**EPISODE 202: Not Ready to Retire? Discover Rewarding Part-Time Physician Opportunities**

**With guest Dr. John Jurica**

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JJ: “It's something that most of us are going to consider doing once we “retire” from our main job. I don't think most physicians are going to go from a hundred miles an hour to zero. We've been so busy for so long, we've contributed so much over time. It's hard to go from doing all that to doing nothing.”

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 202. As I mentioned recently, I'm focusing on a series of four podcasts around the topic of physicians approaching retirement. We kicked off this series with episode number 195 where we talked about ageism and getting hired for jobs. Lots of good news there actually. Coming up, I'll be diving into financial planning for retirement and addressing the psychological factors.

But today I have a very special returning guest and we're going to explore different part-time opportunities for those of you who are looking to slow down a bit, but still want to contribute and make some income. And before I go any further, let me just say that if you are not anywhere near retirement, these options are available to you too. You don't need to be a certain age, have gray hair or some wrinkles to be eligible.

My guest is none other than the iconic Dr. John Jurica, host of the very popular Physician NonClinical Careers podcast, one of my favorites. Dr. Jurica is a perfect guest for today's discussion because in his over 30 years as a family medicine physician, he has diversified his career by joining a number of the part-time opportunities we will be discussing.

In addition, he is very familiar with the many options available to physicians through his experience creating online courses and career summits, and hosting his NonClinical Career podcast. So buckle up. This is going to be an exciting ride through the amusement park of possibilities for physicians looking to diversify and slow down a bit.

Without further ado, it is my absolute pleasure to welcome my friend and colleague, Dr. John Jurica, back to the podcast. Hey John.

JJ: Hi Heather. It is great to be back here on the podcast with you. I'm just happy to be here and share what I've experienced and good to just see you again too.

HF: Likewise, and thank you for doing this. You have a lot to share. I just want to give the listeners a heads up. We're not going deep into any of these. We can't give you a lot of details about how to find all the opportunities. We're going to give you a buffet here and some tips to get started. All right, John, so where would you like to start this conversation?

JJ: Well, I would like to start with talking about just how to prepare to do this, because I think you're more of an expert than I am. You've done so much coaching over the years that I want to hear what you have to say about that, but I think it just makes sense if you’re going to so-called and retire slow down. What does that really mean for you? And how do you figure out if you're going to continue to work part-time? And if you are, what are you going to do? Are you going to do one thing, multiple things? I think I'll throw it back to you for a second. It's like, what do you find as a coach that people need to start thinking about?

HF: All right, we'll jump back and forth here. But I think you've framing this up well in that it's going to be different for different people. There might be some physicians who really would like to just volunteer and they don't want to have the big obligations or responsibility and they've made the money that they need. And then there might be on the other end of the spectrum, physicians who still feel like they need a certain amount of income. So they're going to need to be factoring that in.

I guess at the beginning, just first really look at what you want this next chapter to be. And that can involve lot of factors such as, “Is there income involved? If so, how much? Do you want to still be doing something clinical or nonclinical?” Because that's a decision tree but you could still do both if you wanted.

And also consider how important is it for me to be using a certain skill or having an impact in a certain way. Maybe there's something that pays less like teaching that you couldn't do before, but now you really want to be with students or residents and the income doesn't matter as much, just sort of having a certain purpose or an impact. And then what's the structure? Do you want it to be in person? Does it need to be remote? How often do you want to go? Do you want to have nobody own your time? So you're not an employee, you're an independent contract. There's a lot of factors to consider.

JJ: Yeah. When I think about this topic, one of the things is that I don't think most physicians are going to go from a hundred miles an hour to zero. There might be someone who takes off two or three months and says, “I want to catch up with my family and do some traveling.” But the reality is, we've been so busy for so long, we've, we've contributed so much over time. It's hard to go from doing all that to doing nothing.

The volunteer, I agree 100% is something to consider. Most of us probably already do some. I've been on multiple boards, most of them I wasn't paid for. So that's always been fun. I'll put a plugin for that. Hospice or public health and that kind of thing.

