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

TRANSCRIPT

EPISODE 257 - Onboarding for Success: Your First Year in a Nonclinical Role

With guest Dr. Erik Lamberth

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EL (00:00.056)

I think it's important to kind of flip the narrative around in your head a little bit on this negative feedback. Take it as a compliment because it means that you are worthy and valuable enough for them to spend their time, which they do not have a lot of, they're going to spend their time talking to you and giving you some information and pointers that can help you down the road.

So even though it's not easy to hear, listen carefully and I would almost take that as a compliment that yes, I'm worthy to be here and this person is trying to help me.

HF (00:43.168)

If you're at the White Coat Crossroads and questioning your career, you're in the right place. Join us as we explore the many career options for positions within medicine and beyond. You can learn more at doctorscrossing.com. And now, let's go carpe that diem.

Hey there and welcome to the Doctor's Crossing Carpe Diem podcast. I'm your host, Dr. Heather Fork, and you're listening to episode number 257. There's so much focus on getting the nonclinical job, the applications, the interviews, the waiting, and finally the offer. But what happens after you say yes? You land the job, sign the offer, and make the transition? Then the real learning begins.

Depending on the role and the company, you may have a thoughtful onboarding process, or you may feel like you're drinking from a fire hose. You may have clear expectations from day one, or you may need time to understand the culture, the team, and how decisions actually get made. Here to help us make sense of that transition is returning guest, pediatrician, Dr. Erik Lamberth. Erik joined me in episode 256: What really happens in the nonclinical hiring process?

There he gave us a behind-the-scenes look at how companies evaluate and select physician candidates. After 18 years in clinical practice, academia, and research, Erik transitioned into the pharmaceutical industry, where he led major vaccine development programs, participated in physician hiring, and mentored many doctors moving into nonclinical work. Today, we'll talk about what onboarding can really look like, what may surprise you during that first year.

And how to build relationships, understand expectations, and set yourself up for success in your new role. Although Erik's experience is in pharma, many of these lessons apply broadly across the nonclinical sector. It is my true honor and delight to welcome Dr. Erik Lamberth back to the podcast. Hello, Erik, welcome back.

EL (02:52.898)

Hey Heather, it's great to be back. Thank you.

HF (02:55.682)

Yeah, I really loved our conversation a couple of weeks ago. We're talking about the interviewing and recruiters and what to do when you don't hear back.

EL (03:05.272)

Yeah, it was great and I'm excited about talking about the next steps.

HF (03:10.966)

I am as well. Now for listeners who didn't hear that episode, do you want to give a little background on yourself?

EL (03:18.158)

Sure. So I am a pediatrician, as you mentioned, and was in practice for about 18 years, where I did a mix of academia, research, private practice. I was a site investigator for many, many vaccine trials. Much to my surprise, I needed a hip replacement, and unfortunately things did not go well, and I needed to really pivot away from clinical practice into something else, which is where I entered pharma. So I spent nine years in vaccine research and development at Pfizer.

HF (03:56.472)

I'm so sorry about that hip replacement. And here you are, and you've had so much experience, and you also have mentored and coached physicians going through this whole process. So you have a wealth of knowledge. Let's start with just talking a little bit about the onboarding process and how it might compare and contrast to a physician, say out of residency, starting that first job as an attending.

EL (04:23.726)

Right. So it's going to be different. And I found it very much an adjustment. In fact, I remember my manager telling me several months into the job, Erik, nobody expects output from you yet. So that's radically different from when I first started in practice, where even out of residency, first day, pick up a chart, you start seeing patients. In a lot of these nonclinical jobs.

What you're going to see is your initial part may be a training period. The job you have may be highly regulated, such as the pharmaceutical industry, or it could be the insurance industry. So there's a lot of things that physicians need to know and learn to maintain compliance and also just to understand how the company works, how the job works, et cetera. So there may be a training period that lasts weeks or months before you start even dipping your toes into doing the actual work. And that's expected. That's built in. And the companies know this.

HF (05:29.59)

And when you started your job, you had a fair amount of pharma experience, but in general for nonclinical jobs, and I know it can vary a lot, but is there some time period when they typically expect you to really be up to speed? What might be a range for that when you're really there and you're seasoned and you're doing your job?

