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

TRANSCRIPT

EPISODE 172 The CDC - Diverse Opportunities With Or Without A Medical License

With guest Dr. Nick Agathis

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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.

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 172. I love getting to do a podcast on a topic we have not yet covered. And today we are talking about working at the CDC, the Centers for Disease Control.

Our expert guest, Dr. Nicholas Agathis, is a pediatrician and epidemiologist who had an interest early on in global health, which led him to pursue a path into doing a

preventative medicine residency after his pediatrics training. And then a fellowship with the EIS program at the CDC. EIS stands for Epidemic Intelligence Service. All of this training resulted in his landing the position of medical officer at the CDC in Atlanta, Georgia.

Dr. Agathis will be sharing with us this journey into working for the CDC and a lot of details about this career area for physicians. I would like to add that while we are focusing on jobs for physicians with a medical license, there are many opportunities at the CDC for those who did not finish a residency or even do medical school. It is my distinct honor and pleasure to welcome Dr. Nicholas Agathis to the podcast. Hi Nick. Welcome.

NA: Hi, Heather. Thanks for having me. It is a pleasure to be here.

HF: I have to say, and this is a little plug for LinkedIn, that I was looking for someone who worked at the CDC to come on the podcast, and I found you pretty quickly. And I remember someone else who told me they tried to source people to speak at their conference on LinkedIn, and they always find pediatricians because they're like, "Oh, pediatricians, they're nice people. They'll often say yes." And you said yes right away. I just want to thank you so much for saying yes to a perfect stranger to come and take time out of your busy day to help other physicians.

NA: My pleasure, Heather. I had seen some of your podcast episodes in the past and really enjoyed them, so I thought it would've been a pleasure to meet you and talk to you about my experience.

HF: Well, thank you. Your story looked very interesting too to me, just looking at your LinkedIn profile, because it seemed like very early on you had this interest in global health and for me, looking at the connecting the dots, it all seemed very clear you did this and this and this. And maybe you were five years old and you knew you wanted to

do this, but I'd like to have you tell us actually how the story went and where this interest began.

NA: Sure. Thanks, Heather. Yeah, I think when I tell people my story does seem very seamless, from point A to point B to point C, but there were a lot of forks in the road, a lot of doors closing and opening. So, in the moment it definitely didn't feel that way, but in retrospect, it definitely felt like I was very intentional and purposeful in every decision I made in my career.
I'm from New Jersey. Went to college in Pennsylvania, then went to medical school at NYU in New York City. Early on in my medical training, I really developed an interest in public health and thinking about population health and having an impact, helping many people improve the health of many people, both here in the United States and globally. So, I pursued a five year medical degree and a master's in public health program at NYU. I got my master's in public health and global health leadership while I was at NYU.

And then after my master's, I really debated about what I wanted to do clinically, what postgraduate training I wanted to do. I always loved taking care of children during medical school. I'm the oldest of six kids, so I always had that feeling of wanting to take care of young kids. Pediatrics seemed like a great fit and also a great way to kind of combine my interest, both in clinical medicine and public health.

I looked into residency programs and I ended up joining the program at Baylor Texas Children's in Houston, Texas. I ended up doing a four year program there. It's one more unique program I think offered in the country. You do three years of pediatric residency training like you do anywhere else in Houston, but you also have the opportunity to do a year of medical training abroad.

Baylor has its own nonprofit called the Baylor International Pediatric AIDS Initiative. Basically, they opened up pediatric HIV clinics in the early 2000s in the beginning of the HIV pandemic, focused on helping children and their families who were suffering from

HIV and aids. I had the opportunity to go work in one of the sites in Lesotho as a medical officer for a full year. Lesotho is a small, little landlocked country in Southern Africa. Beautiful country, but one of the highest HIV prevalences in the world. I worked there for a year as a medical officer, did some public health work when I was there.

