**EPISODE 217 Choosing your own path - Dr. Samant’s Story From Medicine To Consulting and Beyond**

**With guest Dr. Maanas Samant**

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MS: “When there's a path laid out in front of you, a lot of it's just putting one foot in front of the other. There's not a lot of thinking about where this path leads and what I want and all those things. You have to take action, not just dream or wish, saying, I want to do something different. Then just going into work every day won't get you somewhere different. You need to veer off.”

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 to the Doctor's Crossing Carpe Diem podcast. I'm your host, Heather Fork, and you're listening to episode number 217. Have you ever felt the path laid out for you wasn't the one you were meant to take? Maybe you pursued a career because it was expected of you, but deep down you knew you were being pulled in a different direction. That's exactly what happened to my guest today, Dr. Maanas Samant, who is currently the CMIO at a tech company involved in product solutions for the healthcare and fintech industries.

Growing up in the U.S. in a family that valued medicine, his father and two uncles are all physicians. He went to medical school in India at his father's recommendation and completed an internship there. But even before he went to medical school, Maanas realized that clinical medicine wasn't where his true passions lay.

In undergrad, he was drawn towards computers, building them, fixing them, even hacking accounts online. Upon completing medical school, he returned and focused on health tech informatics and solving healthcare challenges on a broader scale. Hence, he did not become a practicing physician, but you'll get the story in a minute.

In today's episode, we're talking about what it looks like when you choose to follow your own path, even when it goes against expectations. We'll also explore his transition from medicine into consulting and tech, what it's to work at a major consulting firm Accenture, the kinds of projects physicians work on in consulting, the pros and cons of stepping away from clinical practice, and how you can explore opportunities outside of traditional medicine, whether you're a U.S. grad or an IMG.

Even if consulting isn't something you've considered, this episode is about much more than consulting. It has to do with giving yourself permission to follow what excites you, lean into your strengths, and step fully into your zone of genius. It is my true honor and pleasure to welcome Dr. Maanas Samant to the podcast. Hello and welcome.

MS: Thank you, Dr. Fork, for having me on the podcast. I'm really excited to be here to share my journey from medicine to consulting and beyond. I know a lot of physicians are curious about what career paths exist outside of clinical practice, and I do hope that our conversation today provides some valuable insights or practical takeaways for anyone considering this transition.

HF: Hi, you're so welcome, and please call me Heather. Let's begin with your story and start with your family and how that influenced your initial direction.

MS: Sure. Yeah, I think I grew up in the Indian immigrant family. I was born in America, but my parents came over in the 70s. My father's a cardiologist. He also went to medical school in India, did his residency in New York, and his fellowship in Los Angeles. It's a story that a lot of immigrant kids can relate to, especially Indians.

HF: I love to hear you talk about how that idea of being a physician resonated with you, and if that was something you were really connected to in terms of your interest early on, or if you had other interests that were calling to you.

MS: Yeah, I think the one thing throughout my childhood that led me to being a physician is just having bad handwriting. I think other than that, there wasn't anything else. I think I was a pretty normal kid growing up and up into the 90s playing with neighbors, baseball in the front yard, obsessive basketball, Nintendo. I think the only thing that changed was when we got a computer, and that was really the big change for me in my childhood. But yeah, I don't think I had any aspirations of being a physician or anything. Definitely looked up to my dad. A big thing was when he's on a phone call, everyone has to be quiet, you can't even talk. Because that was a thing instilled in us. Like there's life or death on the phone thing.

HF: Yeah, you saw it was an important career, and you had the handwriting that was a good match. But tell me what you were doing, Maanas, because it's very interesting when we talked before recording the podcast of your computer skills, which I really think qualifies as a zone of genius that was demonstrated early on. So tell us a little bit about that.

MS: Yeah, it might be a little bit of a history lesson. But we had an IBM 486 computer, which was released in 1989. And we had that till 1994. So we got a new computer Pentium 90 in 1994. And it was now we could be online. There was a connection to the World Wide Web. Of course, it doesn't come with that. So I had to get good grades, convince my parents to buy a modem. Then I opened the box to this modem, and it's an internal modem. For your listeners who don't know what that is, it's just a random green circuit board with some chips and metal connectors. It's not the external modem you see today with blinking lights and cables, you just plug in.