EL (05:51.754)

It's going to be a range. It may be weeks to months before you start actually producing anything. And the amount of time I found it took and other physicians found the same thing before you truly understood all the parts of your job and how to do them effectively was about two years, believe it or not. I remember I was first told that and I thought, there's no way I'm going to pick this up much, much faster.

And I remember my manager said the same thing. There's no way I'm going to pick this up much, much faster. But I think depending on the job you're in, there may be many, many elements to this job, not all of which occur simultaneously. So it may take a period of time before you're actually even exposed to all the different elements that you may have in your position.

So it may take some time before you really fully understand the scope.

HF (06:54.466)

I'm so glad you said that because that's not something a lot of people are thinking, but it's what I've heard repeatedly when my clients get jobs, they say, they told me we don't expect you to know much for the first year. You know, it's going to take a while. Or like you said, the second year, like no, this is a completely different landscape. Talk to me a little bit, Erik, about what that training can look like.

EL (07:19.182)

So, and the training is generally going to be in multiple different forms. There's going to be reading, generally. You're going to have reading. You may find that there's quizzes afterwards to just check understanding. And then also there's going to be training where you're actually working and doing the job with the teams. Most of what you learn is going to be when you're actually in the job doing this. Nobody expects you to be able to memorize everything you read for two months straight, and then jump in and remember every detail, remember that thing on page 687? That figure, the one in the lower left corner, not the others. No, nobody's going to expect that.

However, it does give you a framework and background. And a lot of it really just needs to be spending time doing it to understand how it works. In some ways, it's sort of the difference between the first two years of medical school and the second two years of medical school, learning how a hospital actually works versus just you know the didactic teaching.

But also you're going to find that there's new language, new acronyms to get used to. So don't despair if it seems a little bit foreign at first. It will become second nature.

HF (08:36.162)

Absolutely. And yeah, it's another language and you talked before we hit record about all the acronyms that we often encounter.

EL (08:46.89)

Exactly, and the acronyms may be different from company to company, but I've seen so many physicians when they first start, they walk out and go, I have no idea what even happened in that meeting. I have no clue. Because they said something about we need to check the last SRM before the DMC to make sure we don't miss anything. And I have no idea what they're talking about, but it will come over time and everybody knows that and expects that.

HF (09:06.314)

Right, exactly.

Mm-hmm. That's very encouraging. Now talk to me a little bit, Erik, about the culture, because this could be very different from what we're used to say we're a surgeon in the operating room, or we've just come from our own practice setting and we're used to calling the shots.

EL (09:30.222)

Right, exactly. So the role is different. Your clinical skills are incredibly valuable, but you don't write a set of orders and then walk away and expect them to be carried out. It doesn't really work like that. Your work is going to be on a team with other highly intelligent, competent professionals that have often advanced terminal degrees, you know, PhDs in statistics or data management and decades of experience and you're not going to know their job and they're not going to know yours. But the goal is for the whole team to work together and I think one of the most important conclusions I've come to is that the team is always smarter than the individual. And that included me.

So working together with all these individuals is really going to be the approach that I think is going to be the winning approach for people transitioning into these nonclinical jobs.

HF (10:33.486)

Do you have any examples, Erik, of when you've seen this not go well with a physician coming on board?

EL (10:40.686)

I think most of it if it's not going to go well, it's going to be the physician who's used to quote unquote being in charge all the time, always saying that they're right, not listening perhaps to other people or realizing that other people's contribution to the team is equally as valuable. I think that's where sometimes it can get to be an issue. So I think listening, not always saying that you're going to be right all the time and being willing to

admit, No, you're right, I'm wrong, or I need to pivot, I need to do something differently. I think that's going to be really, really important.

HF (11:22.816)

One thing that I hear about as an interview question that they might ask you is how would you respond if you're reporting to someone who doesn't have your level of education? They may not have an MD or a DO and we're kind of used to this hierarchy in medicine.

EL (11:41.39)

So I think it's important to remember that this person is going to have likely other skills, complementary skills, leadership skills that we do not have. They're also going to be privy to meetings and insights that we don't necessarily have. And they're going to be reliant on us to give them the clinical viewpoint and they're going to really lean on us for the clinical acumen.