That instilled my interest in public health even more so after residency of pediatrics, as you mentioned, I did a year of preventive medicine training at Rutgers in New Jersey to strengthen some of those skills in epidemiology, public health, preventive medicine, quality improvement, et cetera. And then I applied to the CDC Epidemic Intelligence Service Fellowship program. I've been at CDC for almost four years now.

HF: Wow. Okay. It's so fascinating. And you'd mentioned earlier that there were some doors opening, doors closing. What was the door that closed to you?

NA: Sometimes it was doors closing, like opportunities going away, or sometimes it was door closing in a sense of I could reconcile my different interests. So, for example, before my master's, I was really debating about potentially doing a general surgery residency and pursuing a pediatric cardiac surgery fellowship. I was really interested in congenital cardiac surgery and just pediatric cardiology and the pathology is really fascinating.

And after my master's, I realized while people are doing great work globally in cardiac surgery, I wasn't sure if it was the right fit for me to pursue both public health and cardiac surgery. That was an example of a door closing where I had this interest in public health and I felt like there were probably other specialties that could better reconcile that interest.

HF: Oh, okay. Well thank you for that. I'm curious, was there anything in your childhood that helped determine this interest or really sparked this interest globally?

NA: Not specific. I didn't have a Eureka moment like most people do. I always had this desire that grew from a younger age, high school, college to want to help children. And then from there, helping children who are underserved. Because the reality is early on you realize that children in low and middle income countries are dying of things that kids for the most part are not dying in the United States and trying to help reduce their mortality and improve their health globally. The idea that children everywhere should have the right to optimal health. That's always been my philosophy and that's kind of what led me to this path.

HF: Love that. And when you were speaking, it reminded me of in medical school when I went to Africa, and I did some dermatology and they didn't even have cortisone. And they're trying to treat a lot of these conditions, which as you mentioned, we're also affecting children like eczema, variety eczema and things that got very severe. And that would've really benefited from some simple treatments that we have here. I was also interested in global health too. I find it fascinating and I didn't go in that direction, but it intrigues me, people who get that interest early on.

You did all this training and part of that was this EIS fellowship, the Epidemic Intelligence Service fellowship. We hear about it, but I think it's a bit of a black box exactly, what this is and who is eligible for it. Can you give us some information about it, Nick?

NA: Sure, absolutely, Heather. I don't believe there are many better opportunities that can prepare scientists and clinicians for a public health career like the EIS program. EIS again is the Epidemic Intelligence Service Program. It's run by CDC. It's a two year program that focuses on applied epidemiology and public service.

When EIS started in the 50s, it was mostly clinicians but now it really has expanded to accepting clinicians, physicians, dentists, nurses, scientists with all of all different specializations. Of course, people with PhDs in epidemiology, but also people with PhDs in health policy, economics really, really runs the gamut because there's so many

different needs. Public health is so multidisciplinary that really most people with different backgrounds could really play a great role at CDC and the EIS program.

EIS officers basically serve on the front lines of public health. We protect the American and the global community, while trading under the guidance of seasoned mentors. We are at the front lines for any disease outbreak or public health emergency. We investigate, identify causes of public health problems, and try to rapidly implement these control measures to mitigate the public health issues. And we collect evidence again to recommend preventive actions.

At the end of the day, we're at the front lines. It's a great two year opportunity to learn more about applied epidemiology, gaining those skills, but also doing it through the context of public service serving both the American people, and also the global community and overcoming a lot of public health issues.

When I joined EIS, I joined it with the CDC's division of Violence Prevention, where I worked on a really fantastic opportunity. They're known as the Global Violence Against Children Youth Surveys or VACS. These are nationally representative surveys that CDC helps implement. They support countries implementing these surveys. And the role of these surveys is to really understand the prevalence of violence that children are experiencing in other countries, and also risk factors, protective factors associated with violence and also potentially outcomes and consequences of this violence. It really has revolutionized our understanding of global childhood violence. And really it's helped many countries respond to childhood violence and improve their policies and practice of childhood violence prevention and mitigation.

