Digital Solutions for Post-Op Success - Steps from Clinician to Founder Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and case study setup

Hey, so in the next 45 minutes to an Hey, so in the next 45 minutes to an hour, I thought we'd do something really hour, I thought we'd do something really interesting. I wanted to go through a interesting. I wanted to go through a case study with you and show you what it case study with you and show you what it looks like for a clinician to become a looks like for a clinician to become a founder. What is that journey full of?

founder. What is that journey full of? What are some of the key frameworks? And What are some of the key frameworks? And if these bits resonate with you, feel if these bits resonate with you, feel free to kind of do it yourself. I love free to kind of do it yourself. I love to do things kind of unplanned and to do things kind of unplanned and extemporary. So that's how I'm trying to extemporary. So that's how I'm trying to do this as well with the help of AI do this as well with the help of AI pretending to be a client. In this pretending to be a client. In this journey, what I expect we'll do is go journey, what I expect we'll do is go through a couple of frameworks, identify through a couple of frameworks, identify how to figure out whether an idea is how to figure out whether an idea is worth pursuing. Uh we're probably going worth pursuing. Uh we're probably going to end up making a website of sorts to to end up making a website of sorts to represent the some represent what we're represent the some represent what we're trying to solve and I think we'll trying to solve and I think we'll probably touch upon some content probably touch upon some content strategy as well. So, if this is going strategy as well. So, if this is going to be of interest to you, do stay tuned to be of interest to you, do stay tuned and have a listen. Give me a thumbs up and have a listen.

Defining Danu2019s founder journey

Give me a thumbs up if you like this kind of content and if if you like this kind of content and if you want me to do maybe your own you want me to do maybe your own personal case study as an example for personal case study as an example for the future videos then let me know about the future videos then let me know about that as well. Okay, I'm going to get that as well. Okay, I'm going to get right into it. So I'm going to start by right into it. So I'm going to start by sharing my screen and I haven't yet sharing my screen and I haven't yet looked at what Chptd has come up with so looked at what Chptd has come up with so far. So we're going to be doing this far. So we're going to be doing this together. I've basically said to her together. I've basically said to her that you know what my ideal audience and that you know what my ideal audience and what my customers are like. Could you what my customers are like. Could you please pretend to be one of them for please pretend to be one of them for this sort of a YouTube video? Uh, and so this sort of a YouTube video? Uh, and so it says absolutely I'll play the avatar it says absolutely I'll play the avatar and it's here's what it said. Okay, so and it's here's what it said. Okay, so I'm the coach and it's given me the I'm the coach and it's given me the avatar Dan and I haven't I haven't read avatar Dan and I haven't I haven't read this before. So let's see how it goes.

this before. So let's see how it goes. So it's talking about walking through So it's talking about walking through the various bits in my frameworks. We're the various bits in my frameworks. We're going to talk about that. So going to talk about that. So here's the case study avatar. So his here's the case study avatar. So his name is Dan name is Dan NHS consultant general surgeon busy road NHS consultant general surgeon busy road credible respected nonclinical lens is credible respected nonclinical lens is that he has interest in systems behavior that he has interest in systems behavior design service improvement so things design service improvement so things like quality improvement introducing new like quality improvement introducing new services and has operational clarity and services and has operational clarity and experience in that. Okay that's pretty experience in that. Okay that's pretty cool. So the idea that he can't seem to cool. So the idea that he can't seem to connect is posttop recovery pathway connect is posttop recovery pathway product or a service that reduces product or a service that reduces complications and length of stay without complications and length of stay without him being the final service provider.