But the other thing I like to remind people, because I'm kind of more on the practical side, is really if you're going to do this, look at what are the legal implications in the sense that, do you have an employment contract or are you an at will employee by a large hospital or a group? And what's going to happen when you give your notice? If we're near 65, most of the time there's no negative consequences if you stop at 65. But there could be, if you stop earlier in terms of investment plans, deferred comp, things like that. And then there might be notice that you have to give that's longer than you might think. I'm assuming that most people know what their contract looks like. And then if you have a business to sell, then it's a whole other ball of wax as well. But I think it's something that most of us are going to consider doing once we “retire” from our main job.

HF: You’re absolutely right John. And we hear stories about physicians, say maybe they were a surgeon and they're used to be in the operating room and having a team and they have this big purpose and then they retire and they do go 90 to nothing and then it's fine to play golf or do whatever do for a couple months. And then pretty soon maybe their spouse is saying, “Hey, you got to get out of the house.” And then they maybe start getting a little depressed. And so, sometimes you just have to take a step and then figure out how you feel and then let that guide you and know that you don't have to have this master plan and blueprint before you give your notice that you can figure it out as you go along.

JJ: And some of it's just sharing that this is what's happening with your friends and colleagues. They all have connections. They may even be doing some things on the side that you don't know about. Just getting the word out there. And if you happen to have a network on LinkedIn or in Doximity or something, you could reach out to old colleagues and fellow residents and so forth and say, “Hey, what are you doing when you're thinking about retirement?” And there's tons of ideas out there. We'll share our own today.

HF: Right, absolutely. Because I think that's the roadblock that people can encounter is there were clear steps to get into medicine, but we don't really have these clear steps to get out. And then what's next? So don't let the “how” stymie you. Just know that there are people who can help you and resources available, like you, John. Do you mind telling the listeners about how old you are so they have a sense of the experience that you have and where you've been?

JJ: Yeah, yeah. I'm 69, I just had my 69th birthday. So I'm thinking to myself in a year. I go into my eighth decade. That's weird. But anyway, I've been around a long time. I think I've always had multiple jobs no matter what I was doing. So this is why I was so interested, and started the podcast, is to learn what other people were doing.

HF: Well, I know people can't see you but you so don't look 69. And I still consider 69 youngish and you're in great shape. Listeners don't know it, but he's training to do some sprinting, and some competition. And so, he is in great shape and he's vital and we have so much we can still contribute. So let's talk about how you started thinking about even doing some of these optional things, and maybe they weren't even when you weren't thinking about retirement, but some things that are options for physicians wanting to slow down.

JJ: Well, I kind of looked at it like moonlighting. If you go way back to residency, many of us were moonlighting. We just tried to find something that was part-time and didn't interfere with our schedule, fit into our schedule and so forth. And so, at various times in my career, I've done things on the side, some of which were somehow related to my practice, but most of which were completely separate from my practice. And it was just because I had a little bit of loans I had to pay off and so forth. And then as I got older, like now technically, I'm semi-retired from my main job as a medical director for urgent care. I haven't set foot in the clinic in two and a half years. My part-time component of that is to be the supervising physician in the medical director now for the PAs and the MPs that work there.

So it's just a matter of finding something that aligns with, whether you're licensed or not licensed, you can do something clinical or you want to just not have that risk of being sued and so forth. That's how I look at it. I'm really looking now to do more things that I don't really have to worry about the license and the liability and can do something that uses my knowledge and experience and training, but in a way that is at least one step removed from patient care.

HF: Right. I think that's a good point because it's helpful for people to decide do they still want that malpractice liability or would they really not have to deal with that? And so, you've been supervising nurse practitioners and physician assistants.

JJ: Right. And now that is something that was just part of the job that I had because 15 years ago, I partnered with some people that wound to open an urgent care center and they hired me and actually, I'm a part owner. And so, with that, I was actually doing the shifts and then I was training the NPS and PAs. And over time, after 10 years or so, I started to phase out of the clinical part, the direct clinical part. Now that doesn't mean that you couldn't do something very similar to what I did not be a partner with it, not necessarily be providing care directly in there to begin with. But yeah, that's how it happened for me. It was just natural.

