

BY JULIE STURGEON

Getting a New Gig

Doctors—yes, doctors—are finding they want second jobs to supplement their incomes and stimulate their enthusiasm for medicine these days.



Dave David, MD gave up his ob/gyn practice in 1996. Now he provides medical endorsement to nutrition and fitness infomercials hosted by Gloria Loring, Mary Lou Henner, Farrah Fawcett, and Joan Rivers.

SEEKING THE PERFECT ANTIDOTE TO BURN-OUT? Colleagues contend nothing compares to a side gig to inject new energy into your practice.

The concept isn't as foreign as it used to be. When physicians became providers and patients became clients, doctors started beating a path to places like [CareerLab](#) executive coaching firm in Denver looking for pay alternatives. Recognizing a trend, the founders opened the [Physician Career Network](#) as a separate division in 1999; today it accounts for approximately 35 percent of the company's overall clientele.

"When a lateral career opportunity comes along that augments an ever-decreasing clinical income and offers a chance to exercise a skill set they can't use in the day-to-day clinical practice, doctors grab it," says Bob Priddy, the executive director of the division. In fact, a [Merritt, Hawkins and Associates 2003 study](#) suggests nearly half of the physicians 50 and older plan to opt out of clinical medicine or significantly reduce their workloads in the near future.

One could argue physicians don't need a second job to augment income; even doctors fresh out of residency are assured a higher wage than the average greenhorn out of college. Corporate personnel recruiters view physicians as delightfully accomplished people who pay enormous attention to detail, are extraordinarily industrious, and very loyal. Not to mention MDs test as more creative and entrepreneurial than other degree areas.

Yet as many as 80 percent of Priddy's clients saunter through the door with slumped shoulders, declaring, "I guess I'll have to work for a pharmaceutical company." To date, Physician Career Network has identified 250 positions using medical knowledge, including a doc who consults on the health aspects of golf, as well as people who offer their two cents on medical advertising campaigns and on-line health advisers.

"Often the refreshment this brings to their work week prevents repetition burn-out," Priddy says. "And it's excellent protection against the vagaries of the stock market because you haven't cast your lot exclusively

with one particular pursuit. Should any one aspect of your career go belly up, diversification gives you a safety net."

Take a peek at how these physicians found the right balance through their colorful choices:

Exit, stage right

Two events convinced board-certified surgeon and emergency medicine specialist Dale L. Anderson, MD to go into show business, after a fashion. As chief of Park Nicollet Clinic's urgent care department in Minneapolis-St. Paul when managed care came on strong in the late 1980s, he made the circuit of corporation seminars, explaining the ins and outs of exercise, stress reduction, and the HMO movement to employees. "It was pretty boring until I noticed I got a lot better response from the audience when I had fun with it, put some humor in it," he says.

Meanwhile, he began treating an actress struggling with a chronic pain. After months of therapy, the patient wondered if they could blame her current role: an angry, uptight personality. "It was an epiphany," Anderson says. He delved into chemistry books to follow this thread. He PET-scanned volunteers to observe the emotional auras that appear on the colored test results. And he started advocating that patients use method acting tricks to release helpful endorphins to cope with ongoing diseases like diabetes. He contends that learning to act happy and healthy can actually help people become happy and healthy—a true "fake it 'til you make it" philosophy. Eventually he took his show on the road to

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Pitfall Perils

Doctors with medically related side jobs rarely express concern over mandates like the Stark Rule or HIPAA regulations. Each avenue, however, presents its own dangers by association:

Product Endorsement:

“Doctors are very jealous people, and if they think you’re becoming famous, they worry about losing patients to you,” says Dave David, MD. “You may get sour looks or comments from your peers.”

Patients could find your hawking a turn-off, but unless you push that item in your office it usually slides without comment. Just make sure you don’t say anything in the media you wouldn’t tell your own patients, and repeatedly encourage listeners to consult their own doctors before proceeding.

Acting Coach:

If you want an audience to buy into your workshops on the power of endorphins, you must generate them nearly 24 hours a day, points out Dale L. Anderson, MD. That means slapping on a happy face at the clinic, during your speeches, and at home while relaxing with the significant other.