him being the final service provider. Okay, this is really really interesting. Okay, this is really really interesting. So um he's thinking about a posttop So um he's thinking about a posttop recovery product and my initial thoughts

recovery product and my initial thoughts are okay this could be an app this could are okay this could be an app this could be a way of delivering posttop care this be a way of delivering posttop care this could be a particular setting this could could be a particular setting this could be something in in the NHS but it could be something in in the NHS but it could also be something in the private sector also be something in the private sector it could be a service it could be like a it could be a service it could be like a bunch of people or like an MDD approach bunch of people or like an MDD approach to posttop recovery um with the aim of to posttop recovery um with the aim of reducing complications and length of reducing complications and length of stay without him becoming the actual stay without him becoming the actual person who does the job. Um immediately person who does the job. Um immediately what I'm also thinking is like is this a what I'm also thinking is like is this a problem worth solving and obvious yes we problem worth solving and obvious yes we always want to reduce um complications always want to reduce um complications but the one thing that we know that but the one thing that we know that everybody does invest money into is everybody does invest money into is length of stay patients want a shorter length of stay patients want a shorter length of stay hospitals want a shorter length of stay hospitals want a shorter length of stay we want faster turnaround length of stay we want faster turnaround time so um on the surface this looks time so um on the surface this looks like something uh really interesting and like something uh really interesting and I'd be keen to understand where this is I'd be keen to understand where this is coming from so like many of my clients coming from so like many of my clients he's feeling a bit scattered with with a he's feeling a bit scattered with with a bunch of ideas stuck in terms of what bunch of ideas stuck in terms of what the next steps are and spooked in terms the next steps are and spooked in terms of you know getting out there showcasing of you know getting out there showcasing himself and thinking about what his himself and thinking about what his colleagues going to say, what his colleagues going to say, what his colleagues might think about him. He colleagues might think about him. He wants a clear direction, traction and a wants a clear direction, traction and a confident presence. So hopefully by the confident presence.

Testing the idea with frameworks

So hopefully by the end of this hour or so we're going to end of this hour or so we're going to get there. Right. So uh it's done a get there. Right. So uh it's done a whole script. I wasn't expecting it to whole script. I wasn't expecting it to do that. But let's see what Dan says. So do that. But let's see what Dan says. So Dan says, "I feel split. I've got too Dan says, "I feel split. I've got too many angles. I'm a consultant surgeon. I many angles. I'm a consultant surgeon. I do QI. I like systems. I've done some do QI. I like systems. I've done some digital bits. And I keep thinking digital bits. And I keep thinking posttop recovery is broken. But every posttop recovery is broken. But every time I try to turn it into a thing, I time I try to turn it into a thing, I spiral. Should it be an app, a course, a spiral. Should it be an app, a course, a consultancy, a pathway, a startup? I consultancy, a pathway, a startup? I don't want to be a coach and I don't don't want to be a coach and I don't want to sell fluff. I want credibility.

want to sell fluff. I want credibility. Thumbs up and put in the comments if you Thumbs up and put in the comments if you feel similar as well. So, this is kind feel similar as well. So, this is kind of what I was expecting Dan would say.

of what I was expecting Dan would say. Um and it's kind of taken that Um and it's kind of taken that conversation through which I would conversation through which I would normally do as well in terms of normally do as well in terms of exploring um how long have you been exploring um how long have you been thinking about this? What's the cost of thinking about this? What's the cost of this problem? How valuable is it to this problem? How valuable is it to solve? Not just for others but for you.

solve? Not just for others but for you. Why are you trying to do this? Like Why are you trying to do this? Like what's the driver behind all of this? what's the driver behind all of this?

What does success look like? Where do we What does success look like? Where do we want to get to? Um so yeah, Dan says, "I want to get to? Um so yeah, Dan says, "I keep consuming and planning. Nothing keep consuming and planning. Nothing compounds. I'm busy, but I'm not compounds. I'm busy, but I'm not building. Uh, and it's starting to annoy building. Uh, and it's starting to annoy me because I know I'm capable.

me because I know I'm capable. And he's worried that if he picks the And he's worried that if he picks the wrong thing, he'll look naive or damage wrong thing, he'll look naive or damage clinical reputation by looking like just

clinical reputation by looking like just another doctor on LinkedIn.

