ARTICLE

Pathways/Mentorship

Why I'm Glad I Quit My (First) PhD

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I have wanted to be a physician since before I can remember. I had no physicians in my family, and my exposure to medicine as a career consisted of my well child checks with my pediatrician. Regardless, if you asked me at age 5, or 10, or 15, what I wanted to be when I grew up, the answer would have been the same: a doctor.

By the time I was a premedical student in college, my confidence started to waver, however. I loved my science classes. I read the course catalog like a novel, highlighting classes I wanted to take and wondering if I'd have time to take them all. I told my freshman advisor that I just loved learning. He said, "We have a name for that. It is called a PhD."

My university did not have "premed" as a program of study. I struggled to choose a major. I had loved my math courses in high school, so I started out as a math major. I ended up liking my chemistry classes enough to switch my major to chemistry. I took a few more advanced math and physics classes and competed in mathematical modeling competitions. I started working on a computational biophysics research project and presented it at a national conference. I started to wonder if I was better suited for a science PhD than medical school. My professors encouraged me to consider a PhD in physics or chemistry.

While my interest in research increased, my clinical interests flourished as well. I shadowed a family friend who was an otolaryngologist and volunteered at a summer camp for children with special health care needs. I was torn. As passionate as I was about science, I still wanted to be a physician. At some point between my sophomore and junior year, I was introduced to an MD-PhD faculty at another university, and it was like a light bulb went off in my brain. Physicians can be scientists too?

I applied and was accepted to the University of Missouri as an MD-PhD student. During my first 2 years of medical school, because of my experience working with kids with developmental disabilities, I assumed I would specialize in developmental pediatrics, or possibly pediatric neurology. After my second year of medical school, I entered a basic science lab studying voltage-gated ion channels. To my surprise and disappointment, I did not have the positive experience that I had had in every educational setting that came before it. Over the next 18 months of my PhD program, things become increasingly difficult. I was succeeding in my classes and as a teaching assistant, but I was struggling in the lab. My experiments became like chores to me. I missed clinical work and started to second-guess my entire career plan. Why was I struggling to enjoy something I had wanted for so long? If I loved the science so much, why did I hate spending time in the lab? I knew it was not feasible or healthy to continue with this much struggle and dread. After much deliberation, I decided to re-enroll in medical school, trying to convince myself I was not "a quitter." I would still be a physician, but maybe I was not meant to be a researcher.

Things improved drastically for me once I started my medical school clerkships. I loved being a third-year medical student. Despite my early exposure to primary care in the first 2 years of medical

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school and the fact that my favorite professors had been family doctors, I really did not consider a career in primary care until my third year of medical school when I rotated with a fabulous family doc in a small town near my hometown. Continuing through the rest of my third-year clerkships, it became clear that I did not want to specialize. I wanted to be an excellent, well-rounded generalist. I would be a family physician. I ended up staying at my home institution for residency in family medicine.

During my second year of residency, I started to seriously consider what I wanted my future career as a family physician to be. I enjoyed general outpatient family medicine and maternity care and decided I wanted to practice primary care obstetrics. Around the same time as I was discovering my interest in maternity care, a close friend had her first child and struggled with breastfeeding and perinatal depression. I decided to pursue my certification as an International Board-Certified Lactation Consultant (IBCLC) to be better equipped to provide lactation support to my patients. As my clinical interests came into focus, I continued to see opportunities for research and quality improvement everywhere I looked. I realized as much as I loved patient care, I still had questions I wanted to explore. I had difficulty imagining myself doing "just" clinical practice. My most significant passion was perinatal and postpartum care, and I decided to not only make this a key part of my clinical practice, but also take a deep dive into this area with research. My program was well suited for my academic interests, and I got involved in a few scholarly projects, including a qualitative research project, development of a clinical decision aid, and various quality improvement efforts. I facilitated a course for medical students. A vision of my future as an academic family physician and researcher started to take shape. I started to wonder, "How crazy would it be to go back and finish my PhD now?"

I still carried guilt, shame, and self-doubt about relinquishing my previous PhD studies. I tried to make sense of the experience. I came to understand that I had gotten into a specialized area of research without a full understanding of what would make me happy personally and professionally. When I joined my first lab, I did not have a clear understanding of what clinical specialty I would be interested in or what I wanted my future career to look like. My residency training had solidified not only my clinical interests, but my research interests as well. I knew that this time, things would be different. I met with my department chair and vice chair for research and received unequivocal support. A few conversations later, I had plans to do an academic fellowship and pursue a PhD in Translational Biosciences with an emphasis in population and precision health.

Table 1. Examples of Areas of Specialization with Strong Links to Primary Care

Bioinformatics
Epidemiology
Health Information Technology
Health Management
Health Services
Medical Humanities
Public Health
Translational Science

Looking back on my first year post residency I can say that it was one of my toughest years of training yet, but it was also one of the best. I am once again taking (and enjoying) classes, this time with the continual backdrop of "How does this influence my clinical practice? How does this influence my approach to my research questions?"

A physician-scientist career can take many forms. The traditional method of dual-degree training, with its emphasis on basic science, can make it difficult for learners to see themselves in nonspecialty fields. In my case, I needed the time and freedom to explore my interests. Family medicine residency did that for me. My clinical interests, my patients, my past experiences in research, and the past 10+ years of training have finally come together to help me see a way forward as a family physician and scientist. We need more physician-scientists, but more specifically we need more physician-scientists who have found and nurtured a passion for the design and delivery of patient-centered care to improve the health of people and communities. To do this, learners need role models, guidance toward this vision of science and care, and opportunities to train in methods that will support inquiry and discovery in primary care. Those interested in advanced research training that aligns with primary care might consider fields outside of traditional biomedical sciences (Table 1).

As for me, I am happy to say that quitting my first PhD was one of the best decisions I've ever made.

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