No matter the side job, many doctors warn that when word got out they were considering this disconnect from clinical practice, pa-

tient referrals dried up. “Whether they fully intended to close their offices or not, the fact of the matter was they were closing their offices,” says Lorne E. Weeks, MD, the medical director of the Physician Career Network. “For that reason, you may find it difficult to consult local resources to kick around ideas.”

Medical Reporting:

Stephanie Clements, DPM, jokes with nervous patients who recognize her mug. “No cameras here, so you can take off your socks in private,” is a favorite line. She listens attentively to their story suggestions on everything from bunions to breast cancer, but “I’ve never even been tempted to interview one of my own patients on air,” she says. Colleagues scare up patient recommendations when the topic involves any aspect of podiatry.

Expert Witness:

“I’ve met some terrific lawyers—and some I’d just as soon not see again, too,” Brobson Lutz, MD confesses. ■

reach more than just the sick folks who poured through his doors.

“Everyone in my audience has a pharmacy in each cell they can open if they know the combination: performing arts,” Anderson says. “Will it heal cancer? Provide a fountain of youth? Of course not.



Dale L. Anderson, MD has written a book to help people be well by acting well.

But it’s a supplement I’m proud to provide.”

These days he bills himself as the Aged Sage of the Vintage Stage, conducting as many as 100 seminars a year—approximately 80 hours a month—for corporations who hire him to spend a half-day working with their employees or event guests. He spends an-

other 70 hours a month practicing emergency medicine at the clinic, a department he chose because the staff is large enough to find a colleague to switch hours should a speaking engagement pop up. “I’m not a flashy, flamboyant, goateed stage person, but when I see patients—especially if it’s a gray day—I say, ‘If I were on stage to play a happy part, what would I wear?’ and put on a yellow shirt or a red tie,” this 70-year-old practitioner says. “And then I use performance methods with each patient: I look them in the eyes, smile, and act happy.” Consequently, repeat patients request Dr. Anderson.

“I don’t know if I can retire because I never learned how to play golf. But I wouldn’t play golf anyway. This is too much fun,” he says.

Rx for Success: To hone his speaking skills, Anderson joined a Toastmasters club before advertising his workshops. He immersed himself in method acting lessons and joined the [National Speakers Association](#) to add credibility to his sales pitches. “The art of the business of speaking is also very important,” he says, so make sure you understand the nuances of promotion and charg-

ing appropriately for your time.

Pitch man

Label Dave David, MD a jack of all trades. His résumé over the past 20 years lists stints as an ob/gyn, a weight loss center owner, medical director for United Health Care, videotape producer, medical news analyst, assistant clinical professor at the University of California at Irvine medical school, and on faculty at Harvard and the University of Rhode Island—many of them simultaneously. These days he considers himself a product endorser, lending his medical credentials to those nutrition and fitness infomercials hosted by Gloria Loring, Mary Lou Henner, Farrah Fawcett, and Joan Rivers.

The snowball started in 1988 when David starred in a homemade video entitled *Make Womb for Baby*, an educational effort his patients enjoyed and encouraged him to sell. Eventually it landed on Blockbuster's shelves. This exposure led to local television talk show invitations, which he parlayed into still more media opportunities. "I did have these dreams of being famous, on the "Today" show all the time, and making lots of money from it," he confesses, "but that wasn't my initial reason.

"The minute I couldn't be in my own solo practice and have patients come to me because they wanted to, not because I was on their insurance list, I realized the practice of medicine wasn't fun any more," David says. "And let's face it: You get to the point where you've seen almost everything, done everything and even though to the public it looks dramatic, it's not as challenging as it used to be." So he sold his Newport Beach, California, ob/gyn practice in 1996 and moved to Boston, tucking his extracurricular experiences



Stephanie Clements, DPM has a podiatry office in the Greeley, Colorado area and is the medical reporter for NBC affiliate KUSA in Denver. Her first career in journalism sparked her interest in medicine. "I'm emotionally compelled to try to calm what I call the medical noise out there."

in his briefcase.