I had to open up my computer, the actual computer, the case and slot it into the motherboard. And it wasn't plug and play. I convinced my parents and this computer taken apart, I got it slotted in, and then I have to turn it on. There's no plug and play, it's not recognized. I had to go to IRQ settings, and you can't Google them because you're not online yet. Plus, Google hadn't been founded for another few years. I did a lot of guess and check at 10 years old to be I got to figure out this internet thing. And I was able to get online with just guess and check and ingenuity, I guess at that point, I got to figure this out, try to solve this thing. And yeah, I think that was the start of the next phase of just being online, the start of the internet in 1994.

HF: Obviously, you had a real knack and skill for figuring things out with computers, and this technical expertise that no one taught you how to do these things at 10 years old. Now, fast forward, how does this weigh in on your deciding to follow the path of medicine?

MS: Yeah, I think I was your typical Indian kid. I was very obedient. My mom could get me to do anything. And I had a healthy, respectful fear of my dad. And I think I grew up with the mentality of “Parents are gods, listen to them.” That's where the big things in life and career, small things, I was still defiant, I don't go to bed, or things that. But I think it was the need to be a “good” kid. You don't want to be a bad kid. So it's you listen to your parents, your parents tell you to do this, you do it. I think that continued on.

And when I was in college, it was the same thing. I was a biochem major. And all my friends were computer science, computer engineering. And we were going to fries on the weekend building computers and doing all this stuff. And I was still a teenager, but I was in college. And it was like I told my mom, “Hey, I want to change my major and go into computers and stuff, because I'm really good at the stuff.” And she was just like computers are the video games I always play. She's like stop messing around with these games. It's time to grow up and become a doctor and things like that.

I don't think I had anything figured out. And it was more of the obedience, yeah, I think my parents know well, and even today, I think they had really good intentions. And maybe they just don't understand the difference between my skill with technology and just my general science skill.

HF: And who knows, you could have been a neurosurgeon and applied to some of these things. Just like instead of a computer, it could have been a brain.

MS: Yeah, I could have been at Neuralink doing something there with their brain computer interfaces. Who knows?

HF: Right, exactly. We're going to jump pretty quickly to how you made this decision after medical school, not to pursue medicine, but it didn't stop right at medical school. So let's fast forward a little bit there. You've finished medical school, and then what happens next?

MS: I was doing my internship. So I had a one year rotational internship.

HF: And you were doing this in India?

MS: Correct. Yeah. While I was doing this rotation, one of my classmates who's from Canada, so he was dating a girl in Canada, and he invited his girlfriend's cousin to come out because she was visiting. That's my now wife. So I just happened to meet her. It was serendipity, I guess. I met her there. And after a little while, she had some, I guess, just a computer issue. And I just went into her modem settings and it was really easy. I think it's nothing impressive or anything, but still to just go to the IP 192.168.11 admin admin, you go and you look at the settings and change two things and fix the issue.

And she was just like “Why are you a doctor?” That was like “How is this guy just doing this so simply?” And again, it's not that big of a deal. But I was like “Why am I a doctor?” I didn't have a really good answer. She's like “You don't have to be a doctor if you don't want to.” And I was like “Is she right?” It definitely started me down that path of thinking “Yeah, I don't really need to do this.”

HF: I love this story. Now, had you ever asked yourself that question? Why am I doing medicine when all my energy…?

MS: I don't think so. Definitely not. That's why it was such a revelation. I was like “Oh, yeah, why am I doing it?” There's a lot of thought that needs to go into why you're doing stuff. I think when there's a path laid out in front of you, a lot of it's just putting one foot in front of the other. There's not a lot of thinking about where this path leads and what I want and all those things.

HF: She asked this question. And how long did it take you Maanas to decide to do something different and not follow this path which you had started on a long time ago?

MS: It was a progression, I'd say, because it's not like I could just jump off and get a job in something else. So it was my whole resume, my whole background was leading towards medicine. Biochem undergrad into medical school, and now an internship. Anyone looks at me on paper without talking to me, there's “Oh, yeah, this guy's a doctor, this guy can do medicine.” I think it was a bit of a strategic transition to be like “How can I get closer to tech?” And my wife, even though she did computer science, she's a businesswoman. She approached it from a business perspective of “If Maanas is a business, how do we position him for X and Y?” It was like “How can we pitch? Or how can we make this guy look presentable and get something else? And how do we get towards medical technology? What is medical technology today? I think it was more of a concerted effort from her on with her business knowledge to be like “Hey, we can get you into something else. But again, I didn't know what something else was.”