Now technically I’m less than half time at the urgent care. I'm just available on call for questions. I'm available every day, which is a good actual part-time job where you could do that covering somebody like me for a day at a time, a week at a time, a few hours. Urgent care, we don't have night call, we don't have nighttime hours, so we don't have to worry about that piece. If you're covering someone like a family physician or an internist, you might have to actually be available at night as well if you're doing just the supervision of mid-level providers, that kind of thing.

HF: I think that's a good point to think about how you might be able to still use your skills but not have as much responsibility. And I’m thinking of one physician who was a colorectal surgeon, and then he decided he was just going to do outpatient colonoscopies. It's a low income clinic and it takes away the stress and he is not having to be on call. If you're out there listening, think of what's a way to sort of step down from what you've been doing. Maybe there's elective surgeries you can do, or locums is a great opportunity, telemedicine, different ways to still be clinical, but without all the responsibilities of a full schedule and call.

JJ: Absolutely. And if you don't mind, I can just list some of the clinical things I've done. None of which required me to be on call for any of them as a part-time side gig for a while at various times.

HF: Yeah, that would be fantastic.

JJ: One was the student health center clinic or provider. Every college, every university has some kind of a health center. Now, this was a little while back. I don't know how many of those have aligned with certain systems. Maybe our local hospital system has taken up all those jobs, but believe me, there are physicians who spend a half a day, a day or two days a week in a student health clinic. Maybe they rotate them. The one I did was only once a week. The walking well, is that the term? Most of the students had trivial illnesses, many psychological issues, but if they had an injury or something, I did that part-time.

I did that. I was recruited to an occupational medicine or what they call workplace medicine clinic. And so, I filled in there for a while as an occupational medicine physician. Actually, it kind of prompted me to get a master's in public health, which you specialize in occupational medicine. I ended up doing it quite a bit and I became the medical ic.

Another thing I did was family planning. This is more for the indigent population. It was a standalone clinic. It wasn't through the health department, but once a week or every other week I would go do pap smears, dispense birth control pills. And then I became the medical director for that for a while. I could supervise the NPs and PAs when they were doing it at the time. Even the NPs had to be supervised or collaborated with. Yeah, I think those are the main ones. I could throw in an STD clinic once in a while for a health department too. There's always little clinics that are out there that need help.

HF: You're a great example of this term, the portfolio career, where just like if you have an art portfolio, you have different pieces of work in it, you have so many different opportunities that you've explored and been a part of. Is there any particular reason why you think that you sought out having a diverse portfolio?

JJ: I would hope, and I wish it was intentional, but what it was, was I pretty much would say “yes” to anything. And I actually promote this idea of saying “yes” to anything with the caveat that if it's not something that really aligns, after trying it with what you're trying to accomplish and where you're going, then you just stop doing it. But if somebody says, “Look, we need someone to help with the STD clinic, we need somebody to help with this or that clinic, I'll do it.” If I hate it then I'll quit. If not, if I like it, typically what happens, like for the family planning clinic, it would've been ideal to have an OB-GYN do that, but nobody would do it. Family physician, I delivered a hundred babies or so and did a lot of SDD checks and so forth. So fine, I'll do it.

And then after a few years, I got busy and did something else. I think it's good to say yes, and not just to things like that, but if somebody asked me, “Hey, do you want to go trekking in the Himalayas sometime?” And I said, I guess so. I never thought about it, but since you're asking. If a friend asked me to do something interesting, I'm just going to say yes and then hope for the best.

HF: Heck yes, Jurica.

JJ: That's right.

HF: Yeah. Well, we like people who are willing to pitch in as long as it doesn't end up adversely affecting you. When you're talking about these different opportunities, it also made me think of a podcast guest we had on recently, Dr. Sylvie Stacy. And she wrote the 15 NonClinical Careers book as well as the 50 Unconventional Clinical Careers. And in there she talks about being a cruise ship physician, among other things working in the correctional institutions, working with rescue missions and other things working abroad. And so, we'll list that in the show notes too, because that can also give you ideas of what might be possible.

JJ: I love her books by the way, since you mentioned that.