In addition to that, because I joined right in the middle of the COVID pandemic, I joined EIS in the summer of 2020, I also had a lot of opportunities to work on the COVID19 response as a medical officer and as an epidemiologist.

HF: It sounds like a really dynamic fellowship and that there's probably also different directions you can take in terms of what your projects are and the areas where you're focusing on. Is that true?

NA: Yes. I think that's really the amazing part about CDC. After I got into the EIS program, when you interview for different positions, both at CDC, but you can also work at local or state health departments. CDC funds us to work there too. I felt like a kid in a candy shop with all these different opportunities. Whether you want to do global health, communicable diseases, or non-communicable diseases, there's really a great amount of opportunities where you want to work. And then the different types of projects really vary.

The nice thing about EIS is there is a curriculum and there is an expectation that you fulfill specific competencies or what we call CALS. Everyone has to evaluate a surveillance system. Everyone has to write up at least one manuscript, a public health report, and we all have to do at least one communication exercise, communication activity. Whether it's a presentation or a poster or presentation at a conference. It's nice because it has that variety where you can pretty much work on any type of projects you want, but also those minimum requirements.

HF: If someone doesn't really like statistics or they felt like they weren't very good at it in college, would that be a deal breaker for something like this?

NA: Well, I will say that to work at EIS and public health, you have to have a minimal understanding of statistics and epidemiology, like understanding how to calculate odd ratios and things like that. Like I was mentioning, our EIS class is so multi-disciplinary. We have PhDs and epidemiology who are the ones who are going to do the really, really complicated analyses where medical officers like me, the understanding expectation is that we can do basic analyses and basic epidemiology, but everybody has their own skill set that they leverage when they're at CDC and also build their own skill set in other

areas like epidemiology. The short answer is you need to have a little bit of basic understanding of statistics epidemiology, but really you don't need to have a PhD to be a successful officer in CDC.

HF: Yes. That's good to know. It certainly wasn't my favorite course. I'm curious, Nick, if you could tell us a little bit what your day-to-day work is like at the CDC?

NA: Sure. After EIS, the two year program, after I finished the fellowship, I had to find a job at CDC. I was able to find an opportunity in the CDCs division of Global HIV and TB in their maternal child health branch. In this opportunity, I've been able to leverage both my clinical and public health skills and experience to help children, specifically those affected by HIV TB globally.
CDC is one of the implementing agencies for the US President's emergency plan for age relief or PEPFAR. People have probably seen PEPFAR on the news recently, but it is a great program that has helped save millions of lives of those living with HIV.

And as a medical officer on the pediatric adolescent team in the maternal child health branch, my main role is to be a technical advisor for countries implementing the HIV programs. I review country and global data to help identify gaps in the diagnosis of treatment of adolescents living with HIV. I compile and share best practices with countries and programs to improve the services they deliver.

In my day-to-day, I have two main roles that I think about. One is I support some specific countries in their general approach to how they care and manage children with HIV, how they find them and diagnose them, how they get them on treatment, and how they make sure these kids do well in treatment.

And then the other role is I have a very specific expertise and act as an expert in a specific area. In my area it's pediatric TB HIV and advanced HIV disease. And this includes pediatric mortality. I've been able to build a portfolio of projects around this

area as well. Again, reviewing data, I often communicate with country teams. I go to countries to review their programs. So, it's a mix of reviewing data and communications.

HF: Do you have a lot of meetings that you're attending?

NA: Yeah, there's a lot of meetings. I have individual meetings with country teams. We sometimes have meetings with multiple countries, especially when we have learning visits or learning calls. Because sometimes one country is doing a great job in one area and we want to make sure that best practice is shared with other countries. We also work with other agencies. CDC is not the only implementing agency for PEPFAR. We have USAID, the Department of Defense. We often work, and our state department colleagues, we often work as an interagency group to help improve outcomes for children in these countries.

