

Non-Clinical Career Opportunities for Teaching and Educational Administration

Edited Transcript from SEAK's 2025 Virtual Non-Clinical Careers for Physicians Program

Moderator: Our next talk is going to be on **opportunities in teaching and educational administration**, and we're very, very pleased to have [Dr. Tahlia Spector](#) as our presenter. Dr. Spector is a board-certified Internist and Emergency Medicine Physician and a full professor of medicine at the David Geffen School of Medicine at UCLA.

She's a physician, educator and author whose expertise includes curriculum, design, teaching, and remediation of clinical skills and coaching. Dr. Spector is also a [SEAK](#) alumna. She has designed and implemented in-person and Online Curricula for the David Geffen School of Medicine, the National Cancer Institute, the National Human Genome Research Institute and the National Violence Prevention Center, and has written Examination Content for the National Board of Medical Examiners.

She has written a book chapter on Remediation of Physical Examination Skills and is in the process of publishing a book series for Medical Students, medical Students, entitled Strategies for Success in medical school and beyond.

At UCLA, Dr. Spector teaches first year medical students in the foundation of practice course. She teaches clinical skills and serves as a life and career coach.

She is also the program director for the inaugural third year longitudinal clinical experience during which students hone their clinical skills and is a lead in remediating medical students who fail their clinical performance exams. After struggling with a devastating and clinical career-ending injury, Dr. Spector no longer provides direct patient care nor supervises residents in the emergency department.

Besides teaching and administration, she also has both personal and professional experience with vaccine injuries, performing medical chart reviews and writing medical expert reports for patients in litigation with the Department of Health and Human Services Vaccine Injury Compensation Program. Dr. Spector received her BA at Vassar, her post baccalaureate pre-med at UCLA, and her medical degree at UCLA as well.

Welcome, Dr. Spector, welcome back! Thanks for coming.

Dr. Tahlia Spector: Thank you so much. Thank you for having me I'm excited to be here and hopefully be able to share, impart some wisdom that can be helpful to some of the individuals out there who might be interested in looking for [non-clinical] opportunities [for physicians].

So a little bit about me, Jim already kind of said a lot. But as a Professor of medicine at UCLA I work with each of the first year medical schools students as an educator for excellence where I teach clinical skills, doctoring, how to take history, do a physical exam, clinical skills, etc., clinical decision making, and then we do some life and career coaching in the second year, which is the clerkship year. Now at UCLA the students take [a] clinical performance exam. And those students who don't pass get to meet with me and one other people. So we work with the students individually after that experience. And then **I am the program director for this longitudinal clinical experience, which is a mentoring opportunity for students to go into the field and work with clinicians at their sites.** So I will talk a little bit more about that in terms of opportunities for everyone. As Jim said, I'm an author. I actually started by writing a lot of clinical scenarios for standardized patients, and that led me also to get involved in writing test questions for the National Board of Medical Examiners, the book chapter, and then this book.

I became a medical legal consultant, mostly because I had to be an advocate for myself after an injury and no offense to lawyers, but they're very busy, and I knew my case better than anybody else. So I luckily was successful in my litigation.

And I'm married [and] a mother of teenage boys, which is probably what keeps me on the toes more than any other job that I have.

So just a little bit about me. I graduated high school in [year] from that I went on to college and worked in international public health after college. My college degree was in international public health.

And then I decided that I really didn't enjoy the bureaucracy of working international. Basically the bureaucracy of trying to get things done at a political level. And so I went back and did pre-med classes and medical school, and ultimately a residency in both internal [and] emergency medicine. So that was my first career change. That one was by choice. When I did a lot of clinical work I absolutely loved being a doctor. I was an ER attending physician at a couple of different county hospitals. I also worked at Kaiser, and I taught the medical students and the residents who rotated through and really enjoyed being a doctor.

