**EPISODE 185: Shake things up with Unconventional Clinical Careers**

**With guest Dr. Sylvie Stacy**

**SEE THE SHOW NOTES AT:** [***www.doctorscrossing.com/episode185***](http://www.doctorscrossing.com/episode185)

[0:0:00]

SS: “Physicians who are looking for a change feel like they have this very narrow path if they want to transition out of clinical medicine or out of their current jobs. I think just spending some time learning about what the different opportunities are can be huge in helping you actually take that next step.”

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.

Hey 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 185. Today, I'm very excited to be joined by the author of not one, but two excellent books on careers for physicians. My guest is Dr. Sylvie Stacy, a preventative medicine and addiction medicine specialist who is known for her book, 50 Nonclinical Careers for Physicians. And now she has just published her second book, 50 Unconventional Clinical Careers for Physicians.

In addition to working in different clinical and nonclinical areas herself, Dr. Stacy has done extensive research on the topic of physician careers. Early on, physicians were asking her how she found out about the different types of jobs she was doing, and this sparked her interest in creating resources for her colleagues so that they too could explore a wider range of opportunities.

To give you an example of a variety of options we have available to us, here are some of the chapter headings from Dr. Stacy's latest book. Careers in Unconventional Practice Settings, Careers Across the Globe, Careers at the Intersection of Medicine and Innovation, Careers with Unconventional Practice and Payment Models, and Careers Combining Medicine and Wellbeing. This is just a partial list and there are too many areas to cover in a short podcast. So, Dr. Stacy will be highlighting some interesting ones for us today. Without further ado, let me extend a very warm welcome to Dr. Sylvie Stacy. Hi, Sylvie. How are you? Welcome to the podcast.

SS: Hi, Heather. I'm good. Thank you so much for having me. How are you doing?

HF: I'm doing great. And I had no idea that you were creating this book. You must have put hours and hours into this book with all these great options.

SS: Yeah, it was a couple of years in the making. I actually started thinking about this book very soon after I wrote my first book on nonclinical careers. My publisher had made a comment to me about all of these different careers that I was able to compile together in the book.

And I had mentioned, yeah, there are so many things that you can do with a medical degree. In fact, I think I could write an entire other book on clinical options that are just out of the ordinary. And a couple of years later, she brought that comment back to me and she said, “Hey, remember you said you could write a whole other book about more unconventional careers? Well, I think it's time to do it.” And so I thought I think that there's 50 other unconventional careers that maybe aren't nonclinical, but they still involve seeing patients. We just we tend to not learn about them in medical school in our training. And I think it's worth putting them together in a nice, cohesive book for folks that are interested in something different.

HF: I am so grateful to you, Sylvie, probably because when I do coaching with physicians, one of their biggest questions is, “What are my options?” And they're often thinking about clinical things as well as nonclinical. And covering them in the books, as you have done, helps us really see what's available rather than just feeling stuck and stagnant and not really knowing that there's so many different ways we can contribute.

SS: Yeah. I think so many physicians who are looking for a change maybe have heard about a couple of the different options, like through colleagues or through the grapevine. And they too often feel like they have this very narrow path if they want to transition out of clinical medicine or out of their current jobs. They might think they need to either stick with what they're doing or work in the pharmaceutical industry. And that just kind of narrow scope is something that I see so often. There's just so many doctors that haven't been exposed to all of the different things you can do, all of the different settings that patients need to be treated, and all of the different practice models that can be used if you want to start your own practice. I think just spending some time learning about what the different opportunities are can be huge in helping you actually take that next step.

HF: Well, you've actually walked the walk, Sylvie, because you started out doing some more unconventional things early on. I'd love it if you could help the listeners understand your path into not only helping physicians, but when did you start doing things that weren't just the one specialty that we often think we're going to learn and then do until we take our boots off?

SS: Yeah, it started out pretty early on in medical school for me. I realized that I didn't think that I was going to like a job in a traditional patient care setting, just seeing a panel of patients day in and day out. And I really started looking around for what I could do that would be satisfying for me because I didn't want to drop out of medical school because I felt like I had come so far already, but I wanted something that wasn't going to burn me out.

