



**EPISODE #229: Behind the Scenes of a Bold Career Pivot: What It Really Takes to Reinvent Yourself**  
**With guest Dr. Michelle Mudge-Riley**

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HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

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 229. Today's episode is called Behind the Scenes of a Bold Career Pivot: What It Really Takes to Reinvent Yourself. And that's exactly what we're diving into, a real unfiltered look at what it means to make a major career change as a physician.

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I'm joined by Dr. Michelle Mudge-Riley. Michelle trained in pathology and has worked in consulting for pharma and other areas in the healthcare space. Additionally, she has supported many physicians exploring new career directions as a coach and through online and in-person conferences.

In 2020, while hosting one of her own conferences, a new curiosity caught Michelle by surprise. What began as a passing thought soon grew into a real possibility. She followed her curiosity and made the leap into pharma as a medical science liaison, advanced medical director in medical affairs, and now works in clinical development on global trials for rare diseases.

In today's conversation, Michelle will share insider pearls about what it really takes to break into a new field, especially when you don't fit the typical mold. We'll talk about using networking and informational interviews to open doors, the persistence it takes to keep going when rejection piles up, and how one "yes" can change everything.

If you're feeling stuck or wondering if it's too late or too risky to try something new, Michelle's story will bring clarity, encouragement, and a grounded path forward. Without further ado, I am honored to welcome my friend and colleague, Dr. Michelle Mudge-Riley, back to the podcast. Hey, Michelle, welcome back.

MMR: Hi, Heather. It is so good to talk with you again. We used to talk so much on a regular basis, and so this is fun.

HF: Well, thank you. And I couldn't believe the episode you did with me was number 17, and we're on 229 now.

MMR: I know.

HF: And we were talking about non-clinical side gigs. And you do have this expertise in non-clinical career transition. And so, it's going to be really fun to have the listeners hear how you did your own transition and how it all went. Before we get into your making this change, could you tell us a little bit about how you decided not to continue on in pathology and do these other interesting things?

MMR: Yeah, sure. My career is not something that I think most people would look at and say, I want her career. It was hard, and it was full of a lot of changes, changes that I never thought I would experience or even pursue. Going to med school, I'd always wanted to be a doctor, and I thought I would just be a traditional doctor. I had a very traditional path getting to med school, just straight through, started med school, loved it, did fine, and then chose pathology because nothing really else, nothing else really spoke to me. I did not stay in pathology for long, only about a year. And that was really because I, at the time, felt like I wanted something bigger. I didn't know what that was. And so that was a really, really hard time for me.

I've described this in other podcasts, and I know that's not the focus here, so we won't go into that. But I ultimately ended up becoming a consultant and working for a couple different firms. I got very lucky in getting my first non-clinical job back in 2008.

And concurrently, I had some side gigs. During that time, I said to myself, I never want to be in this position where I don't know what I'm going to do again. It was very scary. And anyone who's gone through this transition knows how scary and uncertain it is. We just don't get trained to think that way.

I did a lot of consulting on the side in addition to my work, and that helped me build other relationships. In addition, I had several businesses, one of those being a career coaching business, where I helped other physicians and held a conference that some of your listeners may have attended on different nonclinical careers for physicians. I really



found it exciting to know about all the options. And then suddenly 2020 hit, and I think this is what you want to talk about now, right?

HF: Yes. And just a little backstory, you and I met at the SEEK nonclinical career conference because I would come there and mentor and speak, and you would do the same thing. And so, we see each other every year there in Chicago. And so, I kind of expected Michelle's going to keep doing this, and you were great at it. But you had these other things going on as well. And I was at one of your conferences, I can't remember if it was 2020, when I was speaking about LinkedIn, when this change happened for you. I'd love it if you could describe what happened that made you consider changing your trajectory again.

MMR: Yeah, and I was thinking about this because you and I have talked before this call, and we've had a lot of conversations just about transitions. And I wish I had something brilliant to give you some "aha" moment when I said "This is a time for another transition." But it was a lot of little things that kind of piled up that directed me into this new direction that I thought would be temporary.

It was in 2020, time of COVID, everybody was reevaluating their lives. I also had some personal stuff going on that made me think, "Do I want to possibly do something else?" Having your own business, being a consultant, doing all these other things, it's a lot of hustle, it's a lot of time, it's some uncertainty. And just thinking about my family and myself, concurrently, I've been doing what I've been doing for a while, over a decade.

