

DOCTOR

Come-Lately

It's not a trend, but physicians who entered medicine after having a previous career aren't a rarity, either. These nontraditional students say the rewards have been worth the sacrifice and the obstacles are not insurmountable.

BY DEBBIE FELDMAN

AS THE FIRST CHILD IN ANY GENERATION OF HER FAMILY TO ATTEND COLLEGE, DEBORAH

Clements, MD, dreamed of becoming a physician, but she didn't choose a career in medicine as an undergraduate because "during that time [the late '70s] women rarely entered medicine unless they were from families of physicians, which I was not. I was further discouraged by my undergraduate adviser who told me I wasn't smart enough to become a physician," she says.

Clements, 46, an associate professor and the associate program director in the department of family medicine at the University of Kansas Medical Center, entered medical school at the age of 33 after working in a variety of jobs, including 13 years at Methodist Health System in Omaha, Nebraska, first as a human resources systems manager and later, as director of compensation.

Clements is typical of a breed of doctors who enter medicine after working in other careers. "It's not a trend, but it applies to a fraction of the applicants we see," says Harold Helderman, the assistant dean of admissions at Vanderbilt University School of Medicine in Nashville. According to Andrew Frantz, MD, the associate dean for admissions at Columbia University College of Physicians and Surgeons, a handful of the 150 people admitted to Columbia's

medical school each year are career changers. They come from fields as diverse as law, engineering, teaching, finance, and management.

Sidetracked

Some of the "eventual" physicians intended to go into medicine from the start, but got sidetracked or delayed pursuing medical school. Others initially chose one career and later decided to switch to medicine.

Clements started her pre-med education as a biology major in college, but didn't complete her undergraduate degree for another 13 years. She left college after three years, got married, became pregnant, and worked full-time to support her family. "Unfortunately, my education and my dream of medical school became less and less of a priority," she says.

At the age of 30, she was widowed and "decided I'd put



off my dream of becoming a physician long enough. I eventually went back to medicine because of the advice of another adviser. After my husband's death, I decided I would not spend the rest of my days in front of a computer analyzing pay data. We were in the midst of a nursing shortage at that time and the hospital also had a college of nursing. One of the employee benefits at my job was paid nursing school tuition for full-time employees, so I decided that if I couldn't be a physician, I'd return to school and get a nursing degree," Clements says. "After my first semester, my nursing advisor suggested that she and the rest of the faculty thought I should apply to medical school because, 'we really don't see you taking orders from anyone.' That was the gentle nudge I needed. I finished my premedical requirements that year, applied to one medical school and was accepted."

David Krol, MD, is the vice president of medical affairs for The Children's Health Fund, a New York City health advocacy organization. He was a professional baseball player in the Minnesota Twins minor league system for almost three years. "I didn't go into medicine in the begin-

▲ **Deborah Clements, MD, the associate program director in the department of family medicine at the University of Kansas Medical Center, says, "I'll probably die with a stethoscope in my hand and student loans yet to be paid, but I will have had the career of my dreams."**

ning because I had always had a dream of being a professional baseball player. When I was presented with the opportunity to fulfill my dream, I took it. I knew that I could always go back to school, but I couldn't always be a professional baseball player." He was released from the minor leagues after three years without playing in the majors.

When he left baseball, he had eyes for only one thing: a career in medicine. "I wasn't interested in anything else. I didn't want to go into business or law or engineering and I was very interested in health policy and trying to change our health-care system." After his release, Krol did

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a stint as an assistant greens keeper on a golf course, loaded trucks at a Coca-Cola warehouse, and worked as a chemist at a wastewater-treatment facility. "Those weren't careers—just jobs to make money for medical school during the time between baseball and the start of the academic year," he says.

According to the Association of American Medical Colleges (AAMC), of the roughly 17,000 people who enter medical school each year, about five percent are older than 30, and less than one percent are older than 38 upon entrance. The average age of medical students entering their first year of medical school has hovered around 24 for the past two decades.