And from there, I found the field of preventive medicine, which is what I did my residency in. And that really opened my eyes to all of the broader impacts in healthcare, like how we can address health issues, not just at the individual level, but across entire populations and communities. And that's really where a lot of the nonclinical and unconventional work that physicians do comes in.

Even if you're not treating individual patients, you're doing something for an organization that somehow touches the healthcare system, whether it makes the lives of patients better, or it makes doctor's jobs easier, or it helps other organizations somehow in the delivery of healthcare.

I got really interested in that concept and started exploring what I could do. One thing that I started doing during my residency was freelance medical writing, writing things like continuing medical education content and ghostwriting some scientific articles. And from there, I started doing some clinical IT consulting for hospitals that were implementing new EHR systems. And I would actually use my PTO to travel out to hospitals to do this consulting type support work for just four or five days at a time.

I also got into doing some clinical moonlighting. Some of that was by telemedicine, and that's what introduced me to all of the virtual care opportunities that we now have available for those who want to work from home or work remotely. And I just found that my colleagues were always really interested in these side gigs that I had going on and expressed feelings of being interested themselves in nonclinical or non-traditional roles, whether in the clinical setting or nonclinical setting. And that's what led me to start writing about this topic. I blogged about it for a few years and that ultimately led me to publishing these books.

HF: I love how self-generating you are because it sounds like from what you said, that if you hadn't been able to diversify what you were doing in medicine and help more populations of patients, would you have felt that you would have had to have left medicine?

SS: I probably would have considered dropping out of medical school pretty seriously. If I had stayed in medical school, I think that I would have ultimately chosen one of the more traditional specialties and done it. Maybe I could have found a job from there that was truly fulfilling for me. I bet I would have gone into pathology or radiology or one of those specialties where you're not seeing a panel of patients. And I may have been satisfied from there, but I do think that finding preventive medicine was really a game changer for me.

HF: Well, I'm glad it's worked for you. And one other thing I just wanted to mention is that in addition to the blogging that you did, you also created a website with resources for physicians, for opportunities, for jobs. And I know that you're not running that website anymore, but that was another great resource that you did. I know it took a lot of time where you shared your knowledge with doctors.

SS: Yeah, thank you. And that again demonstrated to me that there's so much interest out there from physicians in these less conventional opportunities, but not very many resources to learn about them. And they tend to be areas that we don't get to rotate through when we're in medical school or residency. And the mentors and teachers that we tend to have are often like in academic medical centers, they're at the same places that we're rotating through. And so, they're not able to teach us about these unconventional opportunities as well. So I felt like there was kind of a gap to fill there. And indeed, I had a lot of visitors to that website and that job board and a lot of signups to an email list indicating that they wanted to learn more and be notified about interesting job opportunities.

HF: All right. Well, let's dive in to some of these examples from your book. Where would you like to start?

SS: There are so many different careers that we could go over, but I think it would be good to go through a varied list to show the breadth really of what is out there. And I don't think all the examples we'll cover will be of interest to every listener, but hopefully listeners will be drawn to one or two of them. What about if we start out by talking about practicing on cruise ships?

HF: I love that. If summer's coming up, people are thinking about cruises, why not?

SS: Yeah, cruise ship medicine, it really is a standout in terms of unconventional careers because it blends clinical practice with a really adventurous lifestyle that it offers. If you're a doctor looking for something more creative and more interesting than working in a hospital or an outpatient practice, cruise ship medicine is it for sure. It's just a completely different environment than what most of us are used to.

Cruise ship doctors really do need to handle a large variety of medical issues from minor things like sunburns and motion sickness to really serious conditions like heart attacks and strokes. And on the larger cruise ships, the medical facilities that they have available are surprisingly comprehensive. They've got lab services, X-ray equipment, basic procedural or even small surgical rooms to do procedures in, and a full medical team to help, I shouldn't say full medical team, but somewhat of a medical team to help them like nurses, nurse practitioners, EMTs.