I think we all sort of get to a point after, I don't know how many years, it varies for each person, but thinking about doing something new is exciting. But what is that new thing? And what are you going to do? And so I can't say, "Oh, it was this one thing, or this thought process that led me to make this decision." It was just a bunch of these little things.



I was holding an online conference when I heard a couple people talking about the MSL role. And I thought, wow, that MSL role sounds super interesting. It sounds like a lot of what I already do, which is talk to different people, network, talk about science, continue to read publications and understand them and kind of translate them to other people, other scientists and physicians. And so, I thought, maybe this is an area for me. I just, again, started talking to people. But does that help, I guess, give you a sense of my thought process?

HF: Yes. And I think you're right that it's often never just one thing. It's a number of different things that start whispering to us, and then the voice gets louder. And it can be just as simple as I'm feeling a bit restless, because when we go into medicine, there's this exponential learning curve, and we're always learning and growing. And then typically, when we get into practice, it's kind of a dirty secret of medicine in a sense that it can get very routine. And we're always hesitant to say, oh, it's boring, because then it sounds like patients are boring, or we're taking things for granted.

But the truth of it is the learning curve really shifts. And I can understand your restlessness of, huh, maybe there's something out there. I'm really good at what I'm doing, but maybe I want some change. And you heard these two speakers who you had obviously invited to speak at the conference talk about the medical science liaison role. And before we go any further, do you want to give just a little bit more of a description of what this is for people who aren't familiar with it?

MMR: Yeah, that's a great idea, because I asked people the same thing when I was sort of thinking about this MSL role. A lot of people think this is a sales role. This is not a sales role. The medical science liaison role is really about building bridges between pharmaceutical or biotech companies and the medical community and practicing physicians.

MSLs spend their time talking with other physicians and scientists, talking about scientific information, papers, listening to feedback of what these other physicians say about these publications, and discussing them, because that's what we can do. We have that medical background and experience and knowledge. It can involve travel, and I was a little trepidatious about that at first. I'd actually helped other people get into the MSL role, so I knew this was a reality. But all of these things still were okay with me, and so I just kept pursuing this.

HF: It's interesting, because if I think of myself becoming an MSL, to me, it seems like, oh my god, that's like going to the moon. I would think like, oh my god, my training is so remote in terms of medicine, and going and talking to other physicians in their office, and trying, okay, I know what I'm talking about. It seems just like preposterous, but as you tell your story, I think it starts to become real, and that might be part of the process that you went through.

But I'm curious, when you came up with this idea, what was some of the back and forth, maybe even with your husband, or in your mind about, I can do this, I can't do this. Like, no, yes, no.

MMR: Yeah, yeah. Well, this is my really second transition, because I'd already made that first big transition. And like I said, at the time, that was really, really hard, and there were certain books that helped me. I really had to learn how to talk to other people. Like you just said, you can't imagine yourself going and talking to other doctors in their offices. I'd already kind of overcome that hurdle by having businesses, being part of the consulting world. And so I'd already sort of practiced that. So this was my next leap. But my thought process for this next leap was, am I going to like this? Is this a good idea? I'm currently doing something I really like, and I'm really good at. And there were people in my life that said, this is not a good idea. You should stay with what you're doing.

And that gave me some pause. My husband was one of them. He's always been a big supporter of me and said that I was really good at what I did. And so, I had to get

through that and think about, do I want to make this job? What happens if I don't like it? What happens if I'm not successful? How can I go back if that is what ends up happening? And I thought that might be what happens. I thought this might be a one-year journey.

And then I would just go back to the things that I was good at, and I knew I was good at, and I knew I liked. It was for me a way to satisfy a curiosity. And I recognize that's not always the case with every transition or nonclinical job. But think about it. It kind of is. You can go for a year. You can commit to something for a year.

And then if it's not for you, you can go back to what you did before. I mean, staying for a year gives that continuity for you and for the other person. I wouldn't say that in your interviews if you are thinking. I didn't say that, of course. But in your mind, it helps take that pressure off of thinking, do I really want to make this leap? Because right now, it's not that bad.

