



EPISODE 155 Top Reasons Why You May Not Be Getting Nonclinical Job Interviews - Part 2

With Dr. Heather Fork

SEE THE SHOW NOTES AT: www.doctorscrossing.com/episode155

[0:0:00]

HF: “Things have changed a lot and it's becoming more and more expected that physicians will have a LinkedIn profile, and it's a great enhancement to your resume or CV.”

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.

Hi there and welcome back to the Doctor's Crossing Carpe Diem podcast. I'm your host Heather Fork, and you're listening to episode number 155. Today I'm doing the second part of a two-part series on the top reasons why you may not be getting nonclinical job interviews.

If you missed last week's episode, you may want to listen to it first. I discussed eight different factors that can influence whether or not you are offered interviews that I won't be covering today.

www.doctorscrossing.com/episode155



While we're on the topic of interviewing, I wanted to just put a word out for the value of preparing ahead of time for interviews. Sometimes we can be so focused on applying for jobs and putting all our energy there that we neglect to do interview prep and then bam, a recruiter reaches out and may even call us and catch us off guard and want to have a conversation right then and we're scrambling.

And truth be told, interview prep takes time and a lot of it can be done in advance even before you know the job you're going to apply for. One of the reasons is that a lot of these questions that are asked are predictable. For example, tell me about yourself. Why do you want to leave? Why are you interested in this job? Tell me a little bit about your five year goals. What are your salary expectations? And we can really prepare for a lot of these questions without even knowing the specific job.

I usually recommend doing at least 50% of the interview prep in advance. And that way when you actually have the job that you're going to be applying for, you can then customize the questions that you're answering and your responses. And when you do get that interview, you're much more confident because you've done all this prep and you can do the refinement at the end instead of trying to do everything.

On my website, I have a freebie that you can download on 10 tips to rock your interviews. I'll put a link in the show notes for this freebie, but you can also go to the Doctor's Crossing website. If you go to the freebie tab at the top of the page, scroll down, you'll see the document on interviews.

While you're on the freebie site, if you want, there's also a free checklist that you can use to go over before you're submitting your CV or resume for a job. You'll find the resume and CV checklist as well under the freebie tab.

Last week the factors that I reviewed regarding why you might not be getting interviews had to do with state of the economy, timing of your application, the overall level of

competition, your specialty, how well your experience and background match the job, whether or not your resume is customized for the job, the applicant tracking system, and how you are using your network.

As you can see, this is a rather complex topic to figure out if you're not getting interviews, what are the reasons. It can be incredibly discouraging and we don't want you to give up too soon, but we also don't want you to be wasting a lot of time and potential opportunities for other kinds of jobs if it's really not going to work out for you. Today I am going to be discussing eight additional factors. All right, starting with number one for this episode, age. Yes, there is ageism. Age can be a factor, but what I often see is that physicians think they're too old when they're actually often in their prime for certain jobs. We discount the value and the wisdom that we bring to the table.

I remember speaking with a physician, we were on Zoom and looking at his LinkedIn together. I said, "How come you don't have your profile picture up?" And he told me, "I don't want recruiters to see my gray hair." He was actually in his late forties and he had salt and pepper hair. It looked fine, but that's really not the important point. The important point is that he was at a great age. He was already selling himself short for no reason.

I've seen lots of physicians who are "seasoned" physicians get hired. When you're in your forties or fifties, even in your sixties, you can bring a lot of value to a job. You're also not in the midst usually of raising young children. You have more flexibility. There are a lot of advantages to age.

Now that being said, there are some companies we might think of these startup companies or certain tech companies that want younger individuals. They're looking for people in their thirties. Okay, so if we are 59, they might not want us. That's not something personal against us, it's just we're not fitting who they're looking for.



Conversely, if a company is looking for a certain type of leader, a CEO, a chief medical officer, they're typically not going to pick someone who's right out of training. I bet physicians who are in certain nonclinical jobs tell me, "Oh, we have a 70 some year old on our team", or I've even heard an 80 year old the other day. Now who knows when they actually joined the company, but it's just showing you can be viable and contribute well after the classic retirement age.