A typical day might be treating both passengers and crew members, responding to emergencies that happen throughout the ship, conducting trainings for staff, overseeing those nurses and nurse practitioners, and then sometimes coordinating care with different international healthcare providers or court authorities for serious cases depending on where the boat might be.

HF: Now, do you need to be an ER physician to work on a cruise ship?

SS: You do not necessarily need to be an ER physician. I think that emergency medicine is an excellent background, but family medicine or internal medicine is also routinely accepted. Most of the major cruise lines follow guidelines that have been written by the American College of Emergency Physicians, have written this set of guidelines for what standards should be in place for medical care on a cruise ship. And they indicate that any of those three specialties and any license to practice medicine is sufficient. So you really can come at it from a number of different backgrounds.

That said, the pay for a cruise ship doctor tends not to be great. With your salary, you're also getting free housing. You're getting basically everything you need while you're on the cruise ship to live. You don't have your typical living expenses of food and utilities. So there's something to be said for that. And there's something to be said for the lifestyle that it offers and being able to explore new places and be out on the sea while you work.

But the pay itself is not great, especially for an emergency medicine physician. In many cases, I do think that the family doctors and internal medicine doctors may find that the salary is more palatable to them than the ER docs.

HF: I think I was reading something in your book about how you don't have to even have a US license to be on a cruise ship. You could have had gotten your training abroad.

SS: Yes, this is a great area to look into for international medical graduates who may have had difficulty completing a residency in the US or getting a license in the US because you're right, for some cruise lines, they will accept a medical degree from another country or a license from other country. And it really depends on where the cruise line's home base is and what standards and rules that they have to follow. The emergency medicine guidelines that I mentioned are only for those cruise ships that choose to be part of this cruise trade organization, but not necessarily every cruise line follows those standards. This is an area where if you look around enough, even without your standard training and set of credentials, you could potentially find work.

HF: I just wanted to mention that in Dr. Stacey's book, the chapters are divided where, when she covers the topic, she gives you a description of what the work is like. She also talks about qualifications and compensation. This is very valuable. We can't go into all of that on the podcast, but it's definitely in her book.

Now, I think the next area you were going to talk about is a very different type of environment, in some ways opposite to being on a cruise ship. So what's next, Sylvie?

SS: Yes, you're right about that. It's correctional facilities. Working in jails or prisons as a physician. Very much the opposite of working with tourists who are on vacation. But correctional facilities, this is an area that I have had a lot of experience myself in my own career. I'm pretty passionate about it. And I have to say, it wasn't an area that I anticipated that I would go into throughout my training. It was really toward the end of my residency.

I came across this job opportunity as a corporate medical director for a company that provides healthcare services in jails. And so much about it resonated with me. It was just treating a population that I hadn't thought much about treating before. And it has turned out to be a really excellent fit for me.

And I think oftentimes we just don't realize the scope of care that is delivered within jails and prisons, especially the larger ones throughout the U.S. Many of them have a full-time physician and or nurse practitioner or PA. Some have multiple if they have large populations. And there's a lot that they can do right within the facility in terms of assessing, treating patients, giving medications. Many of them have small infirmaries. And then of course, there's coordination of care when you need to send a patient outside of the facility to a specialist or for a hospitalization. The doctors are very much involved in that.

As with cruise ship medicine, you really end up with this mix of direct patient care, but then also more administrative responsibilities like that coordination of care, like participating in staff trainings and maybe doing some quality improvement. It's really a very varied and interesting role in a population that has some unique health needs and is a vulnerable population.

HF: It's interesting you mentioned this too, because it's not something we think about that much. I do have a former client who is a psychiatrist and she does telepsychiatry for the prison system in our state. And she actually really loves it. And then I have another client who recently got a very kind of part-time independent contractor job where she reviews the clinical care in the prison system. She's not delivering care, but she's evaluating care. And another client who does locums in the prison system.

