Introduction to Wendy Fong and Chief Digs

Everybody's so glad to have someone special today. Wendy Fong is the founder and principal of Chief Digs. So Two Gigs is a company that offers fractional leadership for businesses and people within the business to help businesses achieve bottom performance, through leadership, through culture.

In a dynamic and very diverse world. Especially since what's going on during Covid 19, Wendy's had 20 over 20 years of experience in, culture change in leadership development, team effectiveness, strategy and capacity building and operations.

She's worked in a variety of customers, ranging from health care to financial services. But ultimately, the same formula exists for, most of the businesses.

I mean, she currently also serves as chair of the United Against Human Trafficking, an organization that fights to end human trafficking through, prevention, preventing exploitation and educating the community and empowering survivors.

She's also the founding member of the rice, executive MBA, Parliament's. And so, really excited to have have Wendy on here really partake in this discussion of truly what does it take to create a culture of leadership within medical practices, within private practice, to accelerate us into the future?

Wendy, welcome to the summit. Appreciate you having you. Thanks for having me, Chang. Yeah. So, you know, we have been talking about so many different things on a summit.

And one thing that we just haven't addressed yet is how do doctors work together in a practice, especially if there's multiple physician partners, which I have a lot of experience with as well.

So but let's get to like the pain points first, right. So what what do you think are the most common causes of like the biggest tension between partners?

So one of the biggest issues that I've seen is, expansion. Right. Whether people are interested in acquiring or expanding, hiring more physicians. There's a lot of risk that comes with that.

And, most physician partners, who have different levels of risk. So think of it as a continuum. On the one side, you're extremely comfortable with the risk, and on the other, you're extremely cautious.

That actually creates a huge amount of conflict. And I don't know that many physicians know, that that's what's stopping them. You know, you could have someone who is very, gung ho about expanding or hiring or whatnot, and then another partner who keeps, you know, bringing them, reining them back in.

Common Tension Between Physician Partners

And a lot of times they don't know that that is exactly what's going on. So, you know, sometimes it can be solved by more information. Sometimes it can be solved by self-awareness.

Yeah. But you know that that hits home for me. I've experienced this, and I've seen other practices have it as well. And I would say that's probably the most common thing is here's the tricky part about, I think, the business of medicine, because, you know, you have a practice and the practice grows, and then the doctor ages with the practice and the doctors, some point in time, gets either partners or gets are hiring other individuals.

Right. And they're they tend to do tends to be younger. And then another generation later there's even younger.

Now you have like almost like two and a half to three generations of doctors in practice.

Exactly. And, and not only is there a generational divide which we actually, on another part of the summit, we actually had a boomer versus millennial MD discussion focus on the millennial.

We actually talked about this, but, there's also, you know, like you said, risk, right? And so the definition of risk is also very different between, you know, generations.

And I think the other thing is that I think there's, there's not a great culture of communication, really, between, physicians because we're not really taught in a way, we're taught to see patients, you know, but are we taught in a way to get together for the greater good in terms of business sense?

No, because physicians are taught to always mitigate risk by sticking within a standard. Right. Don't go outside the center of practicing medicine. And which which there's not nothing wrong with that.

But when it comes to the business side, it's so different. And, and whenever I think about, the different generational divide, but also not even within the generations, you have different risks.

You know, you can have one person who are thinking about going part time next year and just want to keep everything stable because they want more of family life.

You have another partner is like, hey, I don't have kids. I just want to go, go, go, but let's get more partners. But so that level of risk requires investment back into the company, how much money you want to hold back in the company.

And so yeah, I totally understand, the dynamics of, of of risk, but I'm sure there's answers to this. Correct? Yes, absolutely. So, I'll give you an example.

I love telling stories. So one of my clients, they were expanding. They were creating a supergroup, to, to bring out more doctors and one physician and in particular was more of the visionary.

He was open to rest. He's also, maybe more financially stable. Right. And the other ones were really not not into it. They know that it needed to happen, but they were almost, kind of stopping it or whatnot.

And so we did a team assessment to understand why why are these conflicts happening? And we found that, you know what? Some of us are guardians. So what a guardian is, is, you know, you guard the process.

You guard the current state. Right. And some of us are innovators. And so figuring out everybody, having everybody agree on what the preferred future state is, is the number one solve.

Because then you can always ask, is this action going to get us there or not? If it isn't, we don't have to do it. But if it is, then we need to talk about how we're going to get there.

But if everybody has a different idea of what the future state needs to be, that's the problem. Yeah, I but I find it really common that, people are afraid of stating the future idea.

You know, it's like, you know, I'm a young doctor. I'm I'm a little intimidated to ask my senior partner. He's. This is where we should be going or should we go in this direction, right.