HF: Yeah, they're very well researched and very easy to read. I also want to mention when we talk about the portfolio career, that these things can just evolve over time. Often people don't necessarily put all these things together. We had a guest a while back, Dr. Sue Zimmerman, who is an orthopedic surgeon and she was entering her pre-retirement period. And so, she looked around for different things and she wrote some board review questions, test prep questions. That was one thing she did. And then she looked into teaching and she was able to teach at a PA school and she created an orthopedic curriculum for them. And so, she does that every year and she also got a job in the student health center in the non-surgical orthopedic clinic. And like I said, it wasn't like she just saw a job posting for these things, but she sought them out and she looked and she found and she created them.

JJ: Another good story. Absolutely. I did something else early in my career too, and we can kind of segue to nonclinical a little bit if you like.

HF: Yeah.

JJ: But I almost forgot because in the milieu of doing all that stuff, I was working as a physician advisor for UM at the hospital. That was another short term thing that I did for a couple of years. And two things about that, it made a little money. I got to meet all the different doctors in the hospital and actually it kind of set me up to later become a medical director and the chief medical officer of the hospital. Because one of the things you have to know if you're a CMO is utilization management and length of stay. So, you do this job, you get a little piece of that and maybe go do a job in another area of quality or be on the CME committee. And then those things all kind of feed into what you might do later as well.

But then of course, in the corollary of the physician advisor in the hospital is to do UM. And there's a lot of UM jobs, you're probably one of the experts on UM jobs. You've got all kinds of lists for people and IROs and all those things. But if you do the physician advisor role, then later on in your career maybe you're going to do part-time chart reviews for benefits management, some insurance company or one of those IROs or something like that.

HF: Now, not everybody is familiar with this term physician advisor and UM. Can you just briefly define that for us?

JJ: Well, back in the day what it was, it was the doctor that called you in the morning after you made rounds because they were looking at your chart and they couldn't figure out why you kept this patient in the hospital. They need to go. But that was basically what I did. You're doing chart reviews in the hospital setting. Nowadays, it still exists. They're still doing that. The thing is, it's remote now. Even if you're on staff at a hospital, like I've had guests I've talked to who they're actually doing the chart reviews remotely now because you have EMRs and they'll call a physicians, they'll have a conversation, explain to them what they need to document to justify the stay or discharge the patient or there might be ordering an MRI with no indication. They'll say, “Well, you have to put an indication down here, otherwise, we're not going to approve it.” And so, that's what a physician advisor is in the hospital environment. At least that's the term that I still run into. I have friends that are doing physician advisor roles, but they don't use that term on the insurance side for the most part.

HF: Right. And that's something that a physician who's been in the hospital for their career, whether it's a surgeon and an anesthesiologist, an OB-GYN physician, they're very familiar with hospital settings. So, they could potentially even transition into a part-time physician advisor role, if that appeals to them.

JJ: Absolutely. Anyway, it's easy to find, most everyone knows who the big insurers are, obviously if they just Google “IRO”, they'll come up with a list of potential companies and take it from there.

HF: Do you want to just talk for a minute, John, about opportunities doing chart review? Because I know that encompasses a number of different things and the IRO, how that fits in.

JJ: IRO stands for independent review organizations. In my mind it seems like it's a model, but it's not. Because the companies are actually quite a bit different from what I understand. They have different needs for the types of reviews. But you sign up with a company, I don't think most of the time you're an employee, I think you're a freelancer, that kind of thing. And I guess you could be doing anything from a review of a denial. You could be looking for benefits management, just something to be approved in the first place. They have quality reviews. I don't know, I guess it is kind of a self-designation by the companies, but basically it's all electronic and they send you charts. Sometimes, you have to commit to certain, hours and days of the week. Other times it can be pretty random from some of the people I've talked to in terms of on their free time they'll just download charts and do whatever review is necessary.

But I've never done that kind of a chart review. I don't know exactly how it's done. I did have someone in my family who worked as a social worker who did online reviews for an insurance company and basically she was just stuck at a computer at home and red charts and responded with her feedback. Sounds like pretty much the same thing that physicians do.