HF: Your wife is brilliant. And so are you. I love how she said, “We need to think of you as a business.” And this is something I've heard from Dr. Una, as The EntreMD, she goes, you are the CEO of your own company, even if you're an employee, you're the CEO of yourself. And I think that's a helpful perspective to see yourself and how do you pitch you as a business or an entity that can bring value? Briefly, how did you get that first job? Because that's often the hardest thing. And I guess you're back in the United States at this point.

MS: Correct. Yeah, back in the US. I first was looking at roles at universities, and was looking at job boards and just seeing what they had. All of them were non tenure track, but they had a lecturer positions and things like that. And I was like “Oh, I do enjoy teaching. And it was just but I want to get into technology at some point.” And it was through again, through connections, I got introduced from one guy to another to another, just networking and talking to people. And the guy who ultimately ended up hiring me, I don't have any direct connection to him. But it's like the Kevin Bacon, six degrees of separation, I got him.

I finally got to talk to him. And I interviewed and he was like “Yeah, you can work in our department here.” It was performance and quality improvement at Cedars-Sinai Medical Center in Los Angeles. I started there, which is again, health adjacent. So it's more of the quality measures, understanding things 30 day all cause readmission, and really understanding business of medicine in America. So doing it firsthand, I think is much better than doing a course or doing MPH or one of these degrees, just getting on the ground, learning it, while you're doing it. Learning on the job. So that's my ideal way to learn. And yeah, I learned a lot in my year or so there.

HF: You did this position at Cedars-Sinai. And while you were doing that, what was your family thinking? Were you having any doubts? Did I make the right decision? Does it feel secure enough? Should I maybe have given medicine more of a try?

MS: Yeah, maybe a smarter person would have had those thoughts. But no, I was just doing my own thing of I think my family, my dad and his two brothers are all doctors. I think for them, at least it was Maanas is working at a really prestigious hospital. They didn't have any qualms at that right there. They can't be angry or disappointed at that point. But yeah, I didn't get a lot of pushback or anything on working at Cedars.

HF: What were you listening to Maanas that led you to your next step in your career path?

MS: I was doing some startup stuff in the Bay Area, in San Francisco, San Jose side. None of that worked out because I'm not a startup billionaire today. But I went through a founder's program, Founder Institute up there. While I was doing that, I got a lot of good experience. And that time I had applied to Accenture and I got a job, it was health IT physician consultant, but I did a bunch of different roles there. That's how I got out of the startup world and back into, I guess now I'm in the corporate tech world.

I think being in Silicon Valley and talking to the folks who are on the cutting edge of tech and being able to fit in and not feel an outsider in that environment gave me a lot of confidence as well. And yeah, I think it was more of the thing I'm listening to internally is “You can do this. If you can hack it in Silicon Valley, you can hack it anywhere.” I think that type of confidence really resonated with me. I think that let me go forward and look at what else I wanted and startup stuff didn't work out. So it's I can do anything in any tech. Let me go and do some corporate stability for a little while, I guess, and outside of startup dreams. And so yeah, I think it was a great transition there.

HF: Yeah. Please help us understand what it's for physicians at big consulting companies.

MS: I think largely it's any consultant there. Once you get hired, you do your onboarding stuff and then it's networking internally to get roles. So you don't just get placed on roles, which is something people may not know, unless you're hired with an immediate project in mind. There's a large internal network of folks leading projects. So you need to find and connect with them and then get onto their project.

That's a really important point to make. It is a huge networking internally thing that you have to continually do when you're at a consulting company. But yeah, I think for physicians, a great thing about this is again, the boots on the ground thing we spoke about earlier, is that Accenture has six core values and one of them is stewardship. That's building a more durable, stronger, better company. You're supposed to act with the owner mentality and develop your people. And I only made it through my career at Accenture due to the stewardship of those who took an active interest in me and my career, Michelle Duncan and Keith Auber, Kip Webb, a lot of folks like Steve Savas. These folks really held the Accenture standard and make sure that you succeed.

Connecting with those types of people is really important. I believe that if you're a physician getting into these places, so nurses, doctors, other folks who are there will really connect with you and you just have to work with them and see what you can accomplish together.

HF: How did you get this position?