And I feel like the, the actual communication between partners is, is is not great. And I think that comes from multiple things. And, the one thing that really comes to mind and we have to talk on those sections as well, when it comes to burnout, is the way that physicians are trained.

So we got medical school and medical school were medical students. And we're very like observant. So the things that are around us, and then we see the hierarchy and the dynamic dynamics in the culture, not in a business, but

usually in an educational institution.

Right. And so, and then we go into internship and we see the same dynamics, and then we go on to residency. So by the time we have residency, we're like, oh my God, I'm so glad I'm not an intern.

I'm so glad I'm not a medical student. By the time you hit, you know, chief residency, like, oh, you know, I'm so glad I'm not a resident anymore. And then it's like stepping around the hierarchy and all of a sudden we're attending physicians.

We just look around. I was like, damn, it's pretty lonely up here. You know? But the what we were taught is that, there's a rank and a hierarchy. It's very it's very militaristic. Right.

And and so outside the rank. Yeah, yeah, but the problem with that is most, I would dare to say that most of the educational facilities in the United States, who teach residents and doctors, don't have the best culture, you know, as well.

And so, so we actually talked about this as well with Haley Fisher. Price was her book is right here. It's called Back to Balance. And she talk about this. She's the head of GMA.

How a lot of the culture that that we were taught may not be applicable anymore, especially during the pandemic era. Right. And so here's the question though, and I and I tell you all all this to say this, and since we're so damn ingrained into who we think we are, can we really change who we are?

Generational Differences and Risk Tolerance

What do you think? So science says that we're pretty much who we are once we reach adulthood. And that's, you know, how we're raised and genetics contribute to that.

But we can certainly stretch and, and adapt. We are who we are, but we can learn to adapt. Right. And, that station comes from knowing who we are in the first place.

So if we don't know who we are, then that's that's the problem. But if you do know who you are, then you can start to see, oh, this is where I am kind of stopping the process or reining somebody in.

And what is it that I need to feel more comfortable about this expansion, about this new project or whatever? Maybe I need more information than I'm going to ask for it instead of not really knowing, but and not knowing how to express what I need.

Yeah, and I definitely think we can stretch. Yeah. So. So, you said it best. I think, you know, you have to understand. We have to understand who we really are.

That requires some level of emotional intelligence. We're taught to avoid being physicians, and we're not specifically taught to avoid it. But we naturally do because of the lot of really messed up things that we see during training, during residency.

And because of that, we acquire, what technically are traumatic experiences, or I like to call them little TS or Michael Traumas. And these micro traumas turn out, basically mold our subconscious state.

So by the time we hit attendings, we're actually being very reactive to these micro traumas that we don't realize that's that's really there, which is the study of mind body medicine.

And so, but let's talk about the emotional intelligence. And I think you were calling it, before we started that emotional quotient. So we wanted to write you emotional quotient.

So can you kind of define that? And, how do we how do we increase our emotional quotient? Yeah. So if you

Google emotional intelligence or, you know, the, the most in-demand soft skill, you know, today, you know, EQ will come up and it really, really consists of five different areas.

So one is awareness, two is empathy. Three is motivation for self-regulation and five is social skills. And I would say that, you know, for for physicians, because all of your training has been technical your entire life, you don't usually get any of that.

Luckily, a lot of different, residency programs now are including leadership skills and coaching into their, their, curriculum. So that's that's a great first step in the right direction.

But the first step of these five things is self-awareness. So are we aware of who we are? Are we aware of how we, are are seen by others? Do we intimidate?

Our, you know, employees? We we likely do. Or do we, you know, avoid difficult conversations when we had. So that is the very first step is self-awareness.

Yeah. My gosh I mean that that's very complex on different levels. I think we need to really get into the books, literally books I have all over the place.

Mostly have read that really explore our emotional quotient, emotional intelligence. Right. But I think, you know, this this ties back into the first question is, is what are the most common causes of tension between physician partners?

And I think that if we all try to look at what are our core values that we are being a doctors, a lot of times, we find out that from an emotional standpoint, it's the same, no matter if you're talking about a 70 year old physician or a 30 year old physician, for for the most part, they're speaking that same language.

And utilizing the, the, the core values of who we are in time that in to hey, what's what's really risky here, right. I think that is probably the beginning of the key to unlock, you know, solving some of these, these, these relationships.

But, you know, sometimes we find out emotionally that you may not belong in a partnership as well. So, yes. And that is perfectly okay. People. And people, I guess partnerships, whether it's personal partnerships or professional partnerships, they break up all the time.

And for the most part, a lot of us get into partnerships without even knowing who our partners are. I have clients who said, you know, they started their practice, 20 something 30 years ago, and they were employed physicians who just got put into the same office by, you know, some hospital system.

Right. And then you decided, okay, we've been working together for several years. Let's just go open a practice together. They don't know how, each person will react because it was never their money.