HF: Often if there's been a denial of services or treatment, it needs to go to an independent organization to have a physician who doesn't have any stake in the game review, whether it's medically necessary or indicated from the guidelines. Physicians can do medical chart review. There's also for disability workers' comp. Now a caveat is that to do a lot of this chart review, you need to be clinically active at least eight hours a week. So this could be something you could start doing to increase your income if you're slowing down clinically. And then there's the area of more medical legal work, which again, does usually requires some degree of clinical activity. Would you like to speak to that, John?

JJ: Sure. I think the medical legal, most physicians are aware of expert witness work. That does require you to have been in practice full-time practice or near full-time and continue for some time. You could probably get away with slowing down for a while as an expert witness, but there's a point where you probably won't be able to do it. Now if you do expert witness work, as you know you mostly are doing reviews of cases and giving an opinion, but then you may end up in a deposition and you may end up in trial and there's a smaller percentage for each of those.

But it pays extremely well. It's very interesting work. And if you're cool under pressure and you don't mind being in a deposition, it was something I would've loved to have done if I had thought about it sooner in my career because I have no fear of attorneys and I love the attorneys I work with. That's one.

Now, something that's come out more recently, I say recent, it's in the last 15 years, but something I didn't know about until a few years ago was this medical legal sort of pretrial, pre-litigation type of consulting where you actually just review mostly personal injury cases. You review the paperwork, you organize the paperwork, produce a sort of a medical review for the attorney who then uses that to get all of the outcomes that are deserved by someone who's injured. Whether it's an automobile accident or workers' comp or some other personal injury.

And the thing is, it never involves almost, it'd be impossible because you're not an expert witness and you don't have to be in any particular specialty to do it. To me, if you're really like into the medical legal look, for that medical legal pre-litigation, pre-trial type of consulting. And you could do that definitely part-time. A lot of the people that do that now are doing it part-time. I took a course to teach me how to do it. I've never actually done it, but I took a course and I found it extremely interesting what I did.

HF: I think that would appeal to a number of physicians because a lot of them like doing that detective work digging in the chart, but they'd really rather not have to go and testify. And so, this is an option for them. Now then there's this area of consulting. And consulting is often confusing because it's so vague and it can be so varied.

JJ: Yeah, consulting could be anything. Anything you're an expert in, you can teach others by consulting. Even the things we're talking about today, I suppose, I could become some consultants to help people. Of course, you're a coach, just a lot like a consultant coach. What's the difference? You're just teaching someone else something that you know.

I think that's a little more challenging. Just the way I look at it would be challenging necessarily for me to think about, “Okay, now if I'm going to be a consultant, I have to be really crystal clear on what I'm an expert in. How do I present that? How do I market that? How do I get customers?”

And unless you want to try to apply for a job at McKinsey or Huron or one of those big companies, I'm not sure how that's going to go if you're 65 and applying, but if maybe you're a little younger. They are looking for knowledgeable physicians all the time, those big consulting firms. But the other thing is they probably want someone full-time most of the time. But if you're into starting your own thing, maybe you've had businesses in the past, clinical or nonclinical, then being a consultant is definitely an option.

HF: Absolutely. And there's some easy ways to get started. For example, knowledge consulting. And I did a podcast on this, so if you want to search on my website, on your knowledge consulting, it will come up with this company that I interviewed, GLG. And what they do is they're a matchmaker for putting together companies such as pharma companies, marketing companies, informatic companies that want to pick your brain and pay you and usually pay you well for your time. And so, you can get on their panel and then they reach out to you if you're a good fit. Knowledge consulting is something that's very, very part time. It's minimal work, but you could start there.

And then also say for example, you're an orthopedic surgeon, you would be a great fit for doing some part-time consulting for a medical device company. You could also think about if you have had your own practice, you might be able to start with a friend who maybe has their own practice or business and start helping them. And then you do one. See one, do one, teach one. And then you could slowly start building a bit of a practice management consulting business.

Just a side thing, if that was something you're interested in, I also have some clients who are doing AI consulting. And this doesn't mean you need to understand the AI algorithm or be able to code. They're really looking for very experienced physicians to evaluate the results that AI is getting clinically. For example, that could be reading MRIs or CAT scans or looking at the triage results that AI is using for an ER AI based triage program. These are opportunities that I've had physicians get just by being on LinkedIn and putting AI in their profile and having people reach out to them.