If you think age is a factor in the jobs that you're applying for, it's best to ask the people who are most closely associated with this type of work or in this company or department.

Factor number two is licensure. There are going to definitely be some jobs in the nonclinical realm that require a medical license that's active. This is often in utilization management when you're reviewing other physicians' requests and clinical work. There are also jobs where a license may be required at a certain level of the job but not other entry points.

For example, in drug safety in the pharmaceutical industry, at one level you are required to have a license. At another entry point into drug safety, you don't even need to have done a residency in the United States. So, you don't need an active medical license.

The job description should tell you whether licensure is required and they often may mention a state that's desired or a number of states. If a company is looking for a particular state license, obviously if you have that state, it's going to give you a big advantage. If you don't have it that may just rule you out right there.

Sometimes companies will post a job for a particular state, but they actually are looking for medical directors in different states or they might in a month or in a couple months. So, don't necessarily rule out that company or that job. It just may be a time factor or they perhaps didn't post all of the states that they're looking for.



Depending on the job, there can be advantages to having licensure in more than one state. This is particularly true in the area of utilization management, working in health insurance for benefit management companies, life insurance companies, some physicians will get the interstate medical licensure compact so they can more easily become licensed in a lot of states.

One thing you can also do on your cover letter when you're applying, if it seems like the company wants additional licenses, you can say that you're willing and able to acquire additional licenses if that's true for you.

There are also a lot of jobs that don't require a medical license or don't require an active one. So, don't be discouraged if that is your situation and it can really vary as I mentioned, within the sector. For example, in medical writing, there are some jobs that require a MD license, but then a lot of them do not because the majority of medical writers are not physicians. It's just a question of finding the right fit for whatever your situation is.

Factor number three, your geography and location. If you're going to be working in a job that's on site, this is a huge factor. As I mentioned in the previous episode, one of my clients got a job that required him to relocate to a different state. I know a lot of you might not be able to do that or you prefer a job where you're going to be able to work remotely. You might want to consider if there's a job that you really want to get, would you be willing to relocate?

Sometimes I've seen situations where a physician will go out of state for the training part and then come back home, work remotely and go back periodically to the company headquarters. That's not a super common scenario, but I've seen that happen.

One thing we don't necessarily even think about doing is really looking and seeing what companies are in our geographic region. Who knows? There might be a contract



researcher organization down the street from you but you're not really familiar with the name of the company and what they do. It never hurts to do a job search where you're searching in your area for jobs because you might see something that you weren't even thinking of doing that happens to be local and you have a big home advantage by being right there where the company is located.

One of my clients wanted to work at this big company that was inner city and she knew she just wanted to work there. And it took her, I think about two years. She applied to a few positions which she didn't get, but then she ultimately landed a job at this company in her town and she's been there now for a good number of years, is very happy there, but she had to be patient.

I have some physicians who work for the FDA and typically those jobs have required that you be in the area and work on site. With COVID and also with the need for them to hire more and more physicians, they've been loosening some of those requirements and that's very department specific.

One of my clients recently got a job at the FDA and she's nearby, but she's not in Washington DC and so she goes in periodically, but she doesn't need to be there every day. That's something to consider too. You can inquire if a certain department in the FDA is entertaining remote positions.

All right, going on to number four, which is your cover letter. It's important to customize your cover letter and make it specific for that job. Now, unless they say don't submit a cover letter, it's always good to add one in if you're able to attach it.

Why is this? Well, a couple reasons. One is you can show how good your writing skills are. You can also highlight things that you weren't able to mention as well in the resume. For example, if there was a gap or you're more of a non-traditional candidate, you can explain this. You can also mention if you know someone in the company how you heard



about the job. There might be something about the mission of the company that really appeals to you and it's a great chance to also show how you really understand who they're looking for and you're able to describe why you're a great fit.

A cover letter takes time to write, but it can definitely make a recruiter want to reach out and speak with you. One thing to make sure of is I know often you may be applying to a lot of different companies, you're using a template that you customize and then I've seen physicians forget to change the name of the company so they send it to company A with company B's name on the cover letter. You don't really want to do that, but I've seen it happen and it not be a deal breaker, so don't beat yourself up if you find out that happened.