SS: Yeah, I think that's one of the great things about correctional healthcare is the variety of job types and full-time versus part-time positions that you can find. Like I said, larger facilities will hire full-time staff physicians and medical directors, but smaller facilities don't need that much physician time. There are a lot of part-time opportunities and many facilities struggle with their staffing needs. And so, they often turn to staffing agencies, which makes for that opportunity to work in locums as well. Really, however much time you have on your hands, you can probably find a position in a correctional facility.

HF: Excellent. We have been on a cruise ship. We went to the correctional facility. Where would you like to take us next?

SS: Let's go international.

HF: Okay, let's get on that boat and go.

SS: Let's talk about a few different options to work abroad as a physician. I think that it's natural for us at some point to get a travel itch, but it's so, so difficult when you're full on in your career, especially as a professional with a panel of patients. It's so difficult to find time to really get out and explore the world. And so, I have heard a lot of physicians throwing around ideas and ways that they could possibly both travel abroad and work at the same time. And although it takes a lot of planning and a lot of being very proactive about your career, there are a number of ways that you can do it and be very successful at it.

I would say there's three main buckets of how US doctors can best work abroad. The first one is actually living and practicing within a foreign healthcare system. And that process, the main challenge is that you need to figure out the local licensing requirements and you need to meet all of that country's requirements to be licensed and actually practice within their system.

But there are some countries that really value the US training system and they offer relatively streamlined credentialing processes for US doctors. Like they want you to be there and so they will help you get licensed. And just to mention a couple of examples, New Zealand and Singapore are known for having processes that are pretty conducive to US doctors.

If you identify some countries that you'd be interested in and look into their credentialing processes, it is possible to get the paperwork in place that you need to just get a regular job in one of those countries.

Another way is to actually work for the US while you are abroad. This would be either through something like the military or a US agency like the US Department of State. In my book, I interview Dr. Suzanne Sweden and she has a really inspiring career with the US Department of State. She serves as a regional medical director. So providing care to US government employees and their families at embassies throughout the world. It sounds like every three to five years or so, she's assigned a new location and is able to live and work there for a while. And she has just really enjoyed being able to explore the world while she's actually caring for US citizens who are also out exploring the world.

HF: I think this is such an interesting area and we could certainly do a full episode on opportunities. One of the things I've seen happen is when physicians are very, very burned out and they're demoralized, sometimes they will go and spend a week abroad doing volunteer work. And that can really help them reconnect with why they went into medicine, know that their skills are really valuable and then figure out if they want to come back and find a new way to practice.

There was a blog I did back when I blogged about an OB-GYN who worked for Doctors Without Borders. She actually was gone I think for about four to six weeks. And she worked in Uganda and was also in the Sudan. She was thinking she didn't want to practice anymore but when she went there and saw how her skills were life-saving, she was able to come back and renegotiate what she was doing as an OB-GYN and continue practicing. So, it was career saving for her.

SS: Wow, that's a great story. Yeah, sometimes that is really what we need is a different perspective and to get out of where we've established our comfort zone for a while and revisit why we're in the profession that we're in.

HF: I know it's hard for physicians, “Where do I find these resources? Where do I look for opportunities? How do I vet them?” Do you just have any quick tips on some ideas about this?

SS: Yeah, for practicing abroad specifically, there is an excellent resource called Hippocratic Adventures. And it is a website that is run by two physicians who live and work abroad and they do some excellent overviews of different requirements to get a job as a physician in various countries and interviews with other doctors that have gone abroad. They also have a very active Facebook group that I would recommend. That's where I would recommend turning to for anybody that wants to start looking into working abroad.

HF: Hippocratic Adventures, I love that. I want to check that out and I will definitely link this in the show notes. Thank you, Sylvie, for sharing that.

SS: Yeah. And that reminds me another area that they do a great job of going into on that site and in the Facebook group is practicing telemedicine while you're abroad. That would be the third bucket of how you can practice as a US physician and be in another country. And that is by treating patients who are in the States just by telemedicine.