I went for my mandatory flu vaccine, and it was administered incorrectly. It was too high and went into my infraspinatus tendon and I developed a series of pretty devastating complications of tendonitis, tendinopathy, shoulder impingement and then ultimately thoracic outlet syndrome. I probably should have stopped working, but who stops working from a flu shot. So I kept going until I was unable to perform clinical duties. I had numbness and tingling and a loss of dexterity in my hand, so I was not able to engage in many of the procedures that were required in emergency medicine. I can't lift patients which made it difficult to examine patients. Anyhow, it was very devastating. I had a lot of depression and was even diagnosed with PTSD. At the time I was very lost and I did attend the [SEAK](#) Conference where I was inspired. I really was

inspired by a lot of the other physicians who I met, but also just sort of given a direction. I felt like I had no direction at the time so at that time there was a pre-conference. I don't know if there still is, but there was a pre-conference about writing, and I was advised to write a book.

And so that night I went back to my room and came up with some chapters. It's obviously changed since then, but I'm very excited to see that I have finished writing books. The first book is under peer review right now, and I am doing the final editing of the second book. So it is a slow, slow trajectory. Kind of waylaid a little bit by COVID, and having to homeschool my kids, etc. But I am still pushing forward with that. So I'm excited.

And so the second career change was not by choice. It was by necessity but I'm excited to share that.

I am now a [physician] educator and administrator and really enjoy it. So I'll talk a little bit about both of those, and just kind of the individual steps that I went to in each of those areas because you don't have to do both. I will say that I volunteered in a lot of medical school courses. I really enjoyed teaching. This was during that time as well as afterwards, and from that **I was invited, because the person before me moved careers or moved locations to participate in some remediation and eventually I became the go to person at UCLA for remediation for students who are struggling doing faculty development.** I was invited to write a book chapter on Remediation of Physical Exam Skills

[I am] one of educators teaching in the 1st year curriculum [in medical school]. And actually, it's wonderful because I have my students in the 1st year. But then get to keep involved with them for the subsequent couple of years, mainly doing, coaching and life coaching and career, clinical coaching, etc. in terms of my administrator hat. I started in my fellowship, participating in a bunch of educational grants which we mentioned. These were national grants, that we, my mentor, was a Principal Investigator. On these, and from that **I also did some curricular design.** and again volunteered in medical school courses, where I was tapped into being the chair of the 3rd Year Preceptor Program.

I was invited to be on different committees. The promotions Committee got very active, [I was] involved in medical education from an administrative perspective so much so that now I'm on the Medical Education Committee, which is exciting. I became the inaugural director of the longitudinal clinical experience which is a very exciting program where we have students analyze their clinic, their current clinical skills compare it to what their aspirational skills are, develop goals and action plans and then do some practice, deliberate practice with faculty in the community. So it's a great program, and it has helped me get other faculty involved and excited about teaching.

So there are other paths you don't have to, you know, follow my path to be an educator. There are other educators for excellence in the program, who did a residency, and they were either a preceptor, had students coming to their site, or they were in attending so at the in the Residency program. Usually this was the most common pathway, or they were a facilitator in the clinical course. That was a non-medical course or non-clinical, rather course.

And then eventually they were tapped also into or applied for this educators for excellence, position which is paid not paid a lot, but it's paid and then, in terms of being an administrator, you can go from Residency usually, **that if you work in a clinic or a hospital, you get to be part of a committee. Wherever your niche is, you gain experience within that niche, and then you become the director of whatever it is that is in your niche. And then from that you can move on to be a medical director or in the academic sphere, a dean.**

So there are a lot of benefits to being a [medical] educator. First and foremost, you get to pay it forward to students and the medical profession. You know, you're really enhancing the clinical skills of your future colleagues. **Here's your opportunity to mold the person that you are going to consult or ask to be a you know, to consult on your patient, and I think that's really exciting. It also really keeps you on your toes. Right? I mean. Students ask very insightful questions.** They've done some research, or are learning about topics that have changed and evolved because of just time and new science, etc. Advancements, scientific advancements, technological advancements, and they keep you on your toes with the questions that they ask. **So that's a lot of fun.**

And there is prestige involved to having an academic title [as a physician]. I will say that when I applied or contacted a publishing company, the fact that I have an academic title made it that much more interesting to them to want to publish my book.