HF: Those are some great points. And I always find it interesting what spouses think or partners think, their take on it. And with MSLS, some people are traveling four days a week. It can be very travel intensive. That's another big consideration. For some people, it's a pay cut. And because you don't have to be a physician to be an MSL, some people see it as, well, is this commensurate with who I think I am or who I feel that my role is here. I'm curious, Michelle, how did you end up then deciding that I'm going to do this regardless of even some dissenters?

MMR: I just kept talking to people. I did some informational interviews and just tried to keep gathering information. We're scientists. Getting more data points and thinking about, is this going to ultimately lead to that transition or not? And I was open to both ways.

HF: Now, it's interesting about informational interviews. I think it scares a lot of us. Like, I have a physician who's kind of at that stage where it's time to reach out to people. And



she goes, I have my people selected. I have my messages queued up, but I haven't sent them. So, tell us how it was for those first few informational interviews.

MMR: Talking to other people is scary, especially if you're an introvert. And I think all of us doctors, again, we're not trained that this is going to be something to do. Some people, it comes naturally to. But I think for most people, it doesn't. There's that fear of rejection and just putting yourself out there. And am I saying the right thing? I don't know. I am so bad about worrying what other people are thinking.

One of the things that helped me is, just do it. We have this saying, I'm a runner too. I think a lot of people who know me know that I run several marathons. And that's something that has been consistent in my life for over 30 years at this point. And we have this saying that's "Shut up and run." And it's just like, stop talking about it. Stop worrying about it. Just do it.

And so, I think that would be what I would suggest. And ultimately, that's what I did. I would write messages and I would just hit send. And it's a numbers game. So a lot of people aren't going to get back to you, even if it seems like they will, or they'll ghost you, or someone will get back to you, and then they won't set up a call with you. It's humbling for everyone, even the people that know how to do it, and that are good at it. It's humbling because people have stuff going on. They're busy. They may not mean to not get back to you, but it happens.

I guess that would be my advice is you just have to just start reaching out and just make a goal of maybe three people a week or something. And then you know you've done your work, you've done enough, but you haven't stressed yourself out, I guess.

HF: All right. So, let's get real concrete here, Michelle. Can you give us an example of what you would say in an initial message, once you've kind of connected with someone, just a formology, when you want to speak with them?



MMR: When you're reaching out to people, I would say keep it simple and give them something specific. I'm reaching out to you because I would like to schedule a time to talk with you. Then maybe one more sentence about we went to the same college together. Or try to find something in common with them, but don't make it too long. And then when they get back to you, get back to them and say, would you be willing to speak on this day at this time? For some reason, I don't know the magic behind that, but it makes it easier for people to do it.

And get their phone number. Because if they're on the hook for calling you, I think more than 50% of the time it won't happen. Because they just don't care enough. It's all for you at this point. They're giving you their time. I've called people and they've forgotten that we had something scheduled. And it was a little awkward at first, but it was fine. And then the call happened. And it wouldn't have happened had I not been the one initiating.

HF: Right. Those are some really good points. And be specific about what you want to get out of the call and what kind of advice you're looking for, rather than I'm at the crossroads and can you help me? Or I just want to hear your story because that's fine, but that's also a little broad and it doesn't really necessarily guarantee that you're going to get something out of that conversation. You did informational interviews, which is such an important part. And as you did them, did it make you more interested in the role? Because that's often the goal. You get warmer or colder the more people you talk to.

MMR: Yes, it did. And I talked to people about not just the MSL role, but the medical director role as well. And that was helpful for me because it also helped me be open to potentially other roles that I might end up going for. And that's that is kind of what happened. There were probably 10 or 20 different roles that I ended up they were all within biotech or pharmaceutical companies. I didn't go out of that specific niche, but there were multiple different roles if that makes sense.



I was open to any of them. I was just kind of curious how the interviews would end up shaking out and if people would think I was a good fit based on my background experience. And if what I heard about the role sounded like something that I would want to do. And ultimately it ended up that the MSL was the right fit at that time. I've since moved on to a medical director role.

Yes, I think that it does help you define a little bit more what you're looking for. But more importantly, it helps you to get better at telling your story. And that I think is what's going to end up getting you the offer ultimately, because you need to be able to present yourself in a clear and concise way in a way that tells the other person you would be good for this job. And that is not easy. It takes a lot of practice. The informational interviews are as much for you to get this information as for you to practice your kind of pitch, I guess.

HF: And how did you get that first job? Huh.