JJ: I think I have another good example of that too, of a physician who's consulting now. She decided to get out of the main heavy clinical work and she'd opened a med spa. We know many people that have opened med spas over the years. She opened her med spa, grew her med spa for 15 years, sold her med spa. So now she's a consultant to teach other physicians how to open and run a med spa. Sometimes it's just very straightforward. What am I going to teach people? Well, what you've done, something like that.

HF: Right, absolutely. I think that's a great example. Because we often don't really think we have an expertise unless somehow we've gotten a certificate in something. But really what you learn and what you know is proof. That reminds me of going back to clinical options, is people can also dial down a bit, for example, by getting into weight loss management and they could work for another company or they could work for themselves. And you mentioned the aesthetic direction. These can be still pretty big endeavors, but if you've been working 60 hours a week and on call all the time and doing lots of surgical procedures, something like this can sound a bit like a vacation.

JJ: That's right. Yeah. I can see a surgeon say, well, maybe they'll do, like you said, the aesthetics or I don't know. I often thought I'd want to open up a wart treatment center. I need some liquid nitrogen and then put a sign out and say, “Hey, I'll take care of you.” Because people can't get in to get that done, even though it's such a common problem.

HF: Right. And I've heard of surgeons who open up vein clinics and do sclerotherapy and vein treatment. That's a great opportunity too. Now we have a few more options I want to go over, but before that I want to take a short break and share a resource.

All right, my dear listeners, I think you probably heard me mention our sponsor who offers these free consultations to talk to you about your disability or life insurance coverage. The company is PearsonRavitz and we've had Dr. Stephany Pearson on the podcast and she talked about how she had a shoulder injury while delivering a baby that was career ending. She didn't have the disability coverage that she thought she did. It was a terrible blow to her, not just emotionally, but also financially. And she had to figure out what was next and she ended up creating and co-founding this business PearsonRavitz.

If you're interested in learning more about if your policy is the right one, if you're getting the coverage you think you are, or if you want to look at a new policy, you can reach out to pearsonravitz.com and I'll have that link in the show notes.

All right, we're back here with my wonderful guest, Dr. John Jurica, and we're going to talk about some more options for you.

JJ: Well, I did want to say that I really like your sponsor. I've talked to her before myself and I think she's really dedicated and it was her own life experience that led her to doing the brokering of the disability. So kudos for having her as a sponsor.

HF: Yes, thank you. She has so much integrity and she really just wants to help physicians and keep them out of trouble. So, thank you for that. All right, John, where to next?

JJ: I have to mention medical writing because it occurred to me as I was thinking about speaking today. Medical writing is a huge thing and I'm not going to go into all the details. You've covered so much about medical writing and had so many guests on your podcast. But I did a job that was related to this. I used to be a surveyor for the ACCME, which is the Accreditation Council on CME. It was a long story, I got into that because I was the chair for our CME committee at our hospital and eventually I became a surveyor, which was not a paid position. I can't promote that as something you can do part-time and earn an income.

But as a side benefit, I did a lot of surveys with different CME providers and I met one. And after everything was said and done in the survey, they were looking for people to work as essentially an editor. They call me a division planner, but what I do is review manuscripts and check them over. Basically, just the content, the references and so forth. And I've been doing that for 20 years, and I do one or two manuscripts a month. This is a very well-known company that sends out mass mailings and paper to most of the physicians in the country. I think most everyone is listening. If they're in active practice they probably have seen one of theirs. And if they look in the front and you'll see my name. I'm probably never going to give that up. And it's fun.

The ACCME, it's an organization and credits about 600 different companies, all of which produce CME. You can go to their website and maybe look some things up if you're interested in doing something like that and reaching out to some of these companies. And there's all the other aspects of medical writing that are beyond what I'm talking about as well.