It was never their practice, to begin with. So even though you've worked with somebody, even for several years, when it's your own investment, it's different.

Oh my gosh, it really is. And I think you're right, because if you work with, let's, you know, we talked to two physicians on this, on this series were both of them started, you know, broke off from their previous practice.

One is that, was academic. The other one was another private practice, and they kind of, you know, said it enough was enough.

Self-Awareness and Emotional Intelligence

But the the idea here is that they were put together because of a, assumed, integration and what I call assume integration is that from a role of being a, an employee of either our larger hospital system or another private practice, you act as that and you get to be a physician to a patient.

You don't worry about your EMR salaries. You don't worry about, you know, who's who's not coming back anymore. Have to figure out the case. You need to worry about all the stuff.

But whenever you have micro traumas that hits your brain in a business setting, then everything that you've experienced since childhood starts being being, react with it.

If you, from the subconscious side. And that's where things become really different, you know, and, and I see that all the time. And, there's an, there's one thing, and I want you to I want to know if you agree with me because I'm kind of putting it out there.

Okay. And this is a statement that I had for a lot of doctors that if you get along with other physicians and they're like, oh, my God, they're so much like me from the business sense, that's a red flag, because a lot of very similar personalities have very similar downfalls as well.

Right. And and like you said earlier, you know, some of them are the Guardians protectors and some of them are the innovators, right. But the protectors, the innovators generally don't mend as well as the innovators with innovators together.

Right. Was pretty much in the business. You got any bullish. Yeah. Yeah. And people make that same mistake when they hire. So I I do a behavioral assessment with my clients.

And sometimes I will go into an organization and give everybody the assessment. And it turns out that the supervisor and they're, all the people who report to them end up being extremely similar without ever having taken assessments before, because we need them.

We're speaking the same language. You like the people who are like you. We you know, they confirm, your thoughts and feelings and, and they become fast friends.

Right. And so, like, it's the same with physicians. Like you said, if we get together with the exact same type of people, who is going to, let's say we, all of the Guardians get together, who's going to innovate for us?

Who's going to tell us pain? Ten years behind that technology is really all let's let's do something new, right? What what assessment? Do you use either multiple ones or is it one specific one that you use?

So I use multiple ones. But my favorite is called the predictive index because it takes about six minutes to administer. So it's the fastest you know, I know doctors don't have a lot of time.

So it's the fastest assessment. And it's extremely accurate. And the reports are short and they're very action oriented. So for example, in one coaching, I was, speaking to a client and in the coaching, report, it says, you know, you may, you may be seen as overly aggressive by direct reports.

And I asked him, is this something that you have gotten feedback about? And he said, the only person who has told me that is my wife. And I was like, well, that's because your wife is the only person who feels psychologically safe to tell you that I know that, I know that this is this is something that they they see.

And if you want to inspire the best out of your employees, that's something that we're going to have to adjust. Wow. That was that was a good quote there.

You know, your wife may be the only person who feels like it's safe to express that to you. And and from a leadership standpoint, that's probably for me, that's probably one probably the worst thing that I really want to hear, because I really want everyone to, to be able to allow to give myself feedback.

And it's part of our culture, you know, one, one entire day a month. I mean, there's no one on the phones. We have our whole staff and we just do culture training to the highest degree.

And, and, and, you know, I've tasted the pain points of, being that really aggressive type of leader, and I never want to feel it again. And that really came from when I first started the practice.

So six weeks before, Hurricane Harvey, Houston and all of us. Yeah. And all of a sudden we're like, oh, my God, we have no volume. We have nothing coming in for a while.

And then so and I realized that I, I turned into my dad a little bit or, you know, my dad is the product of the Cultural Revolution in China. So, so I wanted to, like, aggressive war mode.

And I probably created some more traumas, and I actually helped out the company. But but from that for from that pain point, I think I learned quite a bit.

And that's why, you know, dedicate an entire day. So a lot of my other physician colleagues is like, my gosh, you put a whole day into like, culture training, like, you know, how much money you're losing.

I was like, well, let's put it this way. It depends on what you, what you value. Because if I value eventually scaling the company, I'm gonna lose a dime later on.

Yeah, it's all about, you know. Yeah. Getting the people together, for for the common purpose. So what do you think are the, the elements, within a practice or any business, really, that allow a practice to, to empower leaders actually within the practice and allow them to grow.

What do you think are the the main elements? So I am a huge fan of, Patrick Mantione. And I really believe in his, you know, Five Dysfunctions. But the number one I would say is accountability.

So I know there's a lot of accountability in medicine in itself. Right? You have, you know, boards where you review cases and, and things like that. But when it comes to behaviors and, and maybe, talking about it at the, as long once, the science part leaves, you know, and the behavioral or feeling part, you know, come in.

