency gets really hard and now they know there's this escape hatch that they could have?

HM: Yeah, I don't think so. I don't think that's a danger. I think a lot of, as you said with us, we hadn't heard about it and we still pursued it. I don't think exposure is a problem. If anything, I think exposure even through a workshop or just a half day or something like that would really be beneficial for helping students select their specialty and start gaining the experiences that they need. Maybe they'll use those experiences soon or maybe not until 10 years after training.

But I think it's beneficial and I don't think it hurts anybody in any way if students are exposed at an early stage. If anything it's not great for practicing physicians to be miserable. So, it's probably better for the people who aren't going to be satisfied with practicing to learn early.

Just like medical students who are going to end up being full-time bench researchers are exposed to that early on and nobody thinks there's any problem with that. And then they can really put their efforts into being that very highly qualified person who's going to get the awesome grants. It's good for everybody.

HF: I love those points that you are making because it makes me think of the whole abstinence and sex ed conversation or debate. Nonclinical education. I think it would be a really interesting controlled study where you had a group of medical students at one

institution where they were exposed to nonclinical options in a formal way and then compared it to a control where they weren't and then followed them long term.

Because I'm thinking from what I'm seeing is that earlier can be better because if you're able to diversify what you do, so it's not all in the patient room unless that's what you want, it can really increase with sustainability, longevity of the careers, satisfaction, all these other things.

I think if we even just start early on creating this picture of a doctor, it's not just in a white coat in an exam room, then it normalizes it. And I think then people who really don't feel that they're a good fit for clinical practice, they can feel okay that I'm not doing this terrible, bad, awful thing. And the diversification and the strengthening really of your platform can happen much earlier in the career.

HM: Oh yeah, absolutely. I have heard of practicing clinicians where the hospital system kind of has a rotating schedule of physicians who might do a half day, once a month or something of doing utilization review for the hospital. Reviewing the charts, making sure that the things that are being ordered are appropriate and that patients aren't having an excessively long length of stay.

Even if you wanted to do something that little in terms of time commitment, having that exposure and being that person makes you more efficient when you are seeing patients because then you know what are those red flags, that are going to get rejected and denied and you know how to be more efficient when you're taking care of your own patients. So, I think just being aware of those opportunities and potentially how to blend it with your patient care can actually make your patient care more effective.

HF: Excellent. I love that. It's really integrating what has become healthcare.

HM: Right.

HF: The part in the patient room has become such a small piece of it, unfortunately. I want to take a short break here to share some resources and then we'll be right back.
Hello my dear listeners, I wanted to tell you about an exciting development. We have updated our resume kit. This is a kit that helps you convert your CV to a resume. Before it was a PDF with some templates and a cover letter bonus. Now we upscaled it so there are videos you can watch. We added a template that is good for residents or people who haven't finished a residency to use. There are also some examples of a basic resume for a physician who's thinking about a nonclinical transition or something different.

And then we have an enhanced version to show you how by doing a couple different things, this physician is able to become a much stronger candidate. I love this resume kit and if you're interested in it, you can find it at the Doctor's Crossing website, go to the products tab at the top and then you can find out some more information. I'll also put a link in the show notes. Again, that's the Doctors Crossing website. Go to the products tab at the top and find out more about the Carpe Diem resume kit.

All right, now we are back with our lovely guest, Dr. Heidi Moawad. We're talking about learning more about nonclinical options early on, medical students and residents and anyone else.

Let's talk a little more practically Heidi, about, let's take a medical student or a resident who wants to explore something. Maybe it's even working in informatics with the EMR. What are some things that he or she might be able to do to see what's possible?

HM: Yeah, there's a lot of things and I think that it's important to potentially talk to people within their medical school because that's a great resource and the people potentially in the dean of students office or whoever's giving recommendations for residency, they may already have connections because of alumni who are working in these areas and they can help facilitate those connections. That's a good way to start.

Another thing is to look at the websites of companies that you might be interested in to see if they do have any physicians there. Because if they don't, then it's probably not going to be the type of work that a student is going to learn from. It might be completely in a different direction.

Now, when a student does find out about a physician who is working in the area that they want to work in or hopefully multiple physicians, I think it's a really good idea to kind of look at their career path. A lot of professionals will have their career history or their job history on LinkedIn, and students can learn a lot from looking at that. They can see then did that person have a huge level of experience that I do or do not want to work through to get to that point?

And it can really help put these different positions into perspective and understand what it takes to get there. And really, this is a big thing. If you see that what it took to get there it's something completely unappealing to you, just don't do it and that's not the right path for you.

That's a good way to see if you are eventually going to get there. If you're a student still, you can do anything to get to where you want to be. You can work through these different levels or different experiences, but if you don't want to, then it's not right.

HF: That is a fantastic suggestion about looking on LinkedIn and looking at people's career progression. I also want to mention about the informational interviews you can do. You can be a medical student, you can reach out to an attending and see if they'll talk to you. I just explored this topic on podcast number 135 on how to do informational interviews. And I have students reach out to me on LinkedIn and ask questions, and one of them was doing a talk on nonclinical options. And so, it's fine to reach out and if someone says no or ignores you, that's totally fine. As we've talked about, just keep reaching out.

HM: Right. That's very helpful.

HF: Let's say we have a student who is really thinking, "Oh my gosh, I did this for the wrong reasons and now I'm really nervous." They may feel really ashamed and afraid to talk to someone. How do they approach these feelings?