HF: You're so right John. Medical writing is a huge area. There are so many different types of writing you can do from the more regulatory pharmaceutical writing to patient education, CME as you mentioned to health news reporting. And when we did the podcast on ageism, I talked about Emma Hitt who has a course that helps physicians become freelance medical writers. And this is a great thing you can do. You could be in Africa on Safari and doing medical writing. You could be on a cruise ship, you could be in an RV van. You don't need to be located anywhere. You don't have to have an active license, no practice, no malpractice insurance. It's just a great side gig for flexibility. I'm glad you mentioned that. And for people interested, if you search on my podcast there are a good number of podcasts on medical writing and the same thing on John's podcast.

JJ: Absolutely.

HF: All right, I know we've got to finish soon. We've got a few more to get in here. So teaching. Teaching should be really almost at the top of the list because it's something that I think a lot of you listening out there are really great at. You get great feedback. Patients say, “Wow doc, no one ever explained that to me that way and really now understand my diabetes.” And so, there are medical schools that will pay you to teach and even pay you to mentor students and help guide them and be coaches in a way. And there are other ones that just expect you to do this for free. So, don't just assume if you reach out to one and they say they won't pay you that that's just the party line. It really depends on the school. And Dr. Melissa Wheeler who's recently on the podcast, she's teaching full-time at a community college anatomy and physiology. And this is something you could do part-time as well.

JJ: Yeah. I'm trying to think of others I've known that go into some form of teaching, but I've heard about it at college level, university level, PA schools. I think you mentioned someone that maybe is doing that earlier today. I know someone who went into and was teaching in a grammar school something related to anatomy or science or something. So there's lots of things. You just have to get creative when you think about that one. I've never taught and all the things we talked about, some of the things I've never done. But I definitely know people that have done that, particularly as a part-time issue.

HF: Right. And so, that's something you're interested in, look into it. Because I've also had physicians do this remotely so they don't actually have to be there physically at the school so they can teach remotely. All right, any other ones that you'd like to add in John, before we wrap up?

JJ: Oh yeah, I almost forgot about this one. I mentioned doing surveys for free, whether a lot of accreditation organizations, if we think back to being in the hospital setting or in a, let's say a surge center. There's these people that come around and every once in a while they got a survey. We had a lab survey in our hospital every year or two. We had a joint commission in our hospital. And there's URAC I think for rehab.

For everything in medicine and healthcare, there's somebody surveying either because of the state or federal requirement or to be part of some kind of a group. And so, all those people, all those companies need surveyors. There's a lot of nursing surveyors, there's a lot of pharmacy surveyors and there's a lot of physician surveyors in these organizations. I would definitely dig into that a little bit and just see what's out there. Some of them have very strict requirements because you have to be a member of that group. You have to be a pathologist if you're going to do something, maybe with a lab group. But there's all kinds of surveys out there that require experts like physicians.

HF: Yes, you’re so right. And it reminds me of an emergency medicine physician who was later in his career but not ready to retire. Then he started working for ACGME going out and evaluating residency programs.

JJ: Yeah, absolutely. And some of those, they're interesting and they're definitely part-time and you might have to do something for a whole week at a time, but then you might not have to do a survey for two months in a lot of these roles that I'm aware of. A little more flexibility there perhaps.

HF: All right, it definitely was a trip to the buffet of options and I'm sure there's many more that we haven't mentioned. One thing just popped in my mind, wound care. That's another thing you can do that's less stressful, that it's open to a lot of different specialties. I know after this we'll keep thinking more. And listeners, please reach out and remind us of other things we forgot and things that you're doing so we can update this down the road. I just want to thank you so much John for coming on the podcast to help me out with this great topic.

JJ: It's been my pleasure. I always enjoy coming on your podcast and chatting. I like the fact that we've got a bunch of physicians out there that we're both helping a little bit with some of this information.

HF: Yeah. Because they're awesome and we want them to have whatever career they want at whatever speed. And so, they can really enjoy every day, every week, every month, every year until the suns sets on all of us, that will, at some point.

JJ: That's right.

HF: All right. Well, thank you so much and thank you my dear listeners for being here. Please share this podcast. And like I said, it doesn't have to be with someone who's even thinking about retirement. It could be one of you young whippersnappers out there who just want to increase your platform and have more of a portfolio career. Because that's great for sustainability. So, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.   
  
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Podcast details

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