According to Frantz, the age upon medical school entrance doesn't make a lot of difference unless someone starts school in their 40s vs. their 20s. He says that although older students often have more maturity, better focus, and more social experience, Columbia is reluctant to accept someone 40 or 50 years old into medical school because "it's harder for older people to assimilate information. There is also the added consideration of how long will they be in service in medicine?" he says.

Maturity a plus

While "older" medical students can feel set apart from their just-out-of-college fellow students, Susan Skaff Hagen, 31, an MD/PhD candidate at the University of South Carolina School of Medicine, who entered medical school at the age of 28, says that being the oldest female in her class isn't a problem. "I haven't really allowed age to interfere with my relationships with my classmates. Some

Excuse Busters

There may be obstacles to becoming a physician, but they shouldn't stop anyone from pursuing medicine, according to these "nontraditional" physicians.

"I'M TOO OLD TO CHANGE CAREERS "

While this may have been an acceptable attitude 30 or 40 years ago, these days people change careers in their 30s, 40s, and 50s. According to Leslie Brott, MD, 41, who practices family medicine at Physicians' Medical Center in McMinnville, Oregon, "It's taken a lot of work, time, and money, but if I hadn't done it, I would probably be bored and restless as well as older anyway!"

"I'M TOO OLD TO BECOME A DOCTOR "

You're going to be older someday anyway, so why not work at a career you love?

are still one step from college and enjoy frequenting bars more than I do. The beauty of medical school is that there are a variety of people to meet with similar schedules and there are plenty of people who enjoy similar things to me."

Yet, her life experience does sometimes set her apart from her classmates. "Some of my classmates had never lived on their own and did not understand the demands of life—grocery shopping, laundry, cooking," says Hagen. "They were asserting their in-

"After my husband's death, I decided I would not spend the rest of my days in front of a computer analyzing pay data," says Deborah Clements, MD, an associate professor and the associate program director in the department of family medicine at the University of Kansas Medical Center. "For me, the choice was about following my passion and making the most of my life."

"IT COSTS TOO MUCH MONEY TO GO TO MEDICAL SCHOOL "

This is true, but you can take loans and get scholarships, and as a physician, you'll have the earning power to pay back the loans eventually. "I thought about this before I made the decision to make the commitment to medicine," says Clements. "If the choice to work in medicine is about money for anyone, it's the wrong choice."