There are a few drawbacks being really honest [about being a physician educator] - it doesn't pay as well as the private sector. Depending on how you're paid and your productivity, taking time to speak to students and listen to their oral presentations, or review their documentation, or whatever it is, can hamper some clinical productivity. Just be aware of that.

There is a lot of fun in classroom teaching. I get paid for teaching, but there's prep work that I have to do, and then I assess some of the student oral presentations, or I give feedback and that can be fairly time consuming. So you need to build that time into what you're doing and unfortunately, there are very few full time or even paid positions in education That's not the same expectation in law school. You're not expected to be you know, have a certain number of billable hours, and, oh, by the way, teach. But that is the case in medical school. Hopefully, it's changing across the nation. But it was exciting for UCLA to have that change a few years back.

Benefits to being a [physician] administrator. Sometimes can be very well compensated, depending obviously on your role it's you have an opportunity as an administrator to make some really substantive changes. So there are times, you know, we look around at what's going on, and we are dissatisfied with the operations, or the quality of care. **And being an administrator, you become, you know, in a position where you can make some changes to that, so that can be exciting.**

I thought that we needed to get a little bit more clinical coaching for the students kind of throughout the years. And so, as part of my longitudinal clinical experience, I was like, well, we really need to prepare for that by instituting these changes, and how we give feedback for the, you know, clinical performance exam, or how we are giving during intersessions. **So I was able to tap into and make some suggestions and changes in in other parts of the curriculum which is exciting.** Also, as a [medical] administrator sometimes you can replace some of your clinical duties and responsibilities with non-clinical ones. So if one of the issues is a little bit of [physician] burnout and you're just, you're working too many shifts, etc. **[Working as a physician in medical administration] is an opportunity to match your salary, but just replace some of the clinical duties. There are a lot of different opportunities in administration and of course it can be prestigious as well.**

So drawbacks to being a [physician/medical] administrator. It can be really high stress, a high stress environment. I have a colleague who was the medical director of the emergency department during COVID, and she was responsible for finding PPE. I can't even imagine what a nightmare that must have been for her. But it's super stressful, and you know the buck stops to you [when working as a medical administrator]. **Staffing issues mistreatment, mandated reporter, discontented individuals, whatever it is. That's it can be stressful.**

Sometimes [working as a medical administrator] can put you at odds with colleagues, although I think it really depends on how you integrate and accept feedback and how willing you are to have folks participate in making changes.

An overview of different teaching and administrative opportunities. I mean the obvious one that we think about is in medical schools, right? There's teaching and administration involved. But maybe you don't live near any kind of any medical school. **So there are other opportunities available in in allied health schools so Paramedic, EMT, PA, NP. These are all schools that like might be closer and have [physician] opportunities available for teaching with or without clinical duties.** So just something to think about.

Obviously within a hospital or clinic setting, there are teaching opportunities [for physicians], a lot of teaching opportunities for patients and all of you have experience because we all teach our patients you know about their health, about you know how to manage their care, etc. But there's also sometimes [non-clinical job] opportunities for [physicians] developing CME, working

with staff and other faculty, etc. So those are opportunities within clinics and hospitals. And then there's always some administrative opportunities as well.

So really, when you're thinking about education and administration you want to think about what your goal is right. If your goal is to like you're happy with what you're doing and you want to stay doing your clinical work, there are opportunities for that. And then, really, maybe you're just burned out, and you want to improve your job satisfaction or have a new role, etc. So that's on one spectrum. And this is really a spectrum, and then the other side is, you know, supplemental replacement income.