I'll just mention here that in the Carpe Diem resume kit that I have, there is a bonus section on writing your cover letter and I have three different examples of cover letters for certain industries and I have two different templates that you can use in terms of the style of the cover letter. And in this resume kit, as I mentioned in the last episode, there are templates for your resume and it walks you through how to customize each section of the resume to match the job description.

There are examples of resumes for a physician who is just applying with basic experience from clinical practice and then examples of how that same physician can do a number of things and then have an enhanced resume.

If you're interested in finding more out about the resume kit, you can go to the doctorcrossing.com website, go to the products tab at the top of the page and you'll get more information about the resume kit. I'll also link to it in the show notes.

All right, going on to factor number five, which is your online presence. This is something that I know when I was in practice, we didn't even think about, like we didn't have websites. I know that makes me sound really old, but websites for practices were just



starting around then. And LinkedIn. When I started practice, LinkedIn hadn't even been started.

But things have changed a lot and it's becoming more and more expected that physicians will have a LinkedIn profile. And it's a great enhancement to your resume or CV. You can put a link to your LinkedIn profile right at the top of your resume and what this does is when the recruiter sees your resume, he or she can go and see your picture and get a much more engaging impression of you. There you are smiling, they can see what banner photo you put up, they read your "About section", and then they have a really good idea of how you speak, what your history is that you can't include on your resume and it's definitely value added.

They also know that you're keeping up with the times and you understand the value of social media. They might also see something on your profile that they have in common with you. Perhaps you're from the same town or you went to the same college, you connect with the same influencer on LinkedIn. People love to see things in common with someone else.

One of my clients had in her headline that she was an aspiring baker and the recruiter was also into baking and that's what she commented on when she reached out to her. It wasn't her specialty or anything else, it was the fact that she had something personal on her LinkedIn profile.

In the past episode, I talked a bit about how networking is so valuable for finding insight connections in companies and LinkedIn is one of the top ways to do this type of networking.

One of my clients recently connected with people that she went to medical school with that she hadn't spoken with in a long time, and she was seeking help for getting a nonclinical job. And these people that literally she hadn't talked to in years and years



messed her right away, were so generous in reaching out and speaking with her and being willing to help her. She was really floored.

Never underestimate the power of people, people to help you. And I see this too with connections people make on LinkedIn with perfect strangers. As doctors we like to give and we like to pay it forward and give back when people have helped us. And I see this a lot with physicians who have transitioned, they're very willing to speak with other doctors because they had that help themselves.

If you're hesitant about networking or you don't know what to say to people in your messages or even how to send messages, you can learn this in my LinkedIn for Physicians course and I'll link to that in the show notes. You can also find it on the doctorscrossing.com website under the products tab. It gives you scripts that you can use and customize. It talks to you about how you can send InMail messages on LinkedIn if you're not connected with someone. There are many ways to network when you feel like you're one of these people who just don't have a lot of connections. Don't worry, you can find them, you can build them.

Going on to factor number six. You may be overqualified or underqualified for the job. Duh? I know this sounds really obvious, but a couple things to think about here. If you're overqualified, let's say for example you did a partial residency or you're an MD graduate, sometimes you may be applying for nonclinical jobs that they don't traditionally hire a doctor for. They might be looking for someone with a science background or medical background, but not an MD.

And so when you apply, they feel like you're going to be expecting a salary that's out of their range or you're going to get bored or after six months you're going to be moving on. This is where writing a cover letter, explaining your situation, finding someone that you can connect with inside the company to explain your situation, all of these things



can be very helpful when you're a less traditional candidate and you can appear as overqualified for the job.

Being underqualified is something we talked about where your background and experience aren't really matching the job, so it just may be that this job is too high level for you. It may be that you need to get some certain type of experience, training or certification to do it. Or it could be that you haven't been able to really capture and articulate on your resume and in your cover letter why you are qualified. This is sort of a big area to look at and it can be helpful to get some insider help in examining your situation.