And that can be a feasible option for certain types of practices and organizations. There are some challenges related to insurance billing and prescribing controlled substances. But if you're willing to really delve into all of those details, as long as you have the US state license where your patients are located, there are great ways to be able to keep doing telemedicine while you're traveling.

HF: Did you see my job listing, Sylvie? Because this is something clients have asked about and we found some opportunities for psychiatrists, but I really didn't know that there were a lot more opportunities to be abroad and do telemedicine for US patients. This is fantastic. I think you're going to have people checking this out for sure. Now, before we go to the last two, I just want to take a short break to share a resource.

At PearsonRavitz, they understand that life can change in an instant. It's hard to imagine that a sudden illness, injury or catastrophic event could put you and your family in a devastating financial situation.

Physician founded and physician focused, PearsonRavitz built human connections before they create quotes. Visit www.pearsonravitz.com today and embark on a journey of safeguarding your future.

You can learn more about their services and book a consultation to discuss disability and life insurance. The link will also be in the show notes. Once again, that's PearsonRavitz, to safeguard your future.

We are back here with our wonderful guest, Dr. Sylvie Stacey, and we're talking about unconventional clinical options. All right, where are we going next, Sylvie?

SS: I thought it would be a good idea to touch on the concept of what I call a niche practice. I think that sometimes physicians after their training feel like they need to use the full scope of the specialty or subspecialty that they've gone into and do whatever services and treatments for whatever patients come through that door for that specialty or for primary care. But really as a specialist or as a primary care physician, it is entirely possible and often very efficient and lucrative to really narrow down your services to a particular niche.

I'll start with one example that probably everybody who's listening to this podcast has heard of recently, and that is clinics that specialize in obesity and weight loss management. This is a really booming area right now. And really physicians who are trained in primary care or if you've got a surgery background or gastrointestinal background, weight loss is an area where you can set up an entire practice that is geared toward treating really this one select group of conditions.

We're continuing to see more medical interventions and surgical and procedural interventions become available for weight management such that that can be your sole focus. And I just want to throw out this idea of niche practices so that listeners will stop to think, “Would really focusing on one area that I'm truly passionate about make me more satisfied in my career or empower me to be able to start my own practice?” Whereas otherwise it might seem overwhelming to want to establish a whole practice.

But if you're able to focus on one area, really learn about the population and the financing for it, sometimes it can seem a lot more tangible to start a solo practice and be successful with it.

And just to throw out one other example while we're on the topic, that might be the treatment of performing artists. I came across an ENT physician whose entire practice was focused on vocal cord disorders in opera singers. And that's obviously like very, very specialized and not many listeners will have the background to have that particular niche. But I wanted to give that as an example of just what you can do if there's a particular area that is of interest to you. You can really go after it and set up something that is right up your alley, but also is very helpful to patients who are looking for something specialized.

HF: I love this topic because it can be something in some ways you can even start while you're doing your traditional practice to ascertain whether this niche area would be of interest. For example, we had Dr. Kevin Gendreau on the podcast a while back and he's a family medicine physician who himself lost 125 pounds and he started working with patients who were interested in losing weight. While still being a family physician, he developed this niche on the side and now it's become his niche practice, but he was able to see if this was an area that he wanted to work and while he was still doing his regular practice.

SS: Yeah, that's a great example. I myself, I mentioned that I started off my career in correctional settings and it turns out the rates of addictions and substance use disorders are so high in jails and prisons that I learned about addiction medicine sort of out of necessity because I had to because so many of my patients had addictions, but I loved that area and ended up focusing on it. I have gotten board certified now in addiction medicine, but it was so helpful to me to test out the waters treating people for addictions before I really narrowed in and decided to get that board certification.

HF: That is a great example. Yeah, if you're listening to the podcast, think about maybe there's an area that you really would like to focus on within your practice. And if there is, you could even ask the schedulers to maybe refer those patients to you and start developing it de novo organically before you have to go and create something completely new because it's much easier to just shift a couple degrees while you're going along. Thank you. That's an excellent example. And what do you have to wrap up the podcast?