That's, that's something that generally people not just physicians, but people I see a lot of engineers who don't really want to talk about it, that they don't want to, have to hold someone accountable.

Do you think that that comes from lack of, the emotional intelligence or emotional quotient or what do you think it's from? I think, people are afraid, you know, of what the result might be.

You know, will this damage my relationship with this person? I think that they have grown up in a hierarchal sense. Right.

Assessing Team Fit and Behavioral Styles

And so you don't really you don't really speak to your whether it's your elders, your your superiors or whoever that way. And in order to have a practice that can come right along, you're going to need to have a lot of trust and a lot of accountability.

And that means being able to, you know, tell your superiors, hey, look, you know, I didn't really appreciate, you know, X, Y, and Z. This is what I, you know, would expect out of our relationship.

And, you know, because that's something that we can work on. Yeah, absolutely. I'm going to give you a few, examples. And before, we came on, I actually I always go to Facebook groups, especially private practice physician Facebook groups, because every pain point is still in there multiple times. Day.

But the one recent one that I just saw, was, in a private practice physician Facebook group, there's about 70,000 doctors in here. So it's a huge, humongous group.

And, and there's one talking about, you know, I don't know what's wrong with my medical system. Like, she's the

only one that, like, wouldn't give me coffee.

You know, I've seen 40 patients a day, and she knew that that, you know, I was too busy to see in between patients. Show fire her. Right. So, tell me what you think about that.

Must must be something because you're laughing. Yeah. I mean, is it in her job description? Probably not exactly explicit, but you. Would you prefer your medical assistant get coffee or take care of your patients?

You know, I think, having been in practice management for, gosh, almost 20 years, I have sort of seen it all. You know, people who, send their medical assistant out to get dry cleaning, to, to drive their kids around.

So I, I've kind of seen the kids around. Well, yeah. Yeah, go pick up the kids. Really? I would say that, you know, if you are a an enlightened physician and you can understand.

So it goes back to the emotional intelligence part, right? You can understand what motivates your employees. Your employees are chose this profession because they want to help people.

And if you are asking them to do something that prevents them from doing their primary job of helping people to to run errands for you, that's that's not really I mean, get an assistant, get a separate assistant to do that.

Absolutely. I agree with you. So the first thing that you said is in the job description. So, I think, for physicians, we by nature already assumes our job description is to, like, get things done as much as we can to to see patients.

Right, right. And whether that means, you know, using other people for us to fuel coffee to see other patients that we are. It's a war mentality. You know, I, we're not in a war.

And, we're if we're in a team building process, you know, setting up those expectations as well as boundaries and boundaries for yourself, too, is very important.

So last night, because of coronavirus, because of the new billing system and codes and telemedicine, I read every single word of my employee handbook.

What's ours is actually digital. And it took me about 4.5 hours. Whoa. Yeah. And so, and. Yeah, and I hadn't seen this in 2017 and, and yes, I have an employee handbook for I know a lot of practices don't, but but I'm very detailed about what really should happen in every situation.

You know, what happens when someone gets pregnant? Why? When someone's breastfeeding, it's it's all in there. Right. And so, and so, I actually created this for our residency program in New York, Presbyterian queen.

So this is just a translator. Part of that, into a portions of the handbook. But I read every single word, and part of it is from our previous PTO company, which is, which is, ADP.

When we first started, we're no longer with them anymore. And so I was reading and I'm like, man, a lot of this is like, it's like it's like, don't do this, don't do this, don't do this, don't do this, don't do this. Right.

You know, and I and every time I, I read a new section of don't do this, I get I get scared, I'm like, oh my God. This is like my employer was technically is myself.

So I read it in a new format of I am not the owner of the practice, that I am an employee coming in as a medical assistant or coming in as a janitor. Okay.

And then I'm reading this. And how do I really feel what what is what is the overall feeling of this? And I didn't really feel good about it. And so we're we're definitely changing it up.

What. But I but I realize that this is like a standard process. I think the standardized process of, you know, you

know, don't sexually harass someone.

Well, yeah, I understand not to do that, but what the things that we do do to support our company culture, and that's not really in, in there. And so and in there, I didn't see anything about getting coffee either.

So, so and, and and I and, there's, there's a section in there that I, that I decided I want to put in after I speak with my staff is how do we show each other love and connection within a practice?

Okay. And do you want to buy coffee for people? Well, that's fine, that's fine. You know, by itself, you pay by the card for you. But you know what? We will reimburse 80% of that by the end of the year if you want to.

That's totally cool. So those are sort of the reward systems that that, you know, we're looking at. So but but the whole point of, of saying that is, you got to set expectations for your partners, for your superiors, for your C-suite, for your janitors, for whoever it is.

Right. Because, you know, every employee is, is, has an understanding that something drives them. There's a reason why they're actually there. And you know what?