another doctor on LinkedIn. Uh, and so I said, "Okay, that's the Uh, and so I said, "Okay, that's the spookair, not lazy." So Dennis says, spookair, not lazy." So Dennis says, "Okay, we're going to look at direction "Okay, we're going to look at direction and tactics. Where who do you most want and tactics. Where who do you most want to help?" And so he's Dan says he wants to help?" And so he's Dan says he wants to help hospital teams, specifically to help hospital teams, specifically surgical departments, specifically the surgical departments, specifically the people who own pathways, clinical leads, people who own pathways, clinical leads, perop leads, maybe ops managers who perop leads, maybe ops managers who actually care about the outcome.

actually care about the outcome. [cough and clears throat] The outcome [cough and clears throat] The outcome we're talking about is complications, we're talking about is complications, readmissions, length of stay. And I readmissions, length of stay. And I think that's quite fair. And I'm sure think that's quite fair. And I'm sure many of you who are in the Qi world have many of you who are in the Qi world have probably come across projects that are probably come across projects that are [cough] that are similar to this or at [cough] that are similar to this or at least in this space trying to reduce least in this space trying to reduce posttop length of stay. And so somehow posttop length of stay. And so somehow yeah this is the early hypothesis yeah this is the early hypothesis surgical department's length of stay by surgical department's length of stay by redesigning posttop pathways redesigning posttop pathways behavior design right and so Dan's like behavior design right and so Dan's like that feels cleaner but is it too broad?

that feels cleaner but is it too broad? So, and I've said it's a direction we So, and I've said it's a direction we need to test it. So, what I'm going to need to test it.

Using the Five Wu2019s to narrow the problem

So, what I'm going to do at this point is we're going to stop do at this point is we're going to stop sharing the screen because we've now got sharing the screen because we've now got a working hypothesis. I want to share a working hypothesis. I want to share with you the first of a couple of with you the first of a couple of frameworks that we're going to go frameworks that we're going to go through. Let me bring up a screen to through. Let me bring up a screen to show you.

show you. So, here's how I'd probably do it. So, here's how I'd probably do it. Today's the 24th of Jan 26. Today's the 24th of Jan 26. Uh we're looking at Dan's story of Uh we're looking at Dan's story of posttop recovery. We the framework I posttop recovery. We the framework I want to share with you is called the want to share with you is called the five ones and mine is a slight five ones and mine is a slight modification of the five ones. Uh this modification of the five ones. Uh this is by a man named Klay Collins and he is by a man named Klay Collins and he talks about this being the journey to a talks about this being the journey to a million pounds uh your first million million pounds uh your first million pounds in your business or your first pounds in your business or your first million dollars in your business and he million dollars in your business and he says you need to target one person or says you need to target one person or one target demographic one target demographic um with one product using one um with one product using one tool or like a conversion mechanism. um tool or like a conversion mechanism. um one channel where they find you for one one channel where they find you for one year and if you put one year towards year and if you put one year towards this you're going to get to a million this you're going to get to a million right um the way I look at it is yes I right um the way I look at it is yes I say one person I think have say one person I think have understanding one problem to solve is understanding one problem to solve is important as well and then stick to one important as well and then stick to one product uh and I say one channel as well product uh and I say one channel as well because I look at the conversion tool as because I look at the conversion tool as part of the channel like the customer part of the channel like the customer journey what happens next what happens journey what happens next what happens next what happens next how do they get next what happens next how do they get to a point where they believe you know to a point where they believe you know you trust you and choose to work with you trust you and choose to work with you in your product um for one year. So you in your product um for one year. So I' I've modified it a little bit um and I' I've modified it a little bit um and I think it's a bit more relevant for I think it's a bit more relevant for clinician founders this way because we clinician founders this way because we don't talk in tools and conversion don't talk in tools and conversion language. We we talk about products, language.

