

CAREER SWITCH

Why some left other jobs for medicine

BY SUZY FRISCH

Becoming a physician is a long haul for anyone. But it's especially so for those who first pursue another passion or profession. They may not have been in a classroom for years. Some never took a college-level science course. And many have families, homes and other financial obligations.

Despite the debt, the years of schooling and the late start, they do it anyway, propelled by a desire to help others and make a difference in new ways. Once they get to medical school, these career switchers discover they are not alone. Quite a few of their colleagues started out doing something else as well.



“There is no such thing as a traditional candidate,” says Susan Romanski, M.D., a general internist at Mayo Clinic who chairs its medical school admissions committee. She says she is always surprised when she hears applicants apologize for their previous careers. “We all have our own journey, and what’s important is that when we arrive here, this is what we want to do and we’re committed to medicine. This is our passion and we’re dedicated to our patients.”

Each class of about 50 at Mayo’s medical school has several students who have come from other careers. Recent classes included a former military pilot, a professional basketball player and a composer/trumpet player. The University of Minnesota has reported an uptick in students enrolling in medical school after leaving other careers since 2009. Between 2000 and 2009, about 1 percent to 4 percent of the 230 matriculating students at the Twin Cities and Duluth campuses had other careers first. Since 2009, that percentage has grown to between 11 and 14 percent, says Tricia Todd, assistant director of the University’s Health Careers Center.

Both Romanski and Todd note that career-changing students are a welcome addition to medical school classes because they bring life experience, perspective and strong motivation. “These students are looking for greater meaning in their work and to make a contribution to humankind,” Todd says. “They weren’t having the kind of impact on fellow humans they wanted, and they want to help people live healthier lives.”

Although studying medicine after working in another field is becoming more common, it’s still a road less traveled than the one taken by most to medicine. We asked a few career switchers when and why they made a change. Here are their stories.



Kara Pacala, M.D.

Social worker turned family physician

As a newly minted social worker in the late 1980s, Kara Pacala spent a significant amount of time educating teens about HIV and AIDS and volunteering with people who had the disease. She often found herself advocating for those individuals, trying to help them obtain medical care and other services. In doing so, she frequently interacted with physicians and was increasingly drawn to the work they did.

“I got to be on a care team for a dear friend who ultimately died of AIDS-related complications, and I was incredibly influenced by that and what I saw with her physicians, who were outstanding,” Pacala says. She decided

Kara Pacala says having a social worker’s perspective helps her care for patients.

PHOTO COURTESY OF KARA PACALA

then, after spending seven years as a social worker, to make a career switch.

Pacala spent two years catching up on the science courses she would need for medical school. By the time she enrolled in the University of Minnesota Medical School in 1996, she was 29 years old and one of a handful of nontraditional students in her class. Pacala says the timing was perfect: She was still single, and she had the benefit of perspective—knowing completely that she wanted this new career.

But medical school was not easy. “It tested everything I had,” she says. “It was hard work, but I didn’t feel like I gave up anything. I just gained.”

After graduating in 2000, Pacala completed a residency at Smiley’s Family Medicine Clinic in Minneapolis. Today, she is a faculty physician there. She also is an assistant professor of family medicine and community health at the University. “It’s the best match of the two things I know best, which is the science of medicine and how to take care of people,” she says of family medicine.

Now married with two children, Pacala says her social work training helps her identify concerns that could have an impact on her patients’ health, such as inadequate housing, lack of food, inability to pay for medications and lack of transportation. “Most family doctors are interested in caring for the whole person, which is also a social worker’s perspective. I think that’s ultimately why family medicine has been such a good fit for me,” she says.

Richard Oeckler, M.D., Ph.D.

Firefighter/researcher turned pulmonary and critical care medicine physician

For seven years, Richard Oeckler raced into burning buildings to rescue people before his crewmates doused the flames. As a firefighter, he needed to stay calm under extreme pressure, which served as excellent training for the next chapter in his life as a pulmonary and critical care physician at Mayo Clinic. Today, Oeckler still calls on his field experience when caring for people in precarious medical situations.

“It’s why I like critical care,” he says. “Certain people can stay cool and calm and some can’t. When you’ve been in certain situations, from that experience you can control yourself.”