However, they're going to be in a position where they may be able to make some calls and call the shots there. And we need to understand that and be respectful of that.

HF (12:15.658)

Right. So we have to let go of this hierarchy of titles and CVs and things like that and really just respect somebody's position and what we bring to the table.

EL (12:27.158)

Exactly. I think one of the ways that at least where I worked it was minimized is that everyone was on a first name basis with everyone.

HF (12:36.014)

I like that. That's great. Once you're in this new role, what can be helpful in terms of finding some key people to be helpful to you specifically?

EL (12:49.4)

So I think that there's a couple good strategies. One is you want to try to really understand where your manager is coming from, what their priorities are, the pressures on them so that you can really kind of deliver what they're asking for. So asking questions about what they want and the time frame that they're looking for, cause your time frame that you guess might be very different than the time frame that they're thinking of.

So that can be very critical, especially when they ask, I want this done, and you're thinking, I will get it done before the end of next week when I go on vacation. And they're thinking they need it by four o'clock. So you don't want to have a mismatch there, right?

Team members. I found people in general are incredibly nice and collegial and also very happy to teach and talk to people. So individuals that especially bend that way lean on them. Your company may have a formal mentoring program where you can sign up for a mentor and mentors can sign up saying they're interested in having a mentee. I think I would take advantage of that and certainly do that because that can be incredibly helpful. You also may find that there are some mentoring opportunities that come up organically, especially in someone who is in your role, but has just been doing it for a while.

And they likely are going to have more time and be able to talk to you about the details of the role as opposed to the vice president or senior vice president who is so busy, they don't have time to eat during the day, much less think about perhaps they were in that role fifteen years ago and maybe things have changed. So talking to individuals that are recently into the role or seasoned or have more experience than you can be extremely helpful, I think.

HF (14:45.422)

And it's interesting, I often hear about in these more corporate environments that they have formal leadership development programs. Like you said, that's mentor/mentee. And in medicine, we're often left sort of to our own devices. I'm curious. Let's say you are relatively new to the company, but maybe it's been six months or so or a little bit longer, and you get some constructive feedback. They might say, well, you know, in your review,

these things are going well, but these are some areas where we need improvement. Maybe they're not doing things as quickly or they give feedback that you're not responding to people appropriately. Like how would you recommend someone address this kind of feedback?

EL (15:29.774)

So getting the negative feedback is never fun. Okay. No one goes into work thinking, I really want some negative feedback today. If I can only get that before lunch, I'll be good. But I think it's important to kind of flip the narrative around in your head a little bit on this negative feedback. I would listen carefully to what they're saying, because they're probably saying it for a very specific reason. And it may be something that you did not think of as important but if they're giving that feedback, it probably is quite important in that environment and this may be part of your learning curve in terms of going into a corporate environment.

The second thing is, take it as a compliment. Now, that's what I mean by flipping it around in your head, because it means that you are worthy and valuable enough for them to spend their time, which they do not have a lot of.

Okay, that's their biggest most valuable commodity. They're going to spend their time talking to you and giving you some information and pointers that can help you down the road. So even though it's not easy to hear, listen carefully. And I would almost take that as a compliment that yes, I'm worthy to be here and this person is trying to help me. I think Brené Brown said it well, and I'm going to paraphrase, to be clear is kind.

So letting you know that is in a lot of ways kind as opposed to letting you continue off in a direction that's not the right direction, blindly and unknowingly.

HF (17:09.139)

I love that reframe. It's so often we just think it's all negative and it's one reason why we often hesitate to give other people constructive growth-minded feedback. And that you said, Yeah, they're they care about you. They're investing in you 'cause no one wants to have these conversations, honestly.

EL (17:26.766)

Right. Right. And on the other side, the quicker you do it, I think the more effective it is. And also do that if you're in a position where you have authority over somebody. In other words, someone who is a direct report that you're managing or someone in a matrix environment, let them know in a gentle way that this might be a better way to do things. And that's going to go a long way because especially if you do it in a nice way.

They're going to see you as a friend, a confidant, a colleague who is really helping them out. And they will value that.