In some of these mas part of their, their, their reason may be to help you get coffee. And that's okay because they're, they're they're very motherly, very fatherly.

And they want to express their love to you. I have to have two that that do that very regularly for me is in the job description. No. Do I think the hell out of them would be someone with someone to do it?

Absolutely. You know, so you don't really have to do this again. I'll just take it. I think them profusely. Right. And so we don't see enough of that in but I don't see enough.

So I have one client who is a physician, and every time I go to his office, he runs to Starbucks and asks me what I want. And then he'll buy Starbucks for, you know, everybody in the meeting, right.

And and we, we think, well, why aren't the machines getting me coffee?

Accountability, Boundaries, and Culture

Well, you can change that narrative. Why? Why aren't the doctors getting any coffee? Absolutely, absolutely. And it's about the language of gift giving, right?

Right. So, so, you know, and I think the other thing is that it's okay to show love and connection, professionally, in fact, it's it's probably best to do so from a somewhat leadership standpoint.

Yeah. And I would say back to your example of the handbook, maybe instead of, and I do understand it comes from a very, detail, place where you really like structure and formality.

But part of the work that I do with organizations is defining the core values and then defining what, what behaviors are positive for those core values and what people reward.

And so it's instead of not doing something, it's like we're going to reward you positively if you, when you do x, y, or Z so that you know, when someone is not acting, in the way that, you know, the organization has set, then it's really easy to pick out that one person who's, who's not, you know, behaving in that way.

Yeah. And, in that and a lot of physicians also kind of come to me and say, hey, I have this person who does this and does not. This is like, it's like the one person that doesn't really fit right.

I'm scared of, you know, getting rid of him or her. And, you know, I tell and I tell a lot of docs, it's like, well, you know, first, did you did you try to resolve the problem?

And if you did, then, why is that person still there? And the lesson here is you get what you tolerate. And if you the more you tolerate well, you know, it's insane to think something different is going to going to come out of it as well.

But the first step is to have that level of emotional intelligence to solve the problem, which is through speaking. Right? Yeah. And, you know, I do think that sometimes people are afraid to to look for that future state.

Yeah. It's like, you know, this is my right hand person. If I lose them, you know, I'm all of these things aren't going to be done and it's going to cause me to be behind.

So I'm going to even though I'm only happy about 20% of the work. That's enough. You know, and they're, they're afraid that of what might happen. And I've actually had to convince so many physicians that, hey, we need to make a change.

And it's a process. It's a process, right. And then once, that change happens and somebody new comes in, they're always happier. Nobody ever regrets having moved someone on.

But it's just that first step. What's preventing you from taking that first step. Yeah. Yeah. And you know, you're so right. I think, majority of what I feel is preventive.

Most, but from the first step is the ability for for them to understand it's okay to talk about it because, you know, from, I see a lot of doctors do this through their own practice.

They push a lot of stuff on, through the the, the office manager. Right. Or in my case, my my director of operations and and strategy. So, because so much stuff is pushed off, the doctor's like, you know, I just want to I just want to be a doctor for, like, a week, and I don't want to think about this.

And can you, can you handle that? And they're like, okay, we can handle that. But, you know, that comes with his own pain points, too, is that things become invisible.

And when things become invisible, then the culture of the practice ultimately changes and then the quality changes. And so then all of a sudden, you're getting not as many good five star reviews or any five star reviews.

After a while, it's because it trickles down into the patient care and, and that's pretty detrimental in itself. And I can't tell you how many times a lot of doctors come to me and they say, you know what?

You know, I get good reviews like myself, but you can see most of these one star reviews as my staff. Right, doc? One star. The doctor is fantastic. Five stars.

But the one star is asking for this one from this person that may or may not even work there anymore, right? And so that comes from a leadership side.

And I think there's certain things that you can't push off to other people. And some things that you can but it's got to be able to find that balance, you know.

Yeah, yeah. And I yeah. And you're right that, you know, sometimes people are blind to it until someone comes in and makes a change and then you're like, oh, wow, why didn't I see this before?

One example that I have is, you know, when I worked at, neurosurgery practice, we had horrible patient satisfaction. And, we had front desk employees who were extremely rude.

You know, it was back when, you know, you walk into a doctor's office and they're like, driver's license and insurance card. You know, there's no grading, no anything.

And so I turn that around, raise the standards and people self-select out. So I didn't really even have to fire that many people because they were like, okay, this person cares what we're doing, and I don't want to have to do that.

So I'm going to leave. Right? And so, I for about six months, a, a cancer patient, you know, came for a visit and the narrow onc, asked me to come out to the, to the clinic.

I thought that was a problem because I only called, and there's no, And I came out and the patient said, I don't know what you did to that front office, but I want to tell you how appreciative I am.