Right? You're you need out right? So how can you replace your income? **I will tell you that it would be very difficult to replace all of your income in administration in academic administration.**

So let's talk a little bit about improved job satisfaction and the new role. **So this is usually part time, and it might not increase your income substantially, but it would definitely infuse some energy and life into what you're currently doing.**

So there are clinical teaching while you're engaged in patient care at your home setting. There are other teaching opportunities that are non-clinical. And then there's administrative roles. So I'm going to kind of go through each of these. **So in terms of clinical practice, you can precept in your own setting. So students will come to your setting from either an allied health or medical school, and they see your patients sometimes without you. Sometimes it's a shadowing.** It depends on what year in the curriculum they are, and then you observe them if you can, directly, or you will hear about oral presentations, talk about documentation, talk about medical clinical decision making, etc.

The other opportunities are that sometimes let's say they have a clinic that needs to be staffed at the medical school. So, for example, in internal medicine, we had a dermatology clinic that needed staffing from dermatologists, and so the dermatologists would come in and staff the clinic with the medical students and residents and other attendings and so depending on what your field of interest is or your specialty is, those are other opportunities at specific training sites, and that is frequently done in medical school. I believe it's also available in Allied health schools. These are sometimes can be paid, sometimes they are, and sometimes they're not, but it definitely can bring some prestige to your clinic as well.

So as I was kind of updating my slides last week, I received an email from one of my preceptors, who's amazing. And I got him involved. He was really burned out, and I got him involved in teaching again. So I'm just going to read this to you with the enthusiasm that I know that he wrote it with. **"Teaching EM is by far the best thing that has ever happened in my career,**

re-inspiring me and allowing me to cherish and delight in the enthusiasm and excitement of the myriad learners I've been privileged enough to engage with”.

I'm so blessed to have faculty like that who are enthusiastic and interested in teaching my students. It is definitely a synergistic relationship.

So non-clinical opportunities [for physicians in teaching]. These are also available in medical and allied schools. So, for example, teaching physical exam skills, teaching point of care, ultrasound skills, sometimes doing a case review. We have ophthalmologists that come in to help out at UCLA in this foundations of practice course, because I mean, I 'm not an expert. I have some expertise, **but we have faculty from all different lines of work.** And so the ophthalmologists come in and help out and go over cases. On one of the days. It's like a twice a year commitment, I think. They can also get involved in programs like doctoring, which is how to speak to patients, etc.

You can be a content expert, right? So my kiddo is in high school, and he has a sports medicine, Kinesiology course at his school, and so they had an orthopedic surgeon come in and speak about. You know the process involved after they do their initial intake and wrapping, etc. Like, what's the progress that a patient would go through, so that you can kind of understand the full picture of, you know, from the injury to healing all the parts in between. So that's exciting.

And then there again, you can be a content expert for medical schools for Residency programs depending on what your interest is. We had a dermatologist come and speak about dermatologic manifestations of systemic illness. When you see this, whatever this rash is, what should that alert you to so just kind of exciting to be a content expert in that way. **You can also create educational content for patient staff colleagues.** I think I mentioned this in terms of CME. **And then there is a growing opportunities available [for physicians] in physician remediation.** The National Board of Medical Colleges sometimes has programs. And **but there's sometimes, you know, private remediation schools across the nation. So that's another area where you can potentially teach in a non-clinical setting.**

If you develop a little bit of an expertise or an interest you can be the director or the chair of some sort of program. So it could be the standardized patient program simulation, assessment, clinical advising focus preceptorship, whatever it is. And then when you become the director of that program, then you can become the director that oversees multiple programs and then eventually that can lead to a Dean position.

You could be a program director. I am the program director for the clinical, longitudinal clinical experience. **But we have affiliate sites with UCLA, and each one of those I tapped in and found somebody to be a site director, so that if there are any problems with the students or the student faculty pairings at the site, that site director is responsible for taking, making sure**

that everything is running smoothly at that site. So it's a paid position. Not paid very well, but it's paid position.