HF (18:05.006)

Do you have any suggestions when someone says, when I was hired, I got to meet my boss, they were great, but then they left. Now there's this new person and they're toxic and they're having problems with their new manager.

EL (18:22.594)

I think oftentimes you're right. You may find that you're going to change bosses and that your manager may change over time. Dealing with somebody that is as you say, toxic in some way can be difficult to do. I think one of the things to do is you wanna try to establish trust with that individual. So think about what do they want? How are you going to make their life easier?

Okay, giving this deliverable earlier, starting to anticipate things that they might need, et cetera. When you start doing that and asking questions when they assign something to you, what exactly do you want? Slide deck, how long should this be? What time frame do you need this in? How much detail do you want me to go into so that you really kind of deliver what they're looking for? That's going to start to build trust.

And it's also going to start, I think, really helping give you a better rapport with that manager.

HF (19:26.838)

I know this is all hypothetical. I'm just giving you these scenarios, but what if it's someone you just feel, I can't work with this person?

EL (19:35.63)

If you're having a lot of difficulty, you always can go to an HR representative. So that's someone that you can go to because one of their jobs is to try to work and deal with that. There are also times when you realize that perhaps you and that person are not a good fit. And it's something to think about, I think, carefully. But if you're not a good fit with somebody, then it may be better to move to another position in the company or a different role or a different company.

You're not locked in. I remember one person who was at the time the chief medical officer at Pfizer said, When you're thinking about whether the grass is greener on the other side, first thing to do is water your own lawn. If you're still not getting to the greener grass, then you may consider moving next door to the other side.

HF (20:32.118)

That's great. It does happen. I've seen some of my clients get into a job and then there's this switcheroo where someone new comes in. And I've had some people just leave because they cannot tolerate that person and it's making them miserable. And then other times they find ways to work around it, or if it's maybe it's not a boss, but it's someone on their team. And so every case is unique. How about something that's not about someone else, but it's about you, for example, having the imposter syndrome, which is not that uncommon in physicians.

EL (21:08.11)

Right. The first thing I can say is that you are not an imposter. Okay. The clinical acumen you have is incredibly valuable to companies, regardless of what type of company, but especially in the pharmaceutical company. Other members of your team do not have

clinical acumen, even on things that seem very simple to us. So an example, I'm going to give I'm going to make up a hypothetical example.

You're working on a study, and someone in the study ends up with pneumonia. Okay. And let's say it's unrelated. Okay. You're doing, say, a device study where you're looking at, you know, some kind of medical device, and they happen to get pneumonia because things happen to people. And that they go in, they are diagnosed with pneumonia, and 10 or 14 days later they see the physician after a course of antibiotics, lungs are clear, symptoms are gone, and they're done.

They've had one episode of pneumonia. A data management person might say, wow, they had pneumonia on day one, day two, day three, day four, day five, day six, and they may say, you have 10 days, so 10 episodes of pneumonia or 14 episodes of pneumonia, because they're all on those different days.

We would look at that and say, well, of course not. It's one episode of pneumonia that lasted that long. But that data management person might inadvertently increase the rate of an adverse event, even unrelated, by a factor of 10 or 14, inadvertently. So that's where the physician's clinical acumen, even on things that just seem very basic to us, is incredibly valuable.

On the flip side, if I were to be a data management person or a programmer, I'm sure I would make mistakes that were as basic for them. And that's where the whole team and respect for the whole team and not be thinking about, I'm the physician and therefore I'm, you know, tops in the hierarchy becomes very valuable because their expertise is incredibly valuable as well. So even though you may be learning the company and what they do.

EL (23:27.188)

We're trained to an extent where even these things that seem very simple and basic to us can be extraordinarily valuable.

HF (23:36.728)

So you're making this really nice and valid point, that as a physician, we have clinical skills that we often take for granted, but they're incredibly valuable to whatever nonclinical setting we're in, and not to underestimate them and not to doubt yourself, even though you're learning to translate your skills in a different setting and environment. Those doubts are often going to come up, like will I ever learn this? Will I be good at it? You know, can I add value?