I used to dread coming to this office because of how the front office was, and I was floored because I hadn't kind of thought about it from the patient's perspective in that way, because I usually don't care about people being rude out, you know? But, can you imagine being a cancer patient coming into a neurosurgery practice and dreading coming in because of not because of the treatment that they have to do or, you know, the prognosis or anything, but because of the attitude of the front office.

And so it was very impactful for me to kind of get that feedback. Yeah, I know that's super impactful, because if you look at a lot of the clinical studies, especially cancer patients, as it turns out, the more times and the more touchpoints they have with practitioners and offices, the longer they live independent of what treatment they're getting.

It could be on a very naturalistic treatment or they're on chemo radiation. It's completely independent of there is a number of touch points. Same thing.

And speaking of, of of neuro, same thing with dementia. As it turns out, mortality is better for and outcomes are better for those with Alzheimer's disease.

If there's more touchpoints between a doctor and a patient, once again independent of treatment. Because actually there's, there's no medicine that cures just dementia.

Right. And let's look at hospice, which I think hospice is probably the best imperfect, system in medicine in the United States. If you if you take a look at hospice, all it is is about touch points and customer care and, and, and connection.

Right. And those people with with I think stage three and stage four lung cancer have better mortality outcomes in a hospice setting than they do getting, aggressive treatment as well from either surgical chemo or radiation.

Right. So the power of the placebo is really high, if that if people believe that they're better in something and that they're being cared for, their pain skills are better, their depression score starts to decrease.

And they're literally like improving peace, not just improving patient outcomes, but prolonging their lives and improving the quality lives. And that's the whole reason why we want to practice medicine in the first place and actually starts with, like you said, raising your standards.

And understanding that there is an emotional intelligence that's needed to set the standards right and stop, you know, mediocrity, which unfortunately, our health care systems promote right now.

Yeah. And I don't think it's intentionally promoting, I think it was kind of set up this. Okay. And this is, you know, a whole different reasons, a lot of bureaucracy into it.

But I do think that, there needs to be more physician leaders, within within the higher levels institutions in the C-suite and the institutions that do have that have, you know, great outcomes as well.

What's the quarter of were message on the summits and which was fabulous. And then the the other thing is, I'm going to throw a woman, a really big applause here.

Is that, as it turns out, the woman physician leaders tend to have a much higher outcome and satisfaction within the company culture as well. So, you know, women, no more luck than the men.

My wife agrees with me on that one. So. Yeah. So we're heading we're definitely heading towards that direction. But anyways, God, we've talked about a lot about, you know, examples and doom and gloom, but let's talk about some some really cool stuff here.

All right. This is this is what I want to know. And this is, this is sort of the stage in my career as well. Where and when should I start looking for partners to to join the practice.

Empowerment and Better Practice Systems

So if you're looking for a partner, I would say you should be on the lookout all the time, and you would know if you don't. You know, I think once you start your own practice, you kind of know, oh, I don't like to be the sole person making all of the decisions I like.

I like to have, camaraderie. Right. And so I would say the minute you start feeling that you need to be looking out for it because it's going to take a long time, sort of like dating you.

You have to kiss a lot of frogs to to find the right one. And then I would say, how do you find the right one? You have to find someone who can compliment you.

Someone who is totally different than who you are, so that you can balance each other so that someone, when you have an outrageous idea, they might say, hey, you know, I think we should look at, you know, actually study this before we kind of jump off, you know, the deep end into this investment.

And then on your end, you could say, you know, I know this might be, this might seem risky to you, but I've done the research on this, and I really think it's a good investment.

And building that trust between the two is really going to help both partners realize I really need this other person to to have the 316 year. Yeah. Yeah.

So, so wonderfully stated. That takes time. You're right. And that's that is and you're going to, like I said, kiss a lot of frogs. Yeah, absolutely. You know, I, you know, I, I found actually the perfect person in 2019.

She's actually part of our team now, which is wonderful. And I just kind of fell into my lap. I literally just put it out there on LinkedIn. But then I and, and it was so refreshing how different she was than I am, because she always made me think twice.

Right? And she continues to do so. And I so appreciate her for saying, you know, that you recognize that and you appreciate it as opposed to, you know, being like, oh no, my idea is a best idea, right?

So, I mean, you have you have to be self-aware enough to know this person is challenging me to to do better, to do more, to do differently. Yeah, absolutely. I think you're absolutely right.

And is there a way to, I don't want to say do it faster, but, you know, in terms of, like growing and scaling company, you know, once you set everything aside, okay, it's time to add more, more clinicians to the mix.

Right. But is there, is there a way or some assessment or test that can let me know who's like, the best possible candidates and just put it out there?

Yeah. So I actually so part of predictive index has a profile tool. And it makes you really think through who it, it who is it that I really I'm looking for.