So the way these academic and teaching roles [for physicians] are compensated can be a little bit complicated. So oftentimes you'll get a stipend just like, here's [x dollars] to do whatever this role is, or they might buy time from the correct clinical duties. So, for example, my mentor, when I did my fellowship. I worked night shifts for her, and that was how she got paid by the by the hospital to get involved in this fellowship program. I think she actually arranged that because I think I was her first fellow, but which pretty clever but anyway, **she got to buy out some of her time and some of her clinical duties.**

You should know often with academia, the administrative and teaching, this is a part time gig, and so you'll still be required to do clinical duties.

Sometimes the pay increases over time [if you are a medical educator]. So in academia, You're a clinical educator. Then you become an assistant professor, associate professor, and then a full professor, and with each one of those academic titles your pay can increase.

Also, depending on what your [medical] specialty is, and if it's in demand, you may be able to negotiate a salary that's comparable in some way to the private sector. So just keep that in mind to know what you're worth if you're looking for a job [as a physician teaching and in administration].

You need to understand how sometimes the pay is done [when working as a physician in teaching or medical administration]. So the unit of workload measurement in a lot of these institutions are as a full time equivalent or an FTE. The other way is percent effort. This percent effort might be based on your academic title and step. Or they might use the NIH salary cap. So every year the NIH has a salary cap. And then every year that salary cap goes up. So you get the rate of increase based on whatever the national rate is. And that is one way to keep things standardized.

So salary ranges [in medical education and administration]. So there's a wide range of salaries depending on what your positions are in administration and teaching. It's by step, but it also depends on the city where you work.

Say, yes, I mean, I said yes to a lot of opportunities, writing a book chapter that I had no interest in doing, getting involved in remediation, and yet that has launched other parts of my career. Say yes to different opportunities to share your knowledge and build your skills. Become a subject matter expert, write a book, write a book chapter.

Join your hospital's Education Committee. There you can get involved in CME in patient education, and then you get experience through those through that committee work. Plus it's

great networking for people who are already involved. **Once you're in a committee, if the senior person retires or leaves, then now you're in a position to assume a larger role because you have experience in that.**

You can contact your medical school or an allied health school about preceptoring or lecturing, helping with skills training. Again, you can start this as a volunteer, potentially, and then and then if, after you have some experience, you can start negotiating for a salary you can consider getting a teaching fellowship or an advanced degree. I don't know that it's necessary, but I thought it was helpful for me.

I would say first and foremost, find a niche. Whatever your niche is, it can be what your passion. It could be a passion, because you find a need that that you're frustrated by the fact that things are not done well. Maybe people are burned out. They're not putting as much effort into making changes that need to happen. That can be a passion that you really want to make a substantive change.

Another question is, what are you good at I'm very detail oriented, and yet I would not want to be a forensic accountant, just wouldn't work for me. So what are you good at? What's your passion? **And the other really big question is, where's the need? If you can figure out what an institution needs, it could be what they were dinged on for their accreditation or just something that you know that you learn that the hospital or the or the institution is struggling with and you're good at it. Then that actually gives you the most opportunity to ask for payment, because if you can save an institution money they will, they will pay you for that right?**

So, in terms of [medical] administration I would say, build your portfolio [and CV/resume] by joining a committee. Any committee that either interests you, or that you think that you, you know, have an expertise in I mentioned learning about your clinic or hospital's greatest challenges.

Learn topics that others don't know [like] utilization review. These are things that we don't really learn and sometimes aren't really interested in learning. But if you can get a little bit interested in learning it like utilization review, quality standards, electronic health records, research managed care, OSHA requirements, HIPAA, FDA regulations. **All of these kind of regulatory agencies that require a little bit of more in-depth learning that's outside of our area of expertise in medicine. Those are great niches for opportunities in administration [for physicians].**

For your CV you're going to highlight your attributes and your skills. So every one of you has **communication skills** because you use them every day to negotiate with patients, to negotiate

with staff, to negotiate with your family. **Leadership skills.** Inevitably you might be a leader in some aspect of what you do at your site.