MS: I just applied for it. I applied at their portal and I got a call back from the recruiter. And the recruiting process I think is still the best of any company I've ever seen. They have a very well laid out process of first of the screening interview, then they do an EQ interview with someone who's not even at all related to your thing. So if you're in health, they'll have someone who has zero idea about health and you do that interview. And then there's one more interview of someone who's actually in health. And then the last one's an in-person interview where they fly you out to some managing director and you talk to them. So I think you understanding of their process and if they're disorganized during the interview, you can imagine what it'll be like working there too.

HF: Exactly. I've heard about the interviewing at these big companies Accenture and McKinsey and Boston Consulting Group and Deloitte. They are time intensive and there's often multiple interviews and there's also sort of a structure that you helpful to learn about how to do these interviews. So let's say you get into a consulting company and you're in there. Help us understand what are some types of projects that you might be working on as a physician.

MS: Sure. Yeah. Mine were generally a blend of tech and medicine. Obviously. But I did have one that was very pure clinical. I think my first one was an analytics implementation at a hospital. It was great for me as I was the liaison between tech and medicine so I can talk to the clinical leadership on metrics they care about. Things that actually influence patient care. I can understand how metrics hemoglobin A1C are important.

And then to the executive board they care about measures or metrics that provide reimbursement. They have a whole different set of needs on their side. When we're developing this analytics dashboard, it needs to be a blend of both to keep all sides happy. So it's basically just understanding all sides. And I don't have a deep financial understanding at all, but it's really easy to understand that executives want to maximize profit and revenue. I don't think anyone needs to go to business school for that.

So, yeah, that was great because I had a team behind me to work alongside me, made a crosswalk of all the different reimbursement plans so you can see which measures overlap. It's like here's the best money ones. Here's some clinical ones they'll care about. Where's the overlap? And then we can present that and all sides will be happy. Right. So we can blend in things that are going to actually help patients. And here's the measures that are going to give you a lot of money back. So everyone's happy there. That was the first project.

HF: I know people might be listening and thinking, “Well, I'm not techie like Maanas, and I didn't do this job at Cedars-Sinai before and get this boots on the ground experience. Why would a big consulting company be interested in me?” Could you speak to what companies are looking for in physicians and who might be good candidates?

MS: Yeah. Speaking about Accenture specifically, I spoke about their core values. One was stewardship. The other one is best people. They really try to hire smart people who they think are really going to give them a good return on their investment. So that's what you need to prove to them. Like, hey, my salary is going to be fine for you to pay because you're going to get more money by putting me on projects. So, it's really looking at what roles they're looking for. If they are hiring for a physician consultant, they may have something specific in there that they're looking for. But generally, I don't think they look for specialties. There's no oncology board certification required for an oncology project at a consulting company.

But yeah, I do think if you're able to frame it again, like we said, as a business decision. The reason that they should hire me. even if I don't have any tech experience, it's when I was doing my residency, I was on the committee for whatever financial planning or whatever you did. You can say something that you did adjacent or as adjacent as possible. Maybe you were on some readmission thing for heart failure. And so you can say, “Hey, I worked on this project and this is what my, this is my background. I can understand this.”

I think everyone has that. I think it's hard to find or to maybe think of it immediately. But if you look at what you've done outside of just, even if it's, you've just done residency or just in medical school, you must've gone to some location where you had a great experience that you could share and you could turn it into a positive and make it into a business case of “Hey, hire me. I'm not just a physician who's just practice medicine because there's a dozen, if you're going to say that, but it's like I have a few other things that make me unique and here's my unique features.”

Like you said, even if they're not into technology or anything I am, I think if you take the time to just reflect and think about your career, think about what you've done in medicine, but slightly outside of medicine, you'll find a lot of really interesting things that you could share. And I think other people will find that valuable.

HF: I think that's a really helpful perspective because often we say, “Well, I'm only a physician or just a physician. I don't have transferable skills.”

MS: Right. Yeah.

HF: Now I'd love to hear some other projects that you did briefly to give an idea of the breadth and depth of what a physician might be doing.

MS: Sure. Yes. My second project, the one I said was purely clinical. It was an automation project for a laboratory benefits management company. It was insurance related. I was onsite in Florida and it's writing medical necessity criteria that the tech team would then turn into algorithms. But it was a long form word document. There's no tech involved. And it's like here's the blank document and you fill in the condition and the parameters for why it would be approved or not. It's a little sad today. We see insurers getting caught, batch denying things and things that. Now they're blaming AI.