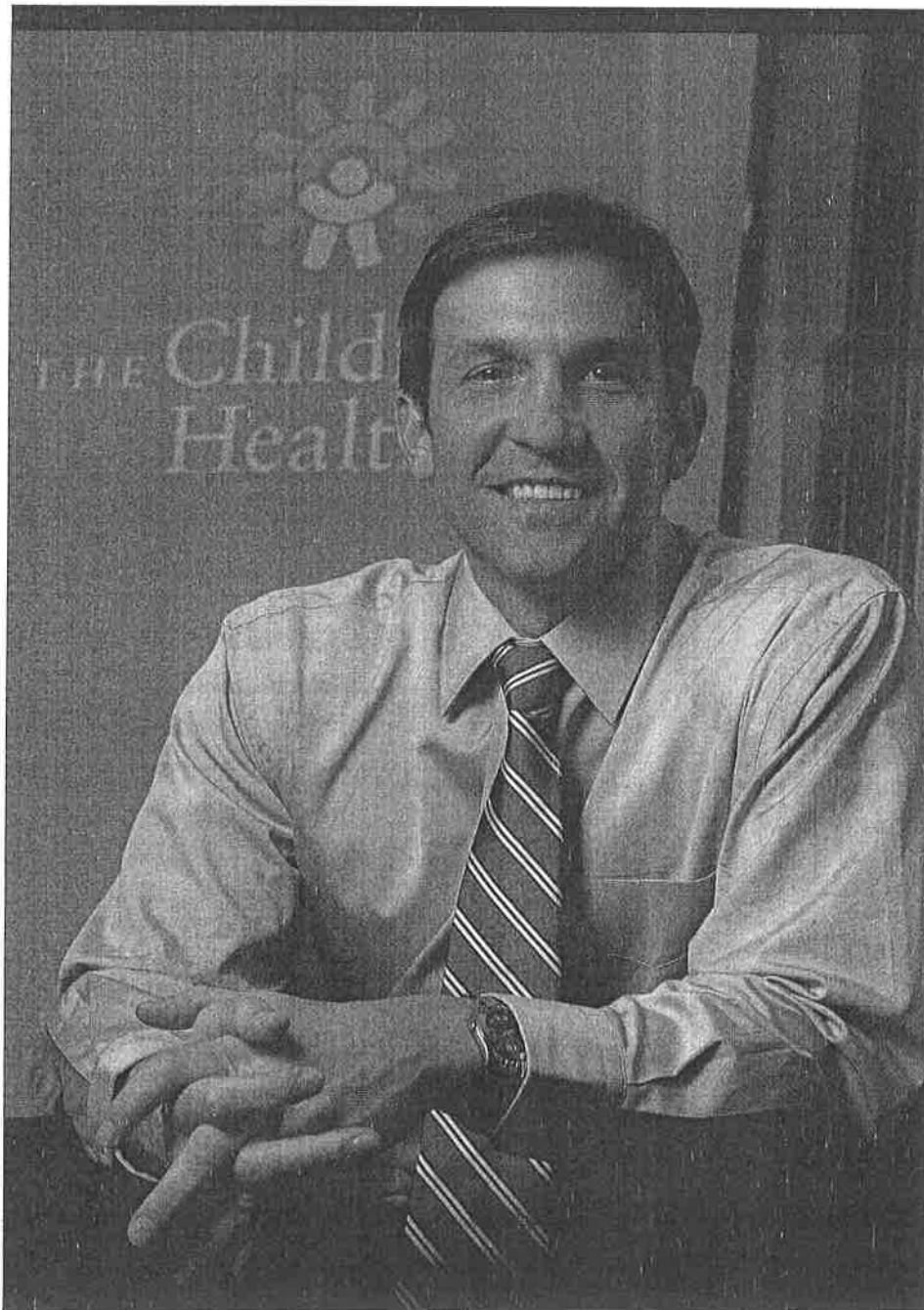
"I DON'T HAVE A SCIENCE BACKGROUND. MY FORMER CAREER WAS IN A COMPLETELY DIFFERENT FIELD THAN MEDICINE "

People go into medicine from fields as diverse as law, finance, and teaching. You can always catch up on the science you missed the first time around. "It's do-able," says Brott, a history major in college. "A lack of a science background is not a barrier to entering medicine. You just have to do it."

David Krol, MD, the vice president of medical affairs for The Children's Health Fund in New York City and a former professional baseball player, majored in biology in college yet had to bone up on science before applying to medical school. "I didn't take my MCAT until after my playing days were over (five years after freshman biology and chemistry), [so] I had to re-learn all of that stuff." ■

dependence while trying to learn a massive amount of information. Some say learning in medical school is like drinking a sip of water from a fire hydrant. I had a good balance on my personal life prior to entering medical school which made me feel much more grounded," she says.

While Krol wasn't the oldest in his class, "I did feel like I had seen and experienced more than many of them by not going straight through from college." Clements, who entered medical school at 33, says that in her class,



◀ **David Krol, MD had two dreams: professional baseball and medicine. He played for three years in the minor leagues before returning to medical school. "I knew that I could always go back to school, but I couldn't always be a professional baseball player."**

to be effective one has to be as up-to-date as possible on the newest and best theories and practices."

Once she realized she needed a career that demanded more intellectually, Brott explored other options. "Medicine seemed like such a natural choice that I wonder why I didn't choose it originally. The human body and mind have always fascinated me," she says. "A career helping others was clearly a goal and medicine just seemed to fit."

For Brott and others, however, the issue of the science requirement looms large. How do medical schools' admissions boards see career changers? "If their undergraduate education was strong, we treat their application the same [as those with pre-med backgrounds]," says Joanne McGrath, the assistant dean of admissions and financial aid at New York University School of Medicine. "If not, then we suggest they do post-baccalaureate work in science or a master's in science and then apply to medical school."