Oeckler had a long career as a firefighter before going into medicine. He started out as a volunteer firefighter while growing up in Connecticut. After college at Fairfield University, where he earned a bachelor’s degree in biology and philosophy in 1994, he worked in a biochemistry lab for a couple years, researching how cells sense oxygen levels. Oeckler went on to earn a master’s degree in physiology from New York Medical College in 1997. At the time, he happened to live next door to a fire station, so he figured he would work his way through school doing a job he knew and enjoyed.





Richard Oeckler (right) during his days as a firefighter.

Getting back into firefighting made him realize he didn't want to spend his days in a lab. He wanted to help people directly. Oeckler completed an M.D./Ph.D. program in physiology at New York Medical College, all while working shifts in the firehouse. He came to Mayo Clinic in 2003 for his internal medicine residency.

Oeckler's work as a firefighter and his experience working in the New York City area during the days after September 11 charted his path into critical care and pulmonary medicine. Many of his friends worked long days at Ground Zero, and they now face severe health problems. Today, his research centers on inhalational lung diseases and acute lung injuries as he seeks to uncover therapies to prevent or treat ventilator-related lung injuries, acute respiratory distress syndrome (ARDS) and other conditions.

Oeckler says there's a common thread connecting firefighting, working as a researcher and being a physician: problem-solving. The reason why medicine won out over the other professions is because it is people-focused.

"I'm a doctor for the same reason I ended up in the fire department: it's helping people, especially in the field. And that doesn't always mean having the greatest outcome," Oeckler says. "Some of my most rewarding times, unfortunately, are when I'm speaking with patients at the end of their lives."

David Hilden, M.D., M.P.H.

Electrical engineer/information technology specialist turned internal medicine physician

Always strong in science and math, David Hilden followed his father's footsteps into engineering. He studied electrical engineering at the University of Minnesota, graduating in 1987. Although

he realized at the time that it might not be his dream, Hilden worked as a computer programmer and network specialist for about nine years.

Ready for a change, he took a couple classes in horticulture and landscape design. Hilden had always enjoyed gardening and being outdoors, and he thought it would make for a good career that would take advantage of his science background. He quickly realized, however, that it might not be the most lucrative path.

As Hilden considered other options, he kept returning to the notion of becoming a community doctor. He had thought about a career in health care when he was in college—perhaps doing biomedical engineering—but always came back to the idea of practicing medicine.



David Hilden found he enjoyed teaching people about health more than engineering.

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Not having any friends or family members who were doctors, he didn't know how to go about making such a career change. After listening to Hilden talk about how much he disliked his job as a network engineer, his wife encouraged him to go back and study medicine. He called the U to learn what it would take and then decided to go for it, despite the long road ahead of him.

Hilden knew it wasn't going to be easy. The couple had two very young children at the time, and Hilden hadn't taken any of the right science classes during college. At age 28, while still working full-time in IT, he began tackling medical school prerequisites. It took him two years to complete them. "Those were the hardest years, when I was working and taking night classes, and we had little kids," Hilden says. "It was worse than medical school."

After graduating from the University of Minnesota Medical School in 2000 at age 35, Hilden completed an internal medicine residency at Hennepin County Medical Center (HCMC). He has worked there ever since, first as a primary care physician, then as a hospitalist. Now he serves as director of HCMC's hospitalist division and is an assistant professor at the U. One of his favorite parts of the job is teaching residents.

Hilden's education didn't end with medical school. He went on to earn a master's degree in public health in 2012 and now educates the public through his WCCO radio show, "Healthy Matters," online videos produced by the hospital and speaking engagements.

Despite the years of hard work, the financial hit, and juggling school, training and family, Hilden is happy with his decision to go into medicine. "This is so much more of who I am as a person," he says. "It's science-based, which is my underlying skill, but it's far more people-oriented, and that's fulfilling."

Hilden believes that racking up life and work experience before medical school—including having children and handling adult responsibilities like paying bills and navigating insurance benefits—prepared him to succeed. "I can relate to patients better," he says.

Angeles, working on lighting crews for documentaries and feature films.

Then Koo hit a crossroads. He wanted to do something that truly made a difference, and he debated between journalism and medicine. Thinking back on the three months he spent in Indonesia, Koo recalls being inspired by a group of ophthalmologists from New Zealand who were performing cataract surgery on elderly blind individuals.

"I was blown away by everything they were doing, compared to what I was doing at the time—which was hanging out and trying to write," he says. "They swooped in and were there for a week, and they made a pretty significant impact during that time."