But the goal of this project was really to instantly approve those who met certain conditions and reject others instantly. The approve automatically was for newborns, you do certain tests and maybe vitamin K, et cetera. The algorithm would look if the age is between zero and two months, you just instantly approve this no matter what, there's no other thing.

And an easy to understand of the opposite would be if you're doing a pregnancy test and the sex is male instantly reject there's something wrong with this. It's just a human doesn't need to waste time looking at, it was the thought, if these parameters aren't met, if the kid's a year old, it's we're not going to do all these brand new things.

That was that project. And it was working with the algorithm team very slightly. But I really worked with the client who was the chief medical officer there. He used to be the president, the American Lung Association. He was a really, really great doctor. It was just presenting those to him. That was a very clinical project.

The third project quickly, it was a HEDIS project. I networked and joined this and I didn't even know what HEDIS stood for. I showed up the first day at this giant downtown office. And I was all right, I'm here. What is HEDIS? Y'all can just look it up. I'm not going to explain HEDIS. I think it'll take too long. But yeah, it was a HEDIS project, which is healthcare metrics that you get reimbursement for.

And my last project, which was over a year long, was an Epic implementation. I was on the clinical content team. I had a nurse reporting to me. It was a mixed team of both Accenture and the client IT folks. Earlier it was paper to electronic, but now everyone's on EHRs or EMRs, whatever you call them. And it was transitioning from one to another.

The example I like to give is in the old system, if you were doing urine tests, there was one urinalysis as one test, and then urine culture as a separate test. The new system just had a urine reflex. It orders a urinalysis, and if anything comes back positive, it automatically sends a urine culture. But if it's negative, obviously you don't want to send a urine culture if it's negative. That's an example. And it's like you need a clinical understanding to make sure that none of these are missed as you change over from the old system to the new one, because it could actually cause patient harm if you miss any of these things. I was there for over a year, and that was the Epic implementation project.

HF: Well, that's quite a variety of projects that you were working on. You told me something interesting when we were talking before the podcast about how you were able to do that variety. Do you want to just mention that?

MS: Yeah, even at this project, I rejected offers to be trained on the company's dime, but as a physician builder in Epic, because I felt I would only get Epic projects going forward. And my goal was really to do wildly different projects, keep doing new stuff, which is more interesting to me than just doing the same project over and over.

HF: Now let's talk for a minute about the structure of working for a consulting company, because this is where it can be a deal breaker for people in terms of travel and time away from home. Give us a picture of what that looks like.

MS: Yeah, it is. It is definitely difficult. I think these big consulting companies, they try to move away from it. I actually don't know how it's changed since COVID, but they have tried to have more regional consulting to keep costs down. But yeah, when I was there, it was generally Monday to Thursday, you're at the client site, whether it's a hospital or an office. And then Friday you work remotely from home. You basically fly in and out a lot. You're not with your family a lot. And I did have conversations towards the end of my career with folks who have been there for 20 plus years. And they were raised in a family of four. And I was just like “Yeah, but we have a newborn and my wife's really struggling. We don't know what we're doing and I'm gone four days a week.” It was a really tough thing.

I think today my kids are a little older, but I still don't want to miss four days a week of their childhood. It is a tough thing there. But if you are able to get local roles, I would say just don't count on getting local roles, even if they tell you at the hiring process. Local consulting, it won't work out perfectly because at the end of the day, it is a business and the ROI needs to be there. If you need to be in Pittsburgh in two weeks, they're going to tell you to go to Pittsburgh or get out thing. You have to look at your life situation and see if you're able to do this.

I think a lot of people really enjoy it. You get tons of airline points. I miss being Platinum Marriott. You get so many parks and all these things. There are things that there are positives. But yeah, definitely got to weigh the pros and cons.

HF: When you think about your experience there, how would you help a physician who may be finishing med school or residency or out a couple of years of clinical practice, maybe a little bit longer to think about, “Could this be something for me either temporarily or long term?”

MS: Yeah. I'll just go back to something that someone told me in medical school. He's a psychiatrist now, but he told me being in medicine it's not just about liking what you do. It's waking up 10 years from now, having done the same thing every day for the last 10 years and still liking what you do.

I think that was really a good thing for me to say, especially when you look at what I said earlier about I love doing new things and I want to try new projects. It just doesn't sound like the type of career that I wanted to have. I think Roger, wherever he is now, I think he's in New Jersey. But yeah, he told me that and it really resonated with me.