At Columbia, catching up involves one year each of biology and physics and two years of chemistry. "Our humanities majors do just as well as others from science backgrounds," when it comes to fulfilling the science requirement, says Frantz. At Columbia, students can go to the Columbia School of General Studies to fulfill the science requirement.

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the average was 25 and there was one student older than her and about five students between 29 and 33. "I can't say that I was more or less prepared. I was just differently prepared. I knew more about time management, for example, than my younger classmates."

Leslie Brott didn't plan to become a doctor. Brott, 41, who practices family medicine at Physicians' Medical Center in McMinnville, Oregon, graduated from college with a BA in history and taught high school ESL (English as a Second Language) in

Texas for nine years before attending the University of Texas Health Science Center in San Antonio.

While she loved teaching and came from a family of educators, she realized she needed more. "Teaching ESL was a joy, but the content itself was not challenging. There are always challenges with the students and administration, but those weren't intellectually challenging. I felt that I would thrive with a career that caused me to be continually learning and updating my knowledge base. Medicine is always changing and

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Because Brott majored in history in college, "I took only the bare minimum in science to graduate from college and I had many pre-med classes to take. I didn't think I could "do" science. I quit calculus in high school and never took math again in college.

I took basic, basic science classes the first time in college as I had no confidence in my ability to succeed in science. Knowing that if I wanted a career in medicine, I had to take those classes, I jumped in." For her pre-med classes, she started with biology. "I

loved it. A lack of a science background is not a barrier to entering medicine. You just have to do it."

Brott moved to her home state of Oregon and took pre-med classes to make up for her lack of a science background. "I really couldn't afford to just attend college, so I started working again in the public schools. I taught ESL and Spanish at a small high school for five years while I took my pre-med classes at a university in

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"A lack of a science background is not a barrier to entering medicine. You just have to do it."

Portland." But, attending classes at night and during summer term made Brott feel "completely out of the loop with regard to pre-med advising, so I had to do my own navigating of the medical school entrance procedures. I found it rather difficult to be a part-time pre-med student, unable to interact frequently with other pre-med students and completely unable to meet with an adviser." Since she had the summers off, she was able to complete many credits during summer terms. During the school year, "Time management was my friend and having some flexibility at work helped as well, as I could leave at 3:30 to get to my evening classes," Brott says.

Hagen, who majored in Spanish in college and taught Spanish for three years says, "I felt disadvantaged because I was not as prepared to enter medical school with a seven- to eight-year gap between when I finished my undergraduate work and medical school. I felt removed from the rigors of learning basic science."

Krol majored in biology in college, but had to brush up on science nonetheless. "I was on a pre-med track so I was prepared to enter med school. Though, because I didn't take my MCAT until after my playing days were over (five years after freshman biology and chemistry), I had to re-learn all of that stuff. It was a busy summer of studying after I was released from the team."

Money doesn't have to matter

While finances may be a disadvantage of starting medical school as a career changer, it doesn't have to be a deal-breaker. "I will be a member of the camp of diminishing returns, especially after my decision to enter a general surgery residency for five to seven additional years after graduation," says Hagen. "But, I also must acknowledge that since my husband is a physician, the financial aspect of three to five additional years at low pay will not be as important for us."

Brott entered medical school at 31 years old, right after marrying. She worked during medical school as a lab assistant and tutor, received a large scholarship in her fourth year of medical school, and her husband worked while she attended medical school. She finished residency at age 38. "Now, in my third year of practice, I'm paying off an \$80,000 student loan debt. Hopefully, I'll pay it off by the time I retire!"

Clements also graduated with considerable debt. "By the time I finished medical school, I was about \$100,000 in debt and behind another \$150,000 in lost earnings," she says. "Certainly, I thought about this before I made the decision to make the commitment to medicine, but if the choice to work in medicine is about money for anyone,

it's the wrong choice."

Krol also has loans, but "I didn't really worry too much about paying them back, because I knew that eventually I would. It didn't factor at all into my decision to enter med school."