MMR: Well, I ended up with three offers, but this was after one of the jobs I thought I was going to get an offer from did not give me an offer. And that really was tough. That was several months before the other offers came in. And it was hard. I had gotten to the final stages of interview. I thought I had done okay. And I thought I nailed the final interview. And then I did not get the job.

That was, as doctors, we're not used to one not getting the job and to not being good enough. And that's a fear of ours, too. And we fear failure as doctors. I don't know why, probably why we go to med school. That's a whole another topic. But it was terrible. It gave me some PTSD. And I don't know why I kept going at the time, it's probably stupid. I felt awful. But I still had some interviews to do. I just kept those calls. And I went forward and ended up being okay, I ended up getting three offers.

I would say that might happen, you may end up getting rejected from stuff. And that's okay. Looking back, that job would not have been right for me. I know that now. And I think pretty much everyone will tell you that when they don't get jobs, looking back, they realize that wasn't right for them either. So it ended up being a good thing, but it's hard at the time.

HF: I'm really glad you shared that, because that's often par for the course. And I'm curious, did you get any feedback why you didn't get the job since it was such a surprise?

MMR: Yeah, I did ask for feedback. And the guy did not give me a whole lot. I think I've kind of blanked it out. I don't remember. But I do remember it wasn't that helpful. And I ended up thinking this guy's kind of a jerk, and he would have been my boss. It worked out.

HF: All right. That's great. You had three offers. And I'm curious, Michelle, because one thing I mentioned in the intro is, when you're not the sort of shoo-in candidate, when you're more out of the box, and I'm sure they may have been wondering when they interviewed you, like, why exactly does she want to do this? And why now? And is she going to go back to what she's been doing successfully? Any quick suggestions on how to go reframing why you are a great candidate, even when they may not see it right away, may not be totally obvious? Any quick tips?

MMR: Yeah. I think speaking the language of whatever industry you're trying to get in is really important. And then framing your experience in that language. And that's what these informal interviews will help you do also. There are free webinars. There are courses.

There are any of that in any of the different nonclinical fields that people can participate in in order to kind of learn that language. But I think it's all about just, again, framing your own experiences in a way that the interviewer can feel like this person understands what the job is and can do the job. They have specific examples from what they've been doing now that apply to this job. And I know that isn't easy. I used to, and I still do



sometimes informally talk with physicians on how to do this, how to translate your past experience into this future language of what you want to do.

Again, I can tell you it's no brilliant, aha, this is the one thing. It's a lot of little things. It's a lot of just talking to different people, taking these different courses, signing up for these free webinars, thinking about it in your own mind. And sometimes I would wake up in the middle of the night with a thought, "Oh, this is an aha. This is what I say." And I would write it down. And, you know, a lot of those times help you process and help you just be able to better tell your story. And that's the magic, I think.

HF: I think what happens to people is often they look at the job description, especially with pharma jobs, if you're not used to them, and it looks like gobbledygook, like, I have no idea what I'm doing. But you're right, as you have conversations, you learn about them. Like, oh, that's what signal detection is. Or that's what an IND is. So you can act like you know what you're talking about, even before you get the job. So that's a really great point.

We're going to take a quick break for a word from our sponsor, then we'll be right back for a few great questions before we wrap up. So don't go away.  
All right, my dear listeners. I have a little rhyme here that I had Chat helped me come up with to share this message for today about sharing the podcast. So, here it is. And I'm sorry, it's super corny.

"We've got 200 episodes and more to spare. If you like what you hear, won't you click and share, send one to a colleague, a friend or your crew, even your mama might learn something new.

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Okay, that's super corny. But I just wanted to thank all of you who do share the podcast. We want to keep growing it. That's wonderful. But if you'd like to share more than you are, get started. An easy way is to just go to [doctorscrossing.com](http://doctorscrossing.com) and go to the podcast tab and you can search on topics like maybe it's pharma, maybe it's UM, maybe it's CDI, maybe it's anxiety, you want to read a podcast about anxiety or fear-based thinking or whatever it is. And think of someone that you can share the podcast with.

Now I have a little challenge. If you share the podcast with five people and you send us their initials or however you just want to say, their specialties, we have a prize for you. So you can email us at [team@doctorscrossing.com](mailto:team@doctorscrossing.com). That will be in the show notes, [team@doctorscrossing.com](mailto:team@doctorscrossing.com) and indicate somehow that you sent five podcasts to five different people. We have a prize for you. Thank you so much. Now back to our wonderful guest, Dr. Michelle Mudge Riley. And we're talking about her transition into pharma.