HF: It sounds like a fascinating job, and I think you're there locally and you can sometimes work on site, on campus, and sometimes you work remotely. Is that true?

NA: For the most part, every position is different. Some positions are teleworking where they go in, they do a hybrid situation where they go into a couple days a week or one day a week, and they work from home the rest of the time. Some teams still are remote, mostly working from home, but going on an occasional basis for important meetings. So, everyone is different.

HF: Do you have people who live in a completely different state and don't come in at all? They work 100% remotely?

NA: Yeah. CDC offers opportunities, depending on the position for CDC staff to work remotely outside of Atlanta. I will tell you the majority of people that I know live in Atlanta. But yeah, remote opportunities are still available. It just depends on the situation and the job that people are looking for.

HF: Oh, that's really helpful. Your job sounds like it has a lot of different factors to it, and you get to travel as well. What do you like most about what you do?

NA: Two things I think I really love about the job. One is the opportunity to have a great impact in helping children globally. That was the world reason I went to Pediatric Global Health. And I get to do that with this job. We're doing a great job helping children who are living with HIV and TB, but there's still great gaps. We know from the World Health Organization, United Nations estimates, that over 80,000 children every year are dying of HIV globally and over 200,000 of these children die of TB as well. 80,000 children are dying of HIV and over 200,000 children are dying of TB. We still have great work to do to help reduce mortality to make sure these kids can live long and fruitful lives. Even if it's a small impact on these children's lives, I think it is really rewarding.

On top of that, I get to use data to help solve these problems. And I love to mix data with my clinical interests. And so, for example, we just published an article in CDCs MMWR, the Morbidity and Mortality Weekly Report that shows that across PEPFAR supported countries, two under five who are on antiretroviral treatment still had a substantially higher proportion of deaths compared to everyone else. We say that most children are dying with HIV because they're not on treatment, but from this data analysis, we know that even when they're on treatment, they're still dying. We really need to figure out how to help reduce mortality in these young children.

The other thing I really love is the people I get to work with, both in the US and Atlanta headquarters and also the country teams. These are the most selfless, right and amazing people that I've worked with in my career and really have the pleasure every time I go. I really, really enjoy going out to the countries to visit the programs and work with the country teams and also with my staff, with my colleagues here at headquarters.

HF: I'm sure this varies depending on the country, the region, and other factors. Are you seeing a decrease in general for HIV infection?

NA: When we're talking about HIV infections, in general for kids, we have seen a substantial decrease. Really a big role is the reduction in vertical transmission from mother to child. My colleagues and our maternal child health branch have a separate team called a maternal infant health team. And they do what we do for pediatric adolescents, but really around PMTCT, a reduced reduction of vertical transmission and also ensuring mothers and women are on treatment. We have seen a decrease. There's still a lot more to do. There's still thousands of new infections every year among children. We still have a lot of work for preventing HIV infections, but still great work has been done to reduce these infections.

HF: Well, it is incredible work that you're doing, and I'm sure it's challenging in different ways. What do you find most challenging?

NA: I've been working in public health for nearly five years now. The biggest challenge I think for me starting out was not having the opportunity to care for individual patients. I had done the medical school training and the residency training. So, for almost a decade I was primarily taking care of individual patients. That was always a struggle. I love the impact of public health and the opportunity to use data to help people at population level, but I'm an extrovert, and honestly, the one-to-one interaction, I do miss and I have missed. Really early on in my CDC career, I really made an effort to try to do some clinical work on the side.

There aren't opportunities within CDC, but there are plenty of opportunities outside CDC. I have been able to try to leverage opportunities to do public health work at CDC, and in my free time, a little bit of clinical work. This is the best of both worlds because I get to do public health during the work week, and then I still strengthen my clinical skills and knowledge in the evenings and weekends.

HF: I'm curious, as I'm sure some of my listeners are, as what kind of clinical work are you doing? Are you doing urgent care?