Koo chose medical school over journalism, intending to one day provide care overseas. But the English literature and creative writing major hadn't taken any medical school prerequisites, so he took community college courses in California while continuing to work in film production. Next came a post-baccalaureate pre-med program at the University of Southern California and a couple of years working in a renal physiology research lab to earn money and gain experience. Koo produced a few original abstracts and even presented at a few national conferences.

Volunteering in the Los Angeles County Medical Center emergency room and other clinics for the needy while doing his basic science training affirmed Koo's desire to pursue medicine. He applied to the University of Minnesota, where he had earned his bachelor's degree. "Going from having a respectable income to being grossly in debt has been a bit of an adjustment," he says. The other adjustment is trying to relate to some of the other students, who are much younger. Koo is 36.

He believes his diverse work background will make him a better physician when he graduates this year. "I think I know myself better from having all of that experience. I know my limits, my strengths, understanding how to handle stress and being more balanced," he says. "I've worked with a lot of different people in a lot of different industries and met people while traveling, so you have an easier time putting yourself in other people's shoes."

Koo plans to do a general surgery residency and then specialize in trauma and critical care—a combination he believes will open doors for him around the world.



John Koo's diverse work background helps him put himself in others' shoes.

John Koo

Fisherman/traveler/writer/filmmaker turned medical student

For the first decade after he graduated from college in 2001, John Koo went wherever his interests guided him. He worked on a fishing boat for several summers in Alaska, which funded extensive travel throughout Asia, including to China, Nepal and India. He wrote. He substitute taught at-risk youths in Minneapolis. He got into film production in New Orleans and Los



Chris Bailey was inspired by the obstetrician who delivered his daughter.

PHOTO COURTESY OF CHRIS BAILEY

Chris Bailey

Graphic designer turned medical student

Some people buy a sports car or a boat when they have a midlife crisis. Chris Bailey went to medical school. Bailey was enjoying a successful graphic design career, rising to creative director of one company before opening an agency in Phoenix with his wife in 2003. And while he had dreamed of being an artist since he was 11 years old, his chosen profession turned out to not be as rewarding as he had hoped. “I was always thinking, ‘I’m enjoying this, but I don’t feel fulfilled,’” Bailey recalls. “I started volunteering, and that was a much brighter part of my day. What I was doing was really benefiting people in a tangible way. I realized I might want to do something that brought me that kind of joy in my professional career as well.”

Bailey’s inspiration to go into medicine came from the obstetrician who cared for his wife when she had an emergency Cesarean section in 2006. “It was a huge thing, and I was really impressed,” he says. “I really wanted to help people in the way she did.”

Before deciding on medical school, Bailey considered other professions including law, dentistry and business. He shadowed several physicians and came away feeling energized and excited despite knowing they often worked 12-hour days. “I kept coming back to being a doctor because I couldn’t think of another area of life where a single person had a greater impact on my life or my family’s life,” he says.

After spending 14 months taking prerequisite courses while still running his graphic design firm, Bailey applied to medical school. He was accepted at Mayo, his first choice, and moved his wife and two young children to Rochester in 2011. He is now in his third year.

Although medical school has been challenging, Bailey, now 41, admits the hardest part has been starting over professionally. “It’s difficult to go from advising clients and corporations on how to

do things to becoming someone who is on the bottom of a very tall totem pole,” he says. “Sometimes it can be tough on your ego, but in a way that’s good because it grounds you when you’re speaking with patients. It’s very humbling.”

For now, Bailey is unsure what his specialty will be. But he does know that becoming a doctor was the right decision for him. “My maturity has given me the ability to recognize what I’m doing is the right thing for me,” he says. “I feel happier with the way I spend my time professionally than I ever did in the past.” MM

Suzy Frisch is a Twin Cities freelance writer.

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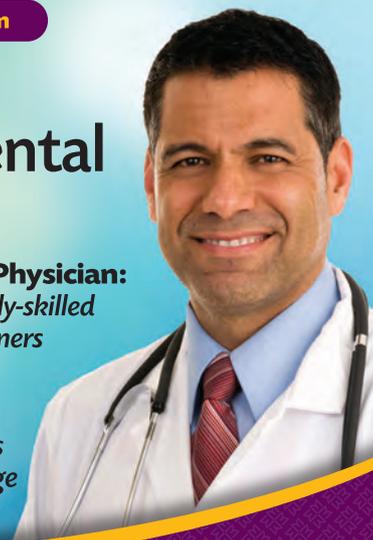
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