Relying on endorsements to pay the mortgage requires as many hours on the job as a medical practice, but at least they're predictable and offer a tinge of flexibility. "I can always say no," he points out. "You can't refuse to show

up to deliver the baby in the middle of the night." Still, he holds those practice days near his heart and credits them with building the credibility he needs to succeed as a pitch man.

"When I study a product and give my

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opinion, I'm relying on my 20 years delivering 8,000 babies. Someone taking the shortcut straight to advertising cheats the public and themselves of credible opinion," says David.

Rx for Success: Be honest about your skills. Product endorsement requires dynamic speakers with a warm magnetism that draws the camera as well as people, David says. Kid yourself on these non-negotiable requirements, and you'll spend many evenings pounding your head into the wall.

Next, evaluate areas of your practice that would fascinate colleagues or the public, then contact a local media production company to produce a video on the subject. This presentation becomes your calling card to mail to talk show producers, who in turn offer you more air time to peddle to the health-care advertising and marketing firms. In the end, it's a networking game. "I should network more than I do—that should be front of mind at all times," says David.

Order in the court

Brobson Lutz's second career arrived as innocuously as a phone call. Carol Stein of [Technical Advisory Service for Attorneys](#) (TASA) wanted to know if the internal medicine and infectious disease specialist would review records related to a food-poisoning case for an attorney in her legal expert network's fold. "My first question was 'How did you find me?'" says the New Orleans doc. A colleague had recommended him, and Lutz was off and running.

The work comes to Lutz—TASA's attorneys contact him with a few case details, weigh his initial impressions and send along the entire file if they find his assessment favorable to their side. A majority of the time, he needs only to study the evidence and render his judgment orally

and in a written report. That averages six hours of evening work throughout the week. When a deposition is in order, the attorneys typically fly to New Orleans or take his statement via telephone or interactive television. Occasionally Lutz appears on the stand. He bases his hourly rates on whether they pull time away from his day job. Stein says most clients won't balk at \$250 to \$350 an hour, although it can go higher depending on case complexity, and a physician's speciality and reputation within the field.

"This may be the last frontier in medical reimbursements," Lutz says. "You tell them the cost, do the work, and get a check."

He's rendered his professional opinion on disability claims, fast-food restaurant food poisoning cases, and advised on whether lawyers could test a high-profile individual to determine if this VIP transmitted venereal warts to a minor. Last year Lutz took the stand in Oklahoma in a case where a man falsely diagnosed with AIDS dropped caution and actually did become infected with the deadly virus before learning of the mistake. "Each case you review is like a mini-CEU because you update your knowledge of the topic at hand," he says. "Some people play golf. I like to exercise my mind."

His side gig saved at least one patient's life: Recently a woman taking Dilantin while on renal dialysis had a seizure—just weeks after Lutz reported on a rare side effect of this drug known as pseudo-lymphoma that had killed an elderly lady. With the case fresh in his mind, he pulled the plug on the woman's Dilantin prescription.

"Any physician who practices internal medicine on a daily basis is an expert in most court jurisdictions. You don't have to be a teacher. You don't have to be affiliated with a university. Your education,

training, and ongoing experience qualify you," Lutz says. "I encourage doctors to try it, and if you don't like it, you don't ever have to do it again."

Rx for Success: Contact agencies like TASA with your credentials, then begin networking with young attorneys in your community to put the word out on a local basis. Do realize, however, that legal affairs can become confrontational, particularly when you take the stand. Make sure your skin is thick enough to handle the arrows and slings.

"And a doctor who thinks he knows a little bit about law can be really dangerous. Stick to delivering medical information only. The worst thing you could do to this side gig is go to law school," Lutz offers.

Before adding 'expert witness' to your resume, take an honest look at yourself. Your own record counts in this side gig. If you've ever had a judge disqualify you in a professional capacity, if you have a drunk driving conviction, you need to disclose these matters with the client up front. According to Stein, it doesn't make it impossible for you to enter the field, but it does make you less desirable than if your closet were skeleton-free.

Dancing on air

The more medical stories Stephanie Clements covered during the six years she used her journalism degree in television news, the more she wanted to become a physician. Divorced and the mother of two kids, she nevertheless went back to college to pursue a pre-med curriculum, a residency, and two fellowships. She emerged with her DPM and a career in podiatry and foot/ankle surgery in the Greeley, Colorado, area.