Going on to factor number seven, frequent job changes and gaps on your resume. When I say resume, it can be interchangeable with CV. I just use resume because it's more typically what we're using in nonclinical jobs. Sometimes I see physicians' CVs or resumes where they've had a lot of job changes. Perhaps every year, every two years they've been changing jobs and that might be for three or four different ones or even more.

And this is often a red flag to recruiters. It may not mean there's anything wrong. It could be that you moved because your partner got a job or they were in the military or you had to go move back home to take care of your parents. It could be that certain jobs just didn't work out.

There are ways when you write your resume sometimes that you can minimize some of those gaps. For example, if you've done a lot of locums, you can put that under one heading instead of having multiple headings. There might be a job that could be just left out. There might be some positions that overlap and you don't need to include every single one because it's looking a little bit too cluttered.

If there's a big gap, for example, you're out raising children or you had a medical condition that you were out for a while, it can be helpful to have a one line entry or so on your resume and it could say "Medical leave", it could say "CEO of household raising children, caring for elderly parents." But it's good if the gap is more than three months or so to have some type of explanation and you don't have to go into big detail, but just to account for that time.

Number eight is salary expectations. Often on applications, they ask you what your salary expectations are and we don't want to be too high or too low. You can usually find out what the general salary range is by connecting with physicians who are already in these jobs. More and more they're putting the actual range on job descriptions, which I think is a really good thing.

Job searches can tell you, but the people who are going to obviously give you the most accurate information are those who are doing the jobs.

It is important to answer this question and not leave it blank on an application. Nonclinical salaries are different obviously for each job. There is a range from the low hundreds to \$330,000-ish for entry-level jobs, but there is a lot of variation and it can depend on the specialty that you have and other factors. But please try to find out a reasonable range and don't undercut yourself when you're putting this value on the application.

We've covered a lot of reasons both in the earlier episode last week and this week about why you may not be getting job interviews. This is a rather complex topic and if you're in this situation where it's not working for you, you've applied for a lot of jobs, you've gotten some mentorship to get into that job and it's just not working.

There's some things to look at here. One is that you may be the wrong entry point for you in the job. If you're trying to get into pharma, for example, a drug safety job, you



might need to try something different such as a principal investigator or a medical science liaison, a different entry point. We may need to open up what we're considering.

So, take a look at the jobs you're applying for and seeing if there's maybe a different level that you can enter in, a different job title, a different area where those skills that you're wanting to use could be used in perhaps even a different industry or area. It could also be that this is just not the right sector for you.

As I mentioned in the last podcast, there was a physician who was trying for pharma and then sort of as a fluke, she applied to something in UM, got the job and is super happy there and that ended up being the right direction for her.

If you're not having success, it doesn't mean to just stop and give up, but it could be at some point time to consider, "If not this maybe something else." I've had physicians who've been trying to get into nonclinical careers and then they found a clinical job that actually worked much better than what they were doing, so they decided to do that instead and then potentially consider a nonclinical transition later on. I've seen that happen a number of times and work really well.

There's this quote by Helen Keller that comes to mind and it went something like this. "Don't look too long at the door that closed, because you may not see the door that's opening." We can ask ourselves, "Are we knocking too hard on this door? Is that really not the right door? Is there another one for us?"

No matter where you are in this process, I really hope that you have a lot of success in finding the right place for you and that that door opens up. Thank you so much for listening. Don't forget to carpe that diem and I'll see you in the next episode. Bye for now.



You've been listening to the Doctor's Crossing Carpe Diem podcast. If you've enjoyed what you've heard, I'd love it if you'd take a moment to rate and review this podcast and hit the subscribe button below so you don't miss an episode. If you'd like some additional resources, head on over to my website at doctorscrossing.com and check out the free resources tab. You can also go to doctorscrossing.com/free-resources. And if you want to find more podcast episodes, you can also find them on the website under the podcast tab. And I hope to see you back in the next episode. Bye for now.

[00:26:05]

Podcast details

END OF TRANSCRIPT