Okay, Michelle, we are super short on time. I still want to ask a couple questions. And one is, tell us what it's like for you to be in pharma now that you've seen so many different transitions because you've done career coaching, you know all the different options. What do you like about pharma and how do you feel about continuing on?

MMR: I love my job. I really do. I think there's a lot of opportunities for learning over the years. And that's, for me, something that's very important. Everyone has their things that they need in a job or in the way that they spend their time. And for me, that's a big part of it. I also really like being involved with the science still.

Being involved with the publications, reading them on a regular basis, talking to other scientists and physicians. Again, I'm not an MSL anymore and I describe that as being the MSL role. But it's actually what every physician does in every role in a pharmaceutical company no matter what you're doing, because this is just the way it is. So hopefully

people will hear that and not feel like any of these roles are sales roles because they're not.

The other thing I really like about my job is my colleagues. I like how smart they are, what I learned from them, interacting with them. Everyone is not perfect. And I have some friends who are better friends than others, but in general it's a very emotionally intelligent environment where there's a lot of learning, a lot of curiosity, a lot of support, and we are ultimately helping patients. It's just in a different way.

Even though people will say that and it, it kind of feels like just the thing to say when you're in a pharmaceutical job or any other nonclinical job, oh, you're still helping patients just in a different way. It really is true. I run a global trial and this clinical trial is enrolling patients with certain disease characteristics that would not otherwise get a treatment. And so, thinking about things like that may help in as people are considering a nonclinical transition and thinking, well I still get to be a doctor because you will still be able to be a doctor.

HF: And I love how you make this point. Where you start doesn't mean that's where you stay. And that's one of the beauties of pharma is you can go into a variety of roles and you've done it and you've done it actually pretty quickly. And so, somebody may say, well this job isn't the perfect fit for me. Well, okay, you can expand, you can grow. One thing I'm curious about Michelle is what's something that really surprised you about this transition that was unexpected?

MMR: Yeah, what surprised me was how much I would like the traditional boundaries of a role. Before I had a lot of flexibility in what I did and I really like being part of a team, part of that team environment. You don't get that as a consultant. You also don't get that even when you're mentoring and coaching other people, you get the feeling of accomplishment and that connection with people. But that feeling of working as a team is amazing.

I've talked about this with some of my mentors and other people who work in pharma, biotech and whatever you might call it. And it varies depending on the size of the company and this and that. But yeah, it's just working with other smart people depending on them and them depending on you. That for me is what I love and what I didn't know I would love before I came here.

HF: I love that. And I often think about that as a coach. I feel it's kind of lonely, I love it, but it's kind of lonely sometimes.

MMR: Yeah. Yeah.

HF: Okay. One final question, Michelle. For the listener out there who's saying, okay, she did it, but she had done all these other things, I don't think it's plausible for me, what would you tell them?

MMR: I would tell them, look at yourself and if you're not thinking that you want to be where you are one year from now, think about doing something different. It doesn't have to be a huge transition, but start thinking about how can you make it so you're not in this same place, whether it's mentally, physically, emotionally right now. And then think about what kind of change you might make to get there.

HF: Oh, that is so perfect. I know some people have done this is they send themselves a letter. They could have it sitting there, waiting for them with a date. So then they get this letter reminding them that a year ago, this is the commitment I made to myself, how are we doing?

MMR: Yes. I love that. What a great idea.



HF: Time flies. Well, Michelle, it's been so fun to have you back on the podcast. I think your transition is fascinating and I'm really proud of you and I'm also very happy that you're so happy.

MMR: Thanks. Yeah, it's so great to reconnect with you and I love the nonclinical community. I think there's so much support that we all have for each other, so anything I can do to help you, please let me know.

HF: All right. Well, you just did and thank you so much. All right, my dear listeners, again, we have this challenge. If you can send us an email at [team@doctorscrossing.com](mailto:team@doctorscrossing.com) to validate that you sent the podcast of five different people. And yes, your mother can be one of them, you'll get a prize. Reach out to us at [team@doctorscrossing.com](mailto:team@doctorscrossing.com) and that prize will be coming your way. And as always, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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