NA: Yeah, good question. I'm a pediatrician, board certified pediatrician, that was obviously what I've been looking to do. I started out working in the newborn nursery at a big hospital here in Atlanta. And now I have started working in a pediatric urgent care. Really cool opportunity to get to see a lot of different things. In pathology, of course, you see flu and COVID, but we get to see a lot of different other things. Being able to care for a child suffering in the moment, and of course, their parents, is really an amazing and fruitful opportunity. I think we take for granted sometimes the opportunity we have as doctors to care for the afflicted, whether individually or at the population level.

HF: I'm so glad you mentioned this, because a lot of physicians want to have a bigger impact. They want to do something more for population health, but they don't really want to close that clinical door. I'm glad that you're still able to see patients and have that part of your identity active and fulfill another need that you have of who you want to be and how you want to serve.

NA: Yes. There's some physicians who come to CDC and don't ever see a patient again, and that's fine. And there's some physicians like me who try to find opportunities to do clinical work. It's whatever your interest is. The nice thing is that there's the opportunity for both.

HF: Often on the podcast we help our listeners think about, "Well, if they wanted to do this, what are some opportunities for them?" I'd love to hear if you could tell us what other physicians do at the CDC.

NA: Being the leading public health agency, CDC is huge and has numerous opportunities and roles for physicians. Really your opportunities are on the spectrum and I'm probably not doing justice by giving you some of these descriptions, but physicians can be data analysts or medical epidemiologists, reviewing the data and understanding public health

problems and using that data to make recommendations to improve those public health problems or mitigate them.

Clinicians at CDC can be consultants or subject matter experts for a host of pathologies and disease processes. We have centers and divisions and branches that run the gamut for diseases. For all these different infectious diseases, non-communicable diseases. You can really find your niche and be a subject matter expert for a disease process or pathology.

And then also you can be a leader in different outbreak and public health responses, or you do something more like me that's focused on service delivery and really helping advising programs at CDC help implement globally. Again, I'm probably not doing justice, but those are some of the opportunities I've had through EIS and also I've seen my colleagues have.

HF: I'm sure it's vast too. It would really be interesting to see all the different things that people are doing and how they made their way into these jobs. I imagine there are early career physicians, mid, lay people who are maybe in more retirement age.

NA: Absolutely.

HF: What are some of the various entry points that a physician could work at the CDC? It sounds like you knew early on, but I'm sure you see other people coming in after a full career.

NA: Like you said, I know physicians who are right out of residency or a couple years out of residency, physicians who did clinical work for a little bit and decide they want to pursue public health and then they came to CDC or another public health agency and then, like you said, there are plenty of people who have had a full flourishing career at CDC who are looking at retirement.

One entry point, obviously the fellowships, like EIS. There are a couple other ones I'm not as familiar with, but there are other fellowships that are opportunities. Even when you're in a fellowship, everyone has the same way of getting a job at CDC, and that's through the USA jobs website. Being an EIS officer, it's not like I don't have to use USA jobs. I still have to use it to apply for jobs and look for jobs at CDC. No matter where you are in your career, everyone has to look through jobs that same way for the most part.

HF: Yeah. I want to talk a little bit more about the jobs in a minute, but first I want to take a short break to share a resource. All right, my dear listeners, I mentioned early on that I found Dr. Agathis through LinkedIn. And LinkedIn is a really great place for networking and it's getting even better because more and more physicians are active on this platform.

And I wanted to let you know about my LinkedIn course for physicians. This is a video course with 22 videos that help you create and optimize your LinkedIn profile. It also teaches you how to network, send messages, be successful with your networking, and also search for and apply to jobs.

For this month, when this podcast is coming out, I'm going to have a special opportunity where if you email us at team@doctorscrossing.com and let us know what you would like to learn about LinkedIn, how it would be helpful for you if you're interested in this course, we will give you a special discount code that you can use to purchase this course. Again, if you reach out to us at team@doctorscrossing.com and just tell us why you're interested in learning to use LinkedIn better, my assistant Kati will give you a discount code that you can use somewhere between 10 to 25%.

