



# An Unlikely Job Search Leads Home

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In a department full of stellar providers trained in family medicine, I am an odd bird. As a subspecialty-trained internist, I seem to confuse our third-year students when they rotate through our clerkship. The revelation of my training never fails to trigger a quizzical look and the inevitable question: “Why are you in this department?”

Rewind more than 15 years to when I was sitting in their place as a third-year student, plans in hand to go into internal medicine and pursue cardiology as my subspecialty. My residency letter read like a confident 20-something who knew what she wanted to do: clinical care in an academic center and teaching medical students. By the end of intern year, finding no mentors in cardiology, but a fantastic one in endocrinology, my path had changed somewhat. With a slight improvement in work hours, I also began volunteering to teach students more frequently.

Then in 2006, when I started my first faculty job as an endocrinologist, it all went sour.

It took 6 months for me to figure out that it was not only being away from my infant twin girls that was distressing me about this job. It was also neither the field itself, nor the patients, nor the staff. It was the absence of teaching and the simultaneous drain of the mechanics of medicine (the notes, the billing, the charts). Endocrine clinic for junior

faculty involved packed clinics with no residents or students under your wing, no opportunity to teach at all. It took two tries at that job, with a break in between, for me to walk away in disappointment.

My next job was still as an endocrinologist, but with marked differences. In a community not-for-profit hospital I had the flexibility of being an inpatient consultant and the opportunity to enjoy teaching seminars with the public. Outside of my formal job, my greatest professional joy came in doing community events I organized on my own. One year, I started D-Break, a series of breakfasts at a local church where we discussed specific diabetes-related topics over breakfast that I had made that morning. I volunteered at a local mental health facility to give health talks. For a local newspaper in my home island of St Vincent, I wrote a weekly diabetes column. I volunteered in an annual diabetes mission. Life was busy but my profession was finally fulfilling.

Then in 2013, the hospital unexpectedly closed several practices, including ours, and I lost my job. No path lit up ahead of me. I took that opportunity to start volunteering at our local student-run free clinic (SRFC). I came home after my first night in clinic, exhilarated. “THIS is what medicine should feel like,” I said to my husband, to which he replied, “Well that’s a shame because

that job doesn’t exist.” I continued to volunteer one to two times per month at the SRFC while looking for a new job.

This search for a permanent job had taken over my days. I declined three job offers, none quite right. Day after day, my computer search went on, keywords “endocrine”, “internist”, “medicine”. The scope started widening: “hospitalist”, “primary care”. One day, I stopped and reviewed my CV in detail. Was there a thread connecting what I enjoyed most? I prayed and listened. I waited.

*Service.* Service was what I loved most.

It is true that medicine, on the whole, is service. However, the packed-clinic version of my first job was not the service that made me happiest. In retrospect, at every stage of my training and career, it was in service through teaching students and the public that I was happiest.

The next computer search was nothing short of a miracle. I input the words “service, physician job” and among the short list was a job advertising for a position in family medicine, with duties to include directing a student-run free clinic. *My* student-run free clinic. Yes, the one where I had been volunteering for

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over a year, needed a director and faculty advisor. Their director had just turned in her resignation. I smile thinking of it now, the frantic cover letter rewritten ten times in order to convince my now-chair that even though I was a subspecialist and lacked formal family medicine training, my love and dedication to teaching and underserved care made me the right person for this job.

I tell an abbreviated version of this story to my students who ask, "Why are you in this department?" Our students, especially third-years, are searching for their professional home before they make what they think is that big decision to launch them onto their final career path. Armed with information about job satisfaction, quality of life and salary, they go on to take tests like the Medical Specialty Aptitude Test or review career sites from the AAMC. They think this will be enough, but those of us who have already walked this road know it is not.

In addition to those resources, I encourage students to think about what they value, and about what their chosen future specialty values. I ask them to look at the culture of the department, and at what their faculty does to see if they align with the students' own interests. I remind the students that a specialty choice does not dictate an unyielding career path, and the clear calculation of interests plus aptitude has to be superimposed on the amorphous but critical backdrop of what really matters to them and how they see themselves contributing in the world. If a mentor had urged me to take those steps when I was a student, my path would have been quite different, and certainly more direct.

My current clinic is a mix of primary care and subspecialty referrals. I now teach three classes/seminars for first through third-year students, and mentor an interprofessional student board of 15 for the SRFC. In a near 50/50 split of clinic and

teaching/mentoring, and in a department that values teaching and community service as much as clinical service, I have finally found where I belong.

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