When picking a physician specialty, don’t ignore your instincts

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As she finalized her Match rank-order list in the winter of 2019, something seemed off for Avani Patel, MD, MHA.

What should have been an exciting, albeit angst-inducing process, brought little joy. Instead, she constantly questioned that she had ranked a bevy of anesthesiology residency programs at the top of her list. The list left the psychiatry programs with which she felt chemistry as a dual applicant as unlikely backup destinations.

“I am incredibly unhappy, and everybody else is looking forward to Match and graduation,” Dr. Patel said during an interview for the AMA’s “What I Wish I Knew in Medical School” series. “And the idea of that made me very sad, and I thought to myself, ‘That can’t be normal.’”

Realizing that she may not have fully comprehended her specialty preferences before beginning the residency-selection process, Dr. Patel made the uncommon decision to withdraw from the Match. She took a year off to pursue a master’s degree in health care administration with emphasis on executive level leadership (CEO or CMO level leadership) to further consider her options. In that time frame, she realized that psychiatry was her passion.

Now a third-year psychiatry resident, Dr. Patel is glad she followed her heart. Years after the winding path to a psychiatry residency, she offered medical students who might be narrowing their options insight on what she wishes she knew in medical school about choosing a specialty.

Block out the noise

“I loved my psychiatry rotations. Not only was it something I was good at, but it was also interesting and intriguing. I was able to communicate with patients in a way that truly felt like a gift. But I still pushed that to the side, and I ignored it. I allowed the noise of other voices tell me ‘I can’t do this, because what if no one takes me seriously? What if I can’t climb in my career the way that I want to?’
“Keep in mind that mental health has now really come to the forefront, more so during the pandemic and post-pandemic. But before that, I felt like with many people, there was a lot of stigma around it, and there still is somewhat. Quite frankly, that’s the culture I was raised in. Mental health was not really a priority. And even in the South, mental health was not a priority. I was oftentimes told by mentors, ‘You may want to think twice about psychiatry. People will assume it takes one to know one, and you'll never get the same level of respect unless you choose another specialty.'”

The truth of the matter, now that I'm in residency, is that I actually discover many more medical issues as a psychiatrist than I think most people realize. You have to be sharp on your general medical knowledge given the level of drug interactions that can take place and ruling out other diagnoses prior to making a psychiatric diagnosis. Although I won’t treat the general medical conditions because it's outside of my scope, I know how to recognize and manage something that may be emergent or wrong. You get a really good grasp on that, and that has been life-saving for many patients I've seen in clinic as I've sent them straight to the ER.

“The same principle applies if you're being consulted by another specialty. For example, there are many times that general medical specialties don't realize that many drug-drug interactions and/or certain medical diagnoses or combinations that can create a false perception of psychosis. And that's where I come in. That is why I believe strongly that medical school does matter, particularly in the realm of psychiatry. People, oftentimes forget that I am a medical doctor; that's what allows for the safest and highest quality of care. The intricacies of medical school training are what allows me to be good at my job.”

**Keep an open mind**

“I remember being a medical student, and all four years, I was determined to become an anesthesiologist, so that I may pursue pain management,” Dr. Patel said. “I wanted to have my own OR, and I couldn't see anything else outside of that. Those were the blinders that I had on since I felt strongly about procedures and being a strong female physician.

“Most people who go into medical school tend to be type A personalities. It's totally OK if you go into medical school having a plan that ‘I want to be this’ or ‘I want to do that.’ Be prepared and be open-minded in the sense that that may change. I once scoffed at that advice, but it couldn’t have been more true.”

**Decide how you want to practice**
“Now, coming into medical school, you might say you want to be a pediatrician, and that’s exactly what you do, and that’s wonderful,” Dr. Patel said. “But there’s also a possibility that it isn’t what you love at all.

“For example, I came in wanting to do something completely procedural, where I would probably hardly speak to patients, and now I’ve done something the polar opposite, where it’s not procedural and I will be talking to patients all the time. So I think those are important questions to ask yourself as you’re going through. It’s perfectly OK to have a plan but allow yourself to come out of that box because we change. People change, and there’s power in feeling that acceptance.”