We we talk about products, problems, solutions um problems, solutions um and treatment. Right? So this is the and treatment. Right? So this is the first one. So already we have our person first one. So already we have our person defined. So, we've got our person. So, defined. So, we've got our person. So, one person being, you know, um the one person being, you know, um the theater lead, let's say theater ops theater lead, let's say theater ops manager.

manager. manager. I'm just playing around. They're I'm just playing around. They're probably not the buyer of your services. probably not the buyer of your services.

So, it's probably going to be the So, it's probably going to be the clinical lead or it's going to be the clinical lead or it's going to be the hospital. Um actually, let let me say we hospital. Um actually, let let me say we go private with this one, right? So, we go private with this one, right? So, we go private. Um so, we'll say private go private. Um so, we'll say private hospital CEO. Yeah. Uh this is a private hospital CEO. Yeah. Uh this is a private hospital that does a lot of surgical hospital that does a lot of surgical procedures. and you're going to speak to procedures. and you're going to speak to the CEO. What's the problem they have?

the CEO. What's the problem they have? The problem is long The problem is long well well well uh short turnaround. Actually, the uh short turnaround. Actually, the problem they're going to have is not problem they're going to have is not enough profits.

enough profits. Lol. Uh profits. Why? Why? Why? You're Lol. Uh profits. Why? Why? Why? You're going to go through five W's. If going to go through five W's. If anyone's familiar with uh QI work, anyone's familiar with uh QI work, there's a framework or exercise called there's a framework or exercise called the five W. Um I'll leave a link to that the five W. Um I'll leave a link to that in the description somewhere below.

in the description somewhere below. Okay. But for now, we're going to talk Okay. But for now, we're going to talk about the problem they have is they about the problem they have is they don't have enough profits and they think don't have enough profits and they think that is likely due to uh posttop that is likely due to uh posttop recovery period being long, right? Um recovery period being long, right? Um and so the product or solution that and so the product or solution that we're going to offer them is something we're going to offer them is something that is still not fully defined. We that is still not fully defined. We still need to kind of think about what still need to kind of think about what the product or service is going to be.

the product or service is going to be. The channel needs to be defined and The channel needs to be defined and we're going to commit one year to this we're going to commit one year to this or hopefully get to a point where we or hopefully get to a point where we feel like committing one year is a good feel like committing one year is a good place to be. Right?

place to be. Right?

Market research and prompt engineering

What I would actually do at this stage What I would actually do at this stage is a market survey. And I'm going to is a market survey. And I'm going to show you an example of how I do not a show you an example of how I do not a market survey, sorry, a market research market survey, sorry, a market research using AI. So, we're going to I'll walk using AI. So, we're going to I'll walk you through that next. If there's any you through that next. If there's any questions at this point, do put them questions at this point, do put them down in the comments. I'd love to kind down in the comments. I'd love to kind of take them, but hopefully this is of take them, but hopefully this is bringing up some ideas and bringing bringing up some ideas and bringing clarity to where this idea would go. All clarity to where this idea would go. All right. Uh, so I'm going to hop back to right. Uh, so I'm going to hop back to chat GPT and we're going to open a new chat GPT and we're going to open a new chat and we're going to go to this chat and we're going to go to this section and I'm going to say to chat GPT section and I'm going to say to chat GPT assume the role of a healthcare specific assume the role of a healthcare specific management consultant and someone who is management consultant and someone who is an expert in prompt engineering. Can you an expert in prompt engineering. Can you please create a prompt for me that helps please create a prompt for me that helps look at the market of um improving look at the market of um improving posttop recovery times and reducing posttop recovery

times and reducing posttop complications? I'm doing this posttop complications? I'm doing this for a client who is a um consultant for a client who is a um consultant general surgeon and we want a go no-go general surgeon and we want a go no-go decision. Think about various tools like decision. Think about various tools like SWAT analysis, PTO, um, SWAT analysis, PTO, um, Porters, Forces, um, and use existing Porters, Forces, um, and use existing data published in journals, but also data published in journals, but also look at Reddit and YouTube comments and look at Reddit and YouTube comments and other places to identify, um, what other places to identify, um, what benefit this would have for both the NHS benefit this would have for both the NHS as well as the private sector. Uh, give as well as the private sector. Uh, give us examples and samples of tools or apps us examples and samples of tools or apps or various forms of this product that or various forms of this product that people would already invest in. um give people would already invest in. um give us a damn dom us a damn dom uh and yeah, help us out from there. So, uh and yeah, help us out from there. So, what we're going to be doing now is what we're going to be doing now is getting chat GPD to give us a prompt.