Am I looking for, you know, someone who likes to build relationships. So let's say you are in a, you're a pediatrician, and you need physicians who might be better at building long term relationships with their patients.

Than surgeons who might only see their patients once or twice. Right. And so there's actually, a way to assess all

these so that you can see who's the best match for your culture.

I'm not saying that a physician or pediatrician can't be introverted and vice versa, but, each organization has their own culture. And if you if everybody in your, you know, organization loves to, hug and talk things out, and then you have the one person who who doesn't, they're going to feel kind of left out.

And you have to be aware, I'm not saying not to hire them, but you have to be aware of how can I make this person feel included? That's hard. The hugging talk itself.

So those my my team of operations, but, my, my, my manager, she's quite the opposite. And she's very like. It's just to get to the point. Let's just do it like, there's no hugs here.

You know, a lot of time. A lot of times I put a timer on my watch and it beeps me. I'm like, okay, well, like, Christina, what do you think? You know, and then I was like, no one talk until she's finished.

And, that I think that process over the last four years has really brought us a lot closer. You know, and then now she'll stop. I was like, it's like, that's just just just for two seconds.

Let me let me just think this over real quick, which is, which is really nice. I really enjoy that. Within our organization. And, but, you know, it wasn't always like that.

It took a lot of pain. It took a lot of pain from me, to get rid of my limiting beliefs of what I was taught from a Chinese cultural standpoint, from immigrant standpoint to to what it really takes to develop a team that we can sort of accelerate together to go in the future.

And now I think, you know, it's it's time to just keep innovating. But 10% and 90%, I'll make sure that our process is nice and documented, which is exactly why I went into our employee handbook, because that's very unlike me to read details in employee handbook.

But I specifically have structures set up for myself where I make myself think like my other teammates and what what they would think. And I think because the actions are I actually do that and let them know I should do that.

They really appreciate it as well as they. Well, you know, thanks for doing. That's right. Totally uncharacteristic of the user. Yeah. You know, let's try to do my best.

And you are showing them you're modeling that behavior like, hey, I want to know what it's like to be in your shoes. You know, as opposed to just expecting coffee, you know, not realizing.

But I have 15 calls to to return what is, you know, more important to me, right? Yeah, yeah. And, you know, on the other side, not about the coffee scenario.

You may have the opposite problem or employee, actually, after they clock out, they keep working. Okay. I had a lot of that. I think that's that's just as not so great is, is because you have someone that and and, you know, I hire I hire people who have been in the military, people in the military that will clock out with all just keep going because they just will make sure everything's done, you know, sort of a yes, sir.

And they won't say a word. And, and so I ask also. Yeah, it was like I saw you send me a message at 6:44 p.m., like it's cipher. And I saw you clocked out on to our app.

I'm like, why are you still working? Like, stop it. And, and I think that's that level, is something that I think physicians almost expect out of people if their head ma is or kind of doing that.

You know, I and so and that's I think that is another boundary. But can you kind of talk about that dynamic. And what do we do about that dynamic. Yeah.

So you know, you are absolutely right. There are people who gravitate towards medicine because they want to help people. Yeah. And just because I tell them, hey, we can't have too much over time.

So everybody, you know, make sure you stay with a no overtime just account. Right? Yeah. And that doesn't help me because it doesn't tell me how much work is actually needed to support this practice.

Right. Exactly where you're giving me secret free work. Which which I don't want is also illegal. So, you know, but I also think that part of it is how we model that to our employees, because, you know, there is a very much a hierarchy.

And so if your doctor is emailing you at 10 or 11 M at night, you might feel, you know, the real need to respond because they emailed you. And so one thing that, I've actually set with my clients is let's have group norms.

You know, nowadays, in our email, it just you can set up to send later, right. So talk about not texting amaze. You know, after hours not emailing. If it's something that and who it's okay.

So we agreed that okay well for the partners is okay. Any time is okay because we're business owners whereas you know, the next level down, we really don't want to do that.

And so because we know that they're going to put in the work if we send the email. So we agree as a group that we're not going to and we're going to just delay the send until Monday morning.

And so it's a good idea. Oh that was true. Boundaries is actually really helpful because some of us can only catch up on the weekends. But we were not intending for our amaze.

Our office manager or whoever to work on the weekends. It's just we inadvertently, you know, kind of start that process. Yeah. It's true. I mean, I'm so guilty of that.

I really do email it at midnight sometimes delays and it's, you know. Yeah, I put my daughters to bed at 10 p.m., and it's really two hours of good work.

And then I also wake up at five since I'm more email sometimes. So I'm guilty of that. But, I recently started using this platform's email platform called superhuman.

Actually, I, another summit, speakers is the CEO of the company. But I can set when it actually goes out now. And so, I've set up times for it's called email delay times.