“I knew very early on when I rotated through that I was not meant to be a surgeon. I think understanding your skill set is really important. Some people are great with the procedural details, and that’s something that they enjoy. Other people may realize that procedures are not the way to go, and they want a different type of experience in addition to continuity in relationships with their patients.

“It comes down to what you really want. Two major questions you should always ask yourself: ‘Do I want to do procedures or not?’ and then, ‘How much continuity do you want with your patients?’ Those are the questions that you should ask yourself as you’re going through.”

**Aim high**

“It's totally OK to have an idea of what you want, but if there's any chance at all that you might be interested in something that's more competitive, every single person would say: Aim for the stars, and work hard toward what could be the more competitive specialty, because it's much easier to fall to a mid-tier specialty as opposed to one that's much more competitive,” Dr. Patel said.

“When I was in in medical school, for example, anesthesiology at that time was the more competitive specialty, compared with psychiatry. I knew that as long as I worked hard in the classroom as well as standardized exams, research presentations, and all of the extracurriculars often required, then I would be able to set myself up for success. Of course, I understand we all plan for that. I also accepted that if I ended up falling back on maybe a specialty that has more training slots open or maybe a little less competitive, I would be OK.”

**Money isn’t everything**

“The cost of becoming a physician, particularly the loan amounts required, is very anxiety-inducing,” Dr. Patel said. “And so, by nature, almost every single medical student I talk to is often thinks, ‘Yep, I'm going to be a surgeon’ or ‘I'm going to be a GI doctor. I'm going to be a cardiologist.’ Because
those tend to be the more competitive specialties that pay significantly more.

“Don't be blinded by what you could get from a specialty in terms of a monetary standpoint, because that will only last for so long when it comes to overall happiness. I think all of our specialties are kind of arranged in a way to where you will be compensated in a way where you will be able to find a way to overcome the cost of becoming a physician; in fact, there are many scholarship and service-related opportunities that can help with this too. Just don't compromise your happiness for a check. And I think, quite frankly, that we have all fallen guilty to that thought process at one point or another.

“When you compromise your happiness, you experience much more regret. And the burnout rate increases. So if you can't work because you’re severely depressed or something else happens, what would you do?”

Think long-term

“You have to ask yourself: What do I want my [my] life to look like in the future? How important is work-life balance? Is being in the hospital where I find my joy? Or does [like] having more of an 8-to-5 format fit better to where I'm able to create more balance in my life?”

“Those are the golden questions because the answer is different for everyone. For me, I knew I could not get to the hospital at 3 or 4 in the morning. I wanted to pick a specialty choice where I could do an 8-to-5, that had very balanced hours as well as the opportunity for continuity.

“One of the hard things is that everyone has different goals of what they want their life to look like in the future. And sometimes, it's difficult to be honest with ourselves, especially when it's something we may not have yet.

“A lot of medical students may not be married or in a serious relationship or even have children, and some might. And so, thinking about those things and knowing if that's something that you want in your future, how will that specialty choice impact that and vice versa? So, I'm not married, and I don't have children, but that's something I knew I wanted one day. I can't put a timeline on when that will happen, but that also played a major role in my specialty choice.”

Forge your own path

“I know it feels like the end-all and be-all decision, but it's really not,” Dr. Patel said. “Not everyone's path is meant to be the same. I know the tradition is that we're supposed to decide by our third year and happily matched during our fourth year, but that's not everyone’s story, and that's perfectly OK.
Ask mentors, ask friends and utilize your AMA network because there are a lot of physicians who took a non-traditional path who’d be happy to guide you through it, including me.

The AMA offers tools to aid you with your medical specialty choice. FREIDA’s Specialty Guide—and corresponding series of videos offering expert insight on specialty choice—provides a clear, approachable overview of medical specialties and subspecialties and can help you choose a career path. It’s designed to simplify medical students’ specialty selection process, highlight major specialties, detail training information and provide access to related association information.