Clinician innovation, any kind of innovation that you've done. We all are involved in some sort of a safety program or other kind of quality improvement activities. Those are innovations right. So definitely don't forget to include those. **Any kind of adult education techniques - knowing how to create an inclusive and learning environment.** These are all attributes and skills that are buzzwords that are useful for academics and administration.

So how do you find paying jobs [for physicians in medical education/teaching and administration]? Contact your local or regional institution that offers health education, whether that's your medical school or allied health, but also consider corporations. Corporations sometimes want to have programs to teach CPR. Or, let's say, a corporation or an institution has childcare. So teaching infant CPR, to workers there, or to family. **So these are ways to kind of get involved and get experience and then eventually, when you if you've done it for one year, then you can actually get paid for it.** In future years. **School districts** are sometimes looking for health training the school nurse.

Another opportunity. A friend of mine went and started working at a prison, and my gosh! They paid a lot of money probably because it was not quite as sexy as other places to work, so look for opportunities through different departments.

Online job boards [for physician roles in teaching, medical education and administration]. Key buzzwords, administrator, medical director, faculty lecture program, director, etc. Then there are sometimes in industry journals like academic medicine at the back of those they might have job listings. Sometimes the academic societies [have job boards].

Obviously, networking. If you find an opportunity [in teaching or administration for a physician] you can figure out somebody who's a colleague of yours from a conference, or that you went to medical school with, get the scoop from them right there. People are often really interested in talking about their experiences at their sites, etc. and then really try to **understand the institution's needs.** You want to be a desirable candidate. If you know what somebody is looking for or what that institutional focus is you can create yourself to be part of that focus through the volunteer work that you've done, and your CV etc., and then your cover letter. All of these will help you get, you know, a foot in the door and get hired.

And then, obviously [if you are looking for a position as a physician in medical education, teaching or administration], you want to get letters of recommendation from anybody who knows you well, and might be able to highlight those areas.

Know that administration and teaching jobs [for physicians] are out there, but really, you're highest likelihood of you being able to be hired sooner rather than later is to focus on the needs of the institution.

And then, like any job you're going to do research. Network. Review publications. Attend conferences, talk to people, just get involved. **Unlike other jobs, though [with medical teaching and administration roles] you might need to start with volunteering, so, to just gain experience, get your foot in the door, get known. Keep in mind that you already have probably most of the skills you need. You just need the experience and don't give up right. You might be turned down a couple of times, but don't give up. Just keep going.**

Thank you. Any questions.

Q: Any opportunities [in teaching for physicians] that you that you have experience with, or that you're aware of that you can do online like teaching via Zoom, or something like that?

A: That's interesting, you know. I would say that some of the remediation could potentially be done on Zoom, but it depends. So what's interesting about medicine, obviously, is that it's a very hands on. The physical exam skills have to be hands on, because otherwise you can't examine the ear through the through the computer. I would say, that's a really good question.

I have to look into that. I would, I would imagine. Yes, but I would. I would say that the most of the time when I've done stuff on Zoom it was by necessity because of. We recently had fires, and we had to transition to an online forum.

I don't like it as much personally. So it's something that I suppose that you would be able to do if you are working at an institution. Trust telehealth is by, you know. So if you are good at telehealth, I'm just kind of thinking here, if you're really good at telehealth, you could probably create a curriculum of how to do telehealth in a most effective way, and that would be an online format.

Moderator: Thank you very much. Dr. Spector.

Dr. Spector: You're welcome. Good luck, everybody! I wish you all the best with your future. Whatever you decide to do.

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