HF: And do you see different physicians, say, from different backgrounds? You did your training abroad, but you are a U.S. citizen. Do you see physicians who are not U.S. citizens, but did their training abroad get into consulting? Do you see older physicians getting consulting? Do you see physicians who are just out of residency getting into consulting?

MS: Yes, definitely. I see international doctors because even on that highly clinical project, the other physician on the project was actively in India. He was an Indian doctor in India. So he worked when I wasn't working. He'd work overnight, my time, and I was on site with the client. We would work together and we would get things. And we worked in parallel, but yeah, we definitely have physicians overseas as well.

For older physicians, what I heard at Accenture was that they like hiring younger physicians, at a med school, at a residency, or like you said, maybe with a couple of years, because they're still malleable. They can mold them into really good consultants. Versus older physicians, this is just in their view, is that they're more set in their ways. It's hard to tell someone who's been in clinical practice 20 years, “Hey, do it like this.” They just won't listen is what Steve's experience was at McKinsey before he came over to Accenture. So that's what they said. I don't know if I agree with all that, but yeah, that's their mindset.

HF: Now, I know a lot of the physicians listening won't necessarily be able to work at a big consulting firm, but they have a lot of knowledge and expertise and may want to do some consulting on the side, say hourly. Could you speak for a minute about some of those kinds of opportunities?

MS: Yeah, definitely. I think that hourly consulting as a side is a great gig. But again, you need a main gig to continue while you're doing it, because it is a little erratic. You won't get consistent work. While you may get $400, $500 per hour, speaking to your specialty, I think it is very niche compared to the general consulting you get at an Accenture as a physician.

If you look at these calls that they're a client's looking for a specific need, we need a board certified oncologist to answer some questions about this app, or we need a cardiologist to answer things about this. You will get those and you can make some money off them. And maybe it's if you enjoy them, you can think about bridging off into something else full time. But yeah, as a side gig, I think it's not a bad way to get your feet wet and see what it's in that consulting.

HF: Yeah, and we did a podcast called Knowledge Consulting, and I can link to that in the show notes, because it does speak to this chance where you can work for a company that's a matchmaker that helps connect you with companies looking for your expertise. Thanks for sharing that.

Now, I want to take a quick break to share a resource, and then we'll be back to wrap up and talk about some more things you can think about if you're really questioning your path and not sure if you've made the right decision or not. Hold on for a minute. We'll be right back with Dr. Maanas Samad.

All right, my dear guests, I just wanted to talk for a minute about LinkedIn, because as Maanas mentioned, networking can be so key when you're trying to find a position, especially something that's a little bit out of the box. However, if you're not on LinkedIn, it's hard to find other physicians on LinkedIn that you can reach out to. And it's impossible for recruiters to find you.

I just had a client yesterday who told me about a company that reached out to her for a position in her area, and they're willing to train her. This is a nonclinical job. And they actually said, we don't want you to have any experience in this area, which we all want for that job. And it was only because she had a profile on LinkedIn that this company found her.

I've also had physicians say that these knowledge consulting companies will find them on LinkedIn and say, “Oh, we'd love to do a call with you. We'll pay you this much per hour if you can speak about X, Y, Z.”

If you don't already have a profile on LinkedIn, or you're wondering, “Well, how do I optimize my profile?” I have a course, LinkedIn for Physicians, and it has actionable videos that walk you through every step of creating your profile, how to optimize it, how to message other physicians who you don't even know are recruiters on LinkedIn and get results.

You can find out more information about this course by going to doctorscrossing.com and hit the products tab at the top of the page. I'll also put a link in the show notes for the LinkedIn course where you can find out more information. Or just feel free to reach out to us at team@doctorscrossing.com.

All right, now back to our interview with Dr. Maanas Samad. All right, Maanas, your story is really interesting, and you didn't stay at Accenture. You got some great experience there, and you're currently working as a CMIO in healthcare and FinTech. When you look back on this whole arc of your career so far, you're young and you probably have a lot more of this going to happen, what would you say are some key things for physicians to think about when they're questioning whether they've been on the right path or not?

MS: Maybe the biggest lesson is it's never too late, but it always feels too late. I've already done four years of med school, might as well do residency. Well, I did eight years of med school residency, might as well do… And you just keep getting that sunken cost fallacy.