And if you want to learn more about this course, simply go to doctorscrossing.com and go to the products tab at the top of the page and there'll be some information about the LinkedIn course.

All right, we're back with our wonderful guest, Dr. Nick Agathis. I wanted to talk a little bit more about these jobs at the CDC. And in preparation for this podcast, I was looking on that USA job site and I was particularly interested in jobs at the CDC where they didn't require a medical license. I saw some titles such as science officer, public health advisor, epidemiologist, health communications specialist and science officer. And you don't even have to have an MD to do these jobs. I thought that was very encouraging for people who may not have finished a residency or they finished medical school and they're looking for something where they can use their medical knowledge.

NA: There are absolutely. There's so many opportunities at CDC in different positions. Of course, you have the medical officer position, which is the position I'm in. And usually you need at least one year of postgraduate training in addition to your MD, but like you said, there's epidemiologist positions, health scientists positions and public health analyst positions. And I don't remember the requirements for each of those positions at the top of my head, but absolutely you don't need to have a medical license to work at CDC because really we leverage all different types of skills and experiences to really help improve the public health of our country.

HF: It's very interesting. And when I looked at the job description for the physician, they did say active medical license and they said one year of residency training, but they didn't say you had to be board certified or complete a residency to be eligible.

NA: Yeah, that's true. That is the requirement. I will tell you probably most physicians I know have completed a residency, but I also know of physicians who are at CDC who never finished a residency or did an internship.

HF: And I love to emphasize this because I can't tell you how many requests I get from people saying, “What can I do without an active license or I have a gap or I didn’t finish residency.” We really like to highlight these opportunities, so thank you.

Another question we often get asked is, "Is my specialty eligible?" And of course, CDC we're thinking infectious disease, primary care physicians, preventative medicine physicians. What do you see in terms of specialties?

NA: Yeah, you're right, absolutely. Many public health roles do fall in specific categories like infectious disease or occupational health. But because of the spectrum of public health concerns that CDC investigates or has a role in, there really is an opportunity for almost any specialty. I know physicians who are trained in general medicine, trained in pediatrics of course, emergency medicine, OB-GYN, preventive medicine, occupational health, just to name some. There really is a role for any specialty to have a fruitful career at CDC.

HF: And you go abroad, sometimes you travel. Are there opportunities in general for physicians working abroad, or maybe even being located in another country?

NA: Absolutely. There are jobs at headquarters that are global health focused. Every job is different. Some jobs are completely global health like mine, some there is a job where you're maybe like an expert in an area. So, you split your time between doing domestic work in the US but also being a consultant for global programs. And then there's also opportunities where obviously you just don't do any global work and you're in the headquarters. There's those headquarters positions that I just mentioned. There's also country positions.

CDC in addition to having the offices in Atlanta, also has offices in numerous countries. I think around 60 countries, but don't quote me on that. They have country offices in these countries where they support the Ministry of Health and other partners in the country, support the programs there to help improve the public health in those countries, and also help protect the American people. There are often positions available in those country team offices.

HF: That sounds really exciting. I sometimes wish I had several lives to do some of these different things.

NA: Absolutely. I say the same thing.

HF: People are often of course wondering about compensation. And when we hear about government jobs, typically they are lower than in the private sector. Are you able to give us any guidance about compensation, Nick?

NA: It's hard to provide a ballpark figure for jobs at CDC. The US Federal Salary Scale that it's based on is wide and depends on a lot of different factors. Really, it's hard for me to give a ballpark. What I can say is that if you look at the position of the USA jobs, they usually give a salary range. And the farther along the process you go, the more clear it is about what potentially the salary will be.