HM: Yeah, that's a great question because I think a student at that moment might feel very stressed out, but when you hear people talking about their career over 20, 25 years, most people have had a few twists and turns and missteps and mistakes. It's much easier to put it in perspective when it's a little blip in the long history. But when you're right in the middle of a very short career history, still a student, then it seems so much bigger than it is.

I think one of the ways to think about it would be think about yourself in 20, 25 years and will this really be that big of a deal? It'll be a blip, it'll be a learning experience. And yeah, you can't really just pop out of it into directly where you want to be. There's going to be some application process. There might be some entry tests they have to take. There's probably going to be some rejections, there's probably going to be some attempts at networking that will fail.

I would say just know that that's going to happen. And it's not a reflection of you, it's just the process of switching from one thing to another will require some work and it will require rejection. Rejection is not a reflection of you at all. It's very, very weird to be accepted to everything you want to try to do. That probably means you're aiming kind of low. So, just prepare yourself for that path and it's not a negative thing. And remember that you'll probably give a great talk in 25 years about it.

HF: Right. Exactly.

HM: I always think about that with young people. Any kind of negative thing that qualifies you to be more empathetic one day and it is miserable when you're in the middle of it,

but you'll come out the other side and you'll be really grateful for all these experiences. But just don't be afraid of the blocks, the rejections, the ghosting that's going to come on the path to where you want to be.

HF: Those are really powerful words because until you admit the truth, you can't move forward. And the sooner you do it, you can find out really what the truth is when you speak it out loud, then you can sort of start to make your peace with it. And I'm just thinking about Alec Jacobson who was the pathology resident on the podcast recently. And he told his folks in med school that he wanted to quit and then he went on, he did really well and then he's the fourth year resident and he is just finishing now and he's going into medical communications.

I think it could have been a different experience for him if he had been able to really own the truth. Because it doesn't mean you're necessarily going to leave. You might want to continue, you might want to finish a certain chapter, but there's so much less anxiety when you're in alignment with how you're really feeling and thinking, because this is when panic attacks come on. I keep hearing this. When people can't own the truth of themselves, the panic attacks come.

And how different would your experience be say you want to finish medical school? If you can do it just like, "Okay, I want to complete this. It's not where I'm going to stay, but this is going to be useful for me and I can be free and empowered by this truth."

HM: Right. Another thing I would say is to talk to someone at your medical school. I know it seems kind of like, "Oh, but they won't like me and they're going to kick me out." If you go and talk to someone who's a trusted like dean of students or whatever the student kind of advocacy is in your own medical school, be aware that you are not the first person who has gone to them and said "I'm scared or I'm confused, or I'm miserable, or I want to drop out."

And the good thing about this is you don't know who else has gone to talk to them because they're not putting it on a billboard somewhere or sending out a memo.

HF: True, true. Hey, guess what?

HM: Exactly. You don't know who else they've talked to. And so don't worry, nobody's going to know that you talked to them. But if they're experienced enough and most people who get into these positions have a good deal of experience, they'll ask you what is it exactly that is upsetting you or making you feel like you made the wrong decision or scaring you or providing you with anxiety? And they will help you figure out. If you're just afraid of failing an exam, for example. But if you think once you get past exams, you want to be a doctor, then that's a very different problem than you're terrified of patients.

HF: You never wanted to do that in the first place.

HM: Yeah, I use extreme examples here, but if they can ask you the right questions to help you understand why you're feeling the way you're feeling, then it's really good to talk to someone who has that type of experience. Because you shouldn't be sitting there living in a tunnel with yourself. That's going to just make things worse and make the thoughts just overwhelm you. So please get it out, talk to someone at your school. You are not the only one. Your classmates are not all perfect. And the people who are in place to guide students at your school are not monsters. And so, they will compassionately help you work through this.

HF: Right. And if you hear "Well, it's just going to get better, everybody feels that way" you might want to find someone else to talk to. Yeah, it depends, but just make sure you feel like you've been listened to. But those are great words of advice and it's been a really wonderful conversation. Heidi, what would you like to let the listeners know about you?

HM: Oh, thank you, Heather. I was a medical student kind of always thinking, and many, many years ago I was a medical student. But I always kind of thought I would want to do something related to patient communication. So, it didn't form yet, though. It didn't exist.

And so, the biggest takeaway for me is that I had this kind of vague notion of my strengths and what I'd like to do, but as medicine evolved, I found my place in it. So, that's the main thing. And I wrote my book because I felt very comfortable exploring that and talking about it.

And I made my website and I really, really enjoy what I'm doing and that's what I want for everybody. Listeners or anybody who visits my website, what I really like for them is to very much enjoy what they're doing and to feel that it's productive and that it's helping people.

HF: I think that's great. Do you want to mention your book and then the website and I'll link to it?

HM: Sure, sure. That's very kind of you. The book is Careers Beyond Clinical Medicine. It's available on Amazon, Barnes & Noble, many medical school bookstores as well. And the website is nonclinicaldoctors.com. Lots of information on there with many links.

And I also like to say there are many other websites out there, so I think students should just explore and look at all the variety, because there's very different angles we all take on this. And so, whatever resonates with them, wherever they find that they're finding the right information and the right tone and the right kind of attitude that they're looking for, that's where they should keep exploring.

HF: Excellent. I love that. Well, thank you again, Heidi. It's been wonderful to have you back on the podcast.

HM: Thank you. It's always a pleasure to talk to you and I love listening to your podcast too. Thanks.

HF: Oh, thank you Heidi. I really appreciate it. My dear listeners, thank you for being here. I love having you and creating content for you. If there's any specific topics you want us to cover, please email us at team@doctorscrossing.com and 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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