EL (24:05.804)

And absolutely you can. Absolutely you can. The quote I would keep in mind is one colleague who was a VP and ended up a senior VP at another very large pharmaceutical company said, We're worth every penny. And he was right. He's exactly right. So keep that in mind. It's not a solo effort, it's a team effort. And that's another thing to keep in mind. But your contribution is incredibly valuable.

HF (24:35.756)

Yay. All right. I'll second that for sure. As we're wrapping up here, Erik, is there a pearl or any takeaway you want to share that we really haven't discussed or that you wanna emphasize about this onboarding process being new and getting integrated into a nonclinical company?

EL (24:54.818)

Yeah. I think there's two things. One is if you're working for a company, don't forget that everything that you do that's part of a company, a company event is work and work related, even though it may feel very casual. The birthday party that you have at lunchtime, the outing that people go on, the dinner event, the after dinner drinks, all of that is work related and you are going to be under the same, I guess scrutiny is the wrong word, you should be held to the same standards that you're going to be held to, you know, during a work day in a formal office setting.

HF (25:39.278)

That's a good reminder. Don't get too carried away at the Christmas party.

EL (25:42.862)

Don't. And then the other thing is I think write down your small successes every time you have them. Okay. Even if every day, every week, what successes and what happened, you know, that day. And you can find yourself and really see how you grow. I remember my first day of residency. That evening I ended up in the NICU and the senior person said, I'm going to bed. You know, call me if you need me. And I said, No, you get back out here. I'm scared to write for Tylenol, what are you talking about? Okay.

And how far you've gone when the next set of interns comes in and you realize, wow. And then when you finish residency and have practiced for a bit, so you will grow in this as well. So writing down those small successes, I think, can be very, very valuable if you feel like, am I really making progress here?

HF (26:43.074)

I think that's so important because like you said, just as happens in the physician training, like we forget that we fumbled through that first exam. It was so awkward when we were being graded. And then it becomes just like something we could do in our sleep. And I love your idea of writing down your successes as you go along because you will forget too. You will forget. And then I think that's a wonderful way as a reminder. And also just to chronicle your journey. It's fun to look back on these things.

So this has been a wonderful conversation and I'd love it if you could tell our listeners how they can get in touch with you and what you offer.

EL (27:20.83)

Right. So you can get a hold of me at my website, Clearpointsadvisory dot com, and then navigate to the physician career advisory tab. There'll be a page there. And the things that I offer include a career strategy session where we kind of demystify the roles for physicians in pharma, is pharma right, that type of conversation.

I have interview packages where we go through mock interviews and help prepare for the interview process. There's a package on transitioning, including compensation discussions, onboarding, and following up in that early transition. And in addition, I also offer mentoring for physicians who are already in pharma who are looking to see can I take my position to the next level, how do I get myself promoted? etc.

HF (28:19.02)

Excellent. If a physician is not going into pharma but they wanted some mentoring, is that an option or do you like specifically to stick in the pharma lane?

EL (28:30.286)

If someone is working with a large company, I'm happy to talk with them. But my expertise is primarily in pharma. I think a lot of these could certainly translate over to a large company and how large organizations work. But most of my work is going to be directed towards someone who specifically wants to break into a pharmaceutical role.

HF (28:52.972)

Okay, excellent. And thank you again so much for coming on the podcast. And I want to just state that I am speaking with Dr. Erik Lamberth. That's Erik with a K, and L-A-M-B-E-R-T-H. And his website is clearpointsadvisory.com. We will have his information in the show notes, so please feel free to reach out. And thank you again, Erik.

EL (29:19.006)

Thank you, Heather. It's been a pleasure.

HF (29:20.746)

It has. And if you haven't listened to his earlier podcast, please feel free to check that out. That's 256. And I did want to mention again our contest that we're having right now. This is the Share the Podcast Contest. It's a contest you can't lose.

All you need to do is share three podcast episodes. They could be different or the same with three different people. Email us with their initials and the podcast you shared and you will win a prize. And trust me, you're going to really like this prize. You can reach us at team@doctorscrossing.com. That's T-E-A-M at doctorscrossing.com. I'll put that email in the show notes. I'll have the information about the contest, and you can be a winner. So as always, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.