If people are interested, one thing you do is look up the GS scale, the great salary scale, which listeners can learn more about on the Office of Personnel Management or OPM website that has some information about salaries of the federal government.

HF: And I've known physicians too, to be able to negotiate higher than what it looks like on the website. I'd say don't initially get discouraged if you see a figure there that might not necessarily apply to you.

NA: This is also publicly available information. Physicians and dentists have the opportunity to request a specific type of compensation pay, called Title 38 Pay, that you can look up and again, that's really hard to give a ballpark. This is really dependent on your experience, your board certifications, your residencies, et cetera. There are

opportunities for physicians to "negotiate" but it's very hard to give a ballpark on what's available, what's possible.

HF: Absolutely. Fair enough. We always like action steps, physicians say. Can you give me a plan? Just some steps to get started with. If there's a physician listening and they're wondering, "Well, what could I do to start to explore working at the CDC?" What would you recommend?

NA: Well, I think it depends honestly on where you are. If you're at an academic center, throughout my training, I always try to find public health projects or clinical research projects to strengthen those epidemiology skills and public health skills. Communication skills too. If you're not an academic center, you don't have an interest in going to an academic center. Honestly, the local state health departments are always in need of great clinicians and public health specialists. That's also an area for public health that people should also look into, not just CDC. And then just do the best you can as a clinician and just apply, apply, apply.

HF: Is there anything you recommend they could do to be a stronger candidate for working at the CDC?

NA: Like I said, try to strengthen both your quantitative skills through experiences like doing public health or clinical research depending on where you're living. Having those strong quantitative skills is really important. But on the same side, as important as these quantitative skills, I think you're learning since the COVID pandemic, having those soft skills is as critical or maybe even more critical. Like being able to communicate with colleagues and also with the public and having those emotional intelligence skills.

HF: And we had talked about looking at the USA job site for jobs. Is there any other place you recommend that they look for information?

NA: The CDC website is a great place too. It has some additional information about the kind of work we do. And I think that'll help answer your previous question about what physicians can do to help improve their CV or their portfolio. Because I think having an understanding of what's being done, CDC will give you an understanding of what you need to do to strengthen your skills and your experiences. So, see the website for sure.

HF: Excellent. Well, this has been such a great conversation and we're a little bit over time, which is fine because there's so much here. I'm happy that you were able to share and it's such an interesting topic. Are there any last thoughts that you have for physicians at the crossroads who may be just transitioning or thinking about a transition in general?

NA: The last thing I would say, I really love working in public health. Working in public health, the CDC offers the opportunity for a level of impact, fulfillment and work life balance. Those are the three things that I've been looking for, impact, fulfillment, and work life balance that I don't think I had as a clinician in training. But as I mentioned, for me it's a balance. I still do find the opportunities to do clinical medicine, but really public health is an awesome opportunity to have that impact, but also have a great quality of life.

HF: Yeah. And I think we have to follow our heart.

NA: Absolutely.

HF: Or we just feel that we're marking time and nobody wants to do that with their life. I think you're a great example of someone who followed his interest and you didn't know where it was going to take you, but each step of the way, you navigated what was in front of you.

NA: Absolutely. Yes. We all have one life. Like you said, I wish you could have multiple lives, but at the end of the day, you've got to do what's satisfying, fulfilling to you and what makes you smile when you wake up in the morning.

HF: Absolutely. Well, thank you again, Nick, for coming on the podcast. It's been a real treat and I wish you all the best with your career as you go forward.

NA: Thank you, Heather. It's been a pleasure. Thanks for the opportunity.

HF: You're very welcome. My dear listeners, this has been wonderful. I am so honored to have you here. Please feel free to share this podcast with anyone you think might be interested in it. And if you are wanting to learn more about the LinkedIn course and get that discount, just look in the show notes. There'll be the email address to reach out to Kati and let us know what you'd like to learn about LinkedIn and we'll give you a discount code you can use for this month when the podcast first comes out. And as always, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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