Then a pal contacted her with a request: NBC affiliate KUSA in Denver lost its medical reporter—could Clements get

the Channel 9 news over the hump while producers found a replacement? She agreed to make the three-hour round-trip journey on Monday mornings to tape a “medical tip” and again on Wednesdays to shoot a news package. After a year, she accepted the position full-time while establishing her own podiatry office in Denver. Clements has no intention of walking away from either demanding career.

“There are medical reporters across the country who are doctors, but they don’t see patients clinically and that’s a huge mistake,” she says. “You completely lose touch with the issues and sacrifice the whole level of objectivity.”

In the great time juggle, Clements finds medicine the less demanding master. Yes, surgery occasionally calls her unexpectedly, “but medical news is nuts. If something happens to Dick Cheney’s heart, it doesn’t matter what time of day it is, you’re on the set. Same thing if one of the Broncos football players goes down—you show up to explain the injury.

“But I’m emotionally compelled to try to calm what I call the medical noise out there,” Clements says. She gets fired up helping patients distinguish medical advertisements disguised as news, and clearing up medical stories handled by journalists who lack a scientific background. “Much of the information out there today only helps one side of the equation—the people making the money. We’re leaving patients desperate, helpless, and thinking they’re doing the right thing when they’re only being duped,” she says. “It was so disgusting to watch, I had to do something.”

Rx for Success: The biggest mistake a doctor can make in this side job is to approach it as a “talking head:” merely sit on the news set and answer audience questions or spew opinions unrehearsed.

Successful medical reporters take the old-fashioned route: They interview several experts (the rule of thumb is three different perspectives).

This sideline presents steep learning curves as well: You must conquer the technicalities of editing a video package, learn to grab a listener’s attention in a scant three seconds, and deliver your newly gathered scientific knowledge in a creative story-telling mode. “News producers want stories that sing. And you’re competing with all the other reporters on staff for that precious news time,” says Clements.

The best place to start is by watching each local newscast religiously to see where your personality best fits. Before making an appointment with the news director, line up a media trainer or another reporter willing to help you polish your on-camera presence.

What’s up, Doc?

Lorne E. Weeks, MD, practiced orthopedic surgery for nearly two decades. He left while it was dark and the kids slept; he returned at night after the sun set and the kids were in bed. Managed care’s frustrations only exasperated his situation. “Not that money ever equated to quality time with family, but when you have neither it’s a hard combination to justify,” he says. Scared by his crumbling home life, he turned to CareerLab for advice on a way out of the maze.

“The more we talked, the more it became apparent to both of us there are scores of physicians like Lorne Weeks who would be interested in a non-clinical path for at least a portion of their career pie,” Weeks says. And who better to launch that message than the man who inspired this brainstorm in the first place? Weeks arrived as medical director of the resulting Physician Career

Network on a part-time basis, but the volume of physician referrals snowballed so quickly, “I either had to fish or cut bait.” He cut the orthopedic surgeon position, in part because it takes a certain level of operating time to keep surgical skills at their sharpest. He didn’t foresee having that kind of available time.

Today he not only administers extensive personality tests as part of the initial career management assessment of potential clients, but also serves in a business partnership capacity, helping physicians secure the legal and financial resource necessary to develop a new career. “These are not physicians who have been sanctioned by licensing boards or are on the fringes of medical legal acceptability. These are the bread-and-butter doctors you would personally seek out if you were ill.

“I’m not pinning fractures or replacing arthritic hips and knees anymore,” Weeks says. “But I like to believe that, as was the case for me, I’m keeping some marriages together and providing a valuable service in the process.”

Rx for Success: Weeks hasn’t run across a specialty that can’t take advantage of side gigs, although the more elective plastic surgery physicians haven’t expressed much interest to date. To find your starting place, run your future through a SOAP note: Take subjective and objective measurements of your life, assess the situation, and present a treatment plan. “Expend a great deal of due diligence at the outset and you’ll have a strong foundation to build your entire career,” Weeks says. ■

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