SS: The final area, I have a whole section in the book on careers at the intersection of medicine and innovation. I talk about things like the growing fields of cannabis and psychedelic medicine, precision medicine, anti-aging medicine. For today's podcast, I thought that I would touch on one area that may be particularly helpful for listeners that might not have either board certification in a particular area or are not able to have a state medical license.

And that is sort of in the gray area between nonclinical medicine and clinical medicine. And that's in doing investigative work in clinical research for either a contract research organization or a pharmaceutical company. Either of those companies are at any given time conducting clinical trials for their investigative products or for products that are already on the market that they're exploring another clinical indication or population for example.

They need physicians to oversee the management of their different participants or subjects. I call them participants or subjects instead of patients because you're not actually coming up with a treatment for them, but you're ensuring that they meet the study protocol and you're ensuring that protocol gets followed.

But it still has kind of a look and a feel like it's clinical medicine. If you maybe don't have the background or interest of taking a traditional path in medicine, working for one of these research groups can be a great alternative.

I know here in Birmingham, Alabama where I live, there was a contract research organization that just opened up a new research facility in town and they recruiting for a physician really of any background, internal medicine, surgery, primary care, but someone who would oversee and manage these clinical trials as a regular, like Monday through Friday, 09:00 to 05:00 job, no evenings, no weekends, but they had all of these kind of clinical responsibilities and they were offering a salary that I want to say was around $250,000 a year.

Pretty well paying for someone that has such regular hours and work that is probably somewhat less stressful than your typical clinical setting because you're able to follow that protocol and you're working mainly with healthier patients or those who at least meet the eligibility criteria for your protocol. I thought that was a neat opportunity.

HF: I'm so glad you mentioned that Sylvie, because there are a lot of physicians who are international medical graduates or for some reason they didn't finish residency or they didn't go on after medical school and they're looking for opportunities and we always try to mention some things that could be possibilities for them. Do you talk about that in the book?

SS: Yeah, wherever possible. I have a short section within each chapter that talks about how you get into each career area and if there are either loopholes or ways that you can get around doing a regular US residency or going through the regular licensing process, I try to point that out.

HF: All right. Well, I know there are probably a lot of listeners wanting to get their hands on your book, which again, I think it's a great resource. Where can they find the book, Sylvie?

SS: The book is available on Amazon and it's also available on the publisher's website and that is the Association for Physician Leadership at physicianleaders.org in their bookstore. And if you're a member of that organization, I believe you get a 20% discount if you buy the book from there.

HF: Excellent. I'll make sure to link to the book so people can find it. Do you have any last words that you'd like to share?

SS: I guess I would want to just wrap up by emphasizing just how highly valued our skills and experience and credentials are as physicians. Our training really equips us to do so much. Therefore I want to urge listeners to not settle for having a career that is not fulfilling for them. Really explore what else you can do and I promise you that there's a great fit out there for you that doesn't involve just leaving your medical degree behind you and quitting medicine.

HF: Amen. You worked very hard for it and let it work hard for you and help you with your journey. Well, thank you again for coming on the podcast, Dr. Stacy, it's been such a pleasure to have you.

SS: Thank you for having me.

HF: All right, my dear listeners, I just wanted to mention again our new sponsor on the podcast PearsonRavitz. And if you heard the recent episode 183 with Dr. Stephanie Pearson, she talked about how being injured on the job as an OB-GYN ended her career and she didn't have the disability insurance that she thought she had.

She created this business, PearsonRavitz with her partner Scott Ravitz, to help you make sure that you have the best disability in life insurance coverage. If you're interested in scheduling a consultation with her, you can go to pearsonravitz.com and they'll talk to you about a new policy or looking at what you currently have. Again, that's pearsonravitz.com.

Thank you so much for listening. Please share this podcast and you can come and tell me that you shared the podcast. Email me at team@doctorscrossing.com and I will thank you personally.

All right, 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.

[00:35:51]

Podcast details

END OF TRANSCRIPT