If I had any advice to give, it would really just be, you have to take action, not just dream or wish, saying, I want to do something different. Then just going into work every day won't get you somewhere different. You need to veer off and take a path. And I'd say take consistent action, not just a one-time thing. I think LinkedIn is a great resource. I was really happy that you mentioned that. I think the majority of physicians aren't on LinkedIn. Pretty much everyone I went to med school with is not on LinkedIn. I think getting on LinkedIn is step zero. Make a profile, make a good one and have it say things that I'm sure there's a lot of tips on specifics that you have in your course, but you have to really get a good profile that lets even that passive action happen.

Your one thing, when you have that profile, when it speaks to people, when people look at it and they're like “Hey, this guy might be good for this role or whatever”, that's your passive action. You make that one big action. Once you do it, you can also post and do other things. But I'm telling you, even having that profile, it's a game changer I think. Yeah, definitely do that.

HF: Yeah, I really like what you said about, don't look at the sunk costs and have that be a reason to stay stuck. Because if you do, when you're dead you, you won't really have lived the life you're meant to live in. And who wants to have on their gravestone “Oh, well, the sunk costs were too great. I decided not to follow my heart.” Those are some really big sunk costs at that point. What about physicians who might tell themselves, “I don't have any transferable skills?”

MS: I think I said a little bit of it earlier, but I think just really reflecting on all the things that you've done, even if it was an undergrad, you did an internship or you did something, there's a lot of skills that you pick up along the way even in bedside manner, you're talking to patients, communicating difficult issues, communicating diagnoses to the family. I think you mentioned earlier, we say we're just a physician, but you're really glossing over a lot of the details when you say that.

HF: What would you like to add to this conversation about compensation?

MS: A lot of it depends on what level you're hired at. There's at Accenture, consultants, level nine. Then managers, level seven, senior managers, level six, and you go down to one, which is CEO. It's really dependent on where you're hired at and where you can say, “I'm going to provide value to the level of a manager.” It's like what experience do you have managing a team? They have already set numbers for each level, for each location.

There's not a lot of negotiation you're going to do. If you're looking at these roles at these large consulting companies, I'm sure you can negotiate a little. But again, it's based on your level and your location.

HF: Something I've seen sort of from the lower entry to maybe range a little higher is somewhere between 150 to 250 and then up maybe higher for some more senior level positions. Can you speak to that at all?

MS: I haven't worked in consulting for a long time as a full time person, but I would say that lower range sounds right. I’m seeing the upper range, it goes really into the millions because there's a lot of bonuses you get for certain things at the higher levels. It's a eat what you kill mentality. If you go out and you get a contract at a big hospital, you put consultants onto your project, you do that, you're going to get a large chunk of that project that you were able to acquire. They have a really strong thing at the top.

And there's not a sales team, everyone's selling. When I show up to the client site every day, being professional, doing a great job, I'm selling Accenture to them being like “Hey, these guys are real professionals. These guys know their stuff.” And that helps you get more work. As you add on more SOWs, more change orders you get all these new things. It all adds up to your bonus towards the end. And I don't even know where the upper end of that upper limit goes. It goes real high. It gets in the eight figures and things.

HF: Oh, okay. That's interesting. It's really high upside potential. All right. Well, it's been wonderful to have you on the podcast. Is there any last word of advice that you'd like to share before we wrap up?

MS: No, thanks for reaching out and finding me on LinkedIn. I think I'm very happy to talk with you. And I hope that this is useful for your audience. Thanks again for having me on.

HF: You're so welcome. And I'm so glad your pathway has been so successful. I'm happy for you.

All right, my dear listeners, as I mentioned, there is this opportunity to learn more about LinkedIn if you would need some help. And you can find my LinkedIn course at doctorscrossing.com under the products tab. And it does have actionable videos that walk you through every step of optimizing your profile. And there are also cheat sheets that go with each lesson. Once you see what the different things are that you can do on LinkedIn, it gives you the actual steps. You don't have to be figuring it out all on your own.

I just want to say again that the theme we often have on this podcast is really finding out what works for you. And as you hear from our listeners, that the path isn't necessarily straight. There's digging and zagging, but that's part of the journey that makes it exciting. And it's really more realistic than the path that we took to get into medicine, which is very linear with high guardrails. But you definitely can be an explorer if the journey is going to take you somewhere else.

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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Podcast details

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