He used his baseball signing bonus

to cover part of his first year of medical school. "I didn't think I'd be at Yale, so I thought it would cover my whole first year. It didn't. Minor league baseball isn't much of a money-maker, so I really didn't save much for my education. It

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was lots of loans for me.”

The emotional and financial support of family members goes a long way in helping career changers ease the way into their new career. “My choice has not been without cost. I remarried just before medical school and divorced a few years after I finished residency,” Clements says. “This passion is difficult for many to understand. On the surface, my husband was very supportive, although I don’t think he ever understood the commitment he was making.”

Brott says spousal support was crucial to her success. “My husband was completely supportive of my decision to enter medicine,” she says. “We met while I was teaching high school. He knew from the beginning that my goal was to become a doctor and he helped every step of the way. He quizzed me in some subjects, kept the household going, participated in the medical school social life, and essentially allowed me to pursue my studies.”

Something “extra”

While career changers may have to “catch up” with the science and share many of the financial hurdles of traditional students, they also bring special abilities and transferable skills. “The most transferable skill I brought to medicine,” says Krol, “was the ability to work as part of a team. In baseball, the team is most successful when each member is performing their individual tasks with a shared goal of winning as a team.”

Hagen majored in Spanish acknowledging that language barrier is an important aspect of medicine and says her clinical performance reflects this experience. “I excel on the wards at the hospital with the ability to communicate with a variety of patients,” she says.

Clements agrees and says the experience from her “first life” helps her as a physician. She says her human resource background helps her know how to approach patients and her business experience “has helped me to recognize the parts of medicine that need to be treated like a business in order to remain successful and to make effective career decisions.”

Brott says transferable skills were a boon to her career change. “There are many skills I developed during my first career as a teacher which help me now. The interpersonal skills involved in a teacher-student relationship carry over into medicine. As doctors, we’re constantly teaching and we need varying skills to address the learning needs of our patients. Understanding how a school runs (the hierarchy, the paperwork) definitely helps in navigating medical school, residency, and in running a practice,” she says.

What qualities do career changers need to make it through medical training? “People who change careers must have diligence, determination, and focus,” says Hagen.

Clements says anyone going into medicine as a second career must be resilient and keep their eye on the prize. Brott agrees that changing careers takes a big commitment. “The maturity we’ve developed helps ensure that the commitment is appropriate. Flexibility is a must, as things don’t always go as planned. You certainly can’t expect things to be the same as they were—life is always changing along with career changes,” Brott says.

A strong work ethic and ability to focus are also qualities that career changers share. “I treated medical school like a job—I went to class every day and studied before I played,” says Brott.

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Krol agrees. “Through baseball and other athletic experiences, I developed a work ethic that has helped me in my medical, advocacy, and policy efforts. Having played pro ball also gives me a great way to connect with many different types of people and help them feel at ease because I can talk about something other than medicine. I think my work ethic took me further than my talent would have taken me alone. I promised myself that I would never look back and say, ‘If only I would have worked harder.’ And I never have.”

Are these docs happier than before they went into medicine? “I’m not sure I can say I am happier, because playing baseball was and is so much fun. It’s hard to beat being on a ball field,” says Krol. “I’d have to say I am equally happy because I am passionate about what I do. One passion—children and child advocacy—has replaced another—baseball.” His advice for career changers? “Be passionate about what you do.”

Clements puts the rigors of medical school education and the challenges of practicing into perspective. “I recognize that this thing I do every day is not hard work,” she says. “Hard work is having three jobs, all of which you hate, to pay the rent and buy the groceries. I am blessed to be able to do what I love every single day.”

Brott agrees. “I’m very satisfied with my career change. It’s taken a lot of work, time and money, but if I hadn’t done it, I would probably be bored and restless, as well as older anyway!”

For Clements, the choice was about passion. “I’ll probably die with a stethoscope in my hand and student loans yet to be paid, but I will have had the career of my dreams. Not many people ever really get to do that, at any cost.” ■

Debbie Feldman is a regular contributor to *UO*.