And, and I didn't realize that, you could actually do that within Gmail now, that's, that's, that's, that's new to me now. And outlook outlook too. Yeah. Yeah. I just use outlook to do that.

But but now I've, I've when I say now I'm literally 1 or 2 days ago, I'm like, I have to set this structure and it's, and it's because that was when I interviewed a Rahul of this, the founder of the company.

And I'm like, okay, I need to have much better boundaries when it comes to communication. And I know that my email is going to my operations directors, Apple Watch.

And as and I've told her for three years now, I was like, you guys stop responding to me. I'm just doing this so I can have time to take my, girls to school in the morning because, you know, otherwise I can't.

That's why I'm doing this at midnight. Right? Well, so I don't want you to look so I can't help it. And so anyway. But you're right. I think setting up boundaries like that and setting up the norms, and, you know, knowing me, it's something I was asked to put into the employee handbook is, is I do not check your email before 8 a.m..

Yeah, yeah. And then know you're not expected to, and it's counterproductive. But, I never thought about what you just said earlier is that.

Finding the Right Partners and Closing Thoughts

Hey, you know, if you're giving me extra work, I don't know how what my actual overhead is to run this for the actual company, and then that may be very detrimental.

Plus, if that employee ever leaves, then I didn't realize this employee was doing the job of like, one and 1.75 people, right? And that that hurts a whole lot more as well.

So, but yeah, I think you're you're absolutely right about that. Right. Anyways, so, one last question is I've kept you for super long, one last question is, you know, you've worked with practices now, and do you think there is, just one thing, like one maybe small change that a practice can do to improve, the dynamics between the the employees and the physicians within the practice.

Empowerment. Oh good one. Yeah. I mean, no, I mean, it's just one little word or one big word, but it's a lot of work. I think if sometimes when our staff make a decision.

Yeah, if we bite their heads off because it's the wrong decision, they're not going to make any more decisions, and it's going to keep pushing more work on to the office manager or the physician.

And I really love, the service model where I believe it's four seasons, but they allow, even the janitors to spend up to $2,000, to make something right for a client.

Now, I don't know if they've changed that policy since I read the case study or not, but that's that's empowerment. That's saying, oh, you have the power to make it right.

And you don't have to ask ten people up the totem pole before you can buy this customer. So, you know, a lot of times, I'm sure you know, this, patients call in and then they're like, oh, we don't have any appointments available.

Well, let me ask to see if you can be slotted into this spot. Right. And then they they have to be on hold and have to ask someone else to get approval.

And then they come back and say, okay, you know, like, what if, what if we allow or you know, we first we have to train our employees what it is that we want, right?

But once they get that, what if we allow them to actually make decisions? How will our customers, our clients or our patients feel they're going to feel like, wow, this person that I called really tried to help me out and she solve my problem or he solve my problem.

And I really appreciate this practice. Oh, that's huge empowerment, you know, of employees at all levels. Yeah, I know that's huge. And I actually experienced that during coronavirus.

And we and we set of policies on my schedule. The here is eight slots. That's open, but it's only for people on the same day if they're symptomatic for coronavirus.

Right. And that really was I mean, just very appreciative by the patients. But I think the staff like really enjoyed that level of structure. Like they knew what they can do.

You're right in that it's it's one word with a lot of different meanings, but it's also one word with a very simple, action is set up structures, to allow your staff just scheduling, and we just do scheduling alone.

It is massive. And the, the people going to actually going to see, more smiles, you know, and and in fact, I think a lot of, the people actually, I'll tell you this from so from my practice tickets in a for lifestyle medicine, a lot of the doctors that we actually send our patients to already have that structure within their practice.

So, and they actually tell me about it and say, hey, just tell the patients to say, say this and this and this. My staff

will set them up. I'm like, oh, thanks.

And they actually get a lot of referrals, from, from us because like, and it's not like they do anything different per se than anyone else except customer service is outstanding, you know? Right.

And you make it, you make, you make it easy for the patients. They, they are getting easy service. They don't have to try to advocate for themselves. You're already doing that job for them.

No. Absolutely, absolutely. Well, we're going to close it off. But, hey, how do people find you? Because you're a very knowledgeable person, and we gotta we gotta we gotta get more of you.

How do people find you? Yeah. So, so my is his name is Chief Giggs. Right here behind my wall. And, you can go to chief Gamescom. Awesome. Look me up.

Thank you so much. And I'll tell you, the whoever is, whoever listen to this whole thing got a big treat. And huge lessons. Huge, huge lessons. And if you apply even 1 or 2 of the things that we talk about in this, it's absolutely going to change your life.

It's going to decrease your burnout, improve your relationships. And that's what it's all about. This is all about relationships. So yeah, yeah. So all right. Thanks everyone for watching.

Thank you, Wendy, for being on the summit. And I know I.