getting chat GPD to give us a prompt. We're not going to be running the We're not going to be running the research yet, but we're going to be research yet, but we're going to be doing a prompt and it's going to come up doing a prompt and it's going to come up with something. I'm going to make sure with something. I'm going to make sure that it's got everything that we kind of that it's got everything that we kind of need. Um it's picked its geography, it's need. Um it's picked its geography, it's picked various markets.

picked various markets. Um, it's using MECI principles like a Um, it's using MECI principles like a management consultant would. Uh, we're management consultant would. Uh, we're looking at complications recovery looking at complications recovery trajectory. And for this one, I'm not trajectory. And for this one, I'm not going to I'm not going to bother picking going to I'm not going to bother picking at it too much because we're doing it as at it too much because we're doing it as an example.

an example. What I like to do is run this in charge, What I like to do is run this in charge, but also in perplexity. And that way but also in perplexity. And that way we've got two different models of AI we've got two different models of AI running deep research for us. And we can running deep research for us. And we can then put that together. and I'll talk then put that together. and I'll talk about how we can best analyze that about how we can best analyze that information as well. Okay. Um, so for information as well. Okay. Um, so for for the purpose of this demonstration, for the purpose of this demonstration, we're not going to read it so much just we're not going to read it so much just yet. It's using jobs to be done, which yet. It's using jobs to be done, which is one of my favorite frameworks, jobs is one of my favorite frameworks, jobs to be done framework. Um, and I'll leave to be done framework. Um, and I'll leave a link to that down in the comments as a link to that down in the comments as well. Hopefully, if I forget, please well. Hopefully, if I forget, please just drop me a comment. Um, just drop me a comment. Um, yeah. So let's let's take this entire yeah. So let's let's take this entire prompt and we will run a deep research prompt and we will run a deep research function on this. Yeah. Uh function on this. Yeah. Uh yeah. So we're going to say Ctrl C.

yeah. So we're going to say Ctrl C. We're going to go to the deep research We're going to go to the deep research function. I've actually run out of my function.

Deep research findings and niche selection

I've actually run out of my deep research for publicity today, but deep research for publicity today, but for the purpose of this demo, we'll just for the purpose of this demo, we'll just stick to JPD for now. But yeah, we're stick to JPD for now. But yeah, we're going to say research. We're going to going to say research. We're going to hit go. It's going to then come up with hit go. It's going to then come up with a bunch of questions and things it wants a bunch of questions and things it wants us to clarify. I think this does it as us to clarify. I think this does it as like a user experience sort of thing, like a user experience sort of thing, but hey, nonetheless. So, but hey, nonetheless. So, I'm going to say yes, the client has I'm going to say yes, the client has access to NHS and private hospitals access to NHS and private hospitals uh to be able to pilot. They have the uh to be able to pilot. They have the network in place they can speak speak to network in place they can speak speak to to get this set up. Um the capital we to get this set up. Um the capital we want uh we want either something that's want uh we want either something that's easy to bootstrap so under 10k or very easy to bootstrap so under 10k or very easy to get funded. Um we're looking for easy to get funded. Um we're looking for a time scale of about 12 to 36 months to a time scale of about

12 to 36 months to become profitable.

become profitable. And the format is a bit unclear. We we And the format is a bit unclear. We we could we could look at an app. We could could we could look at an app. We could look at hybrid services. So the idea is look at hybrid services. So the idea is that we want to free up this clinician's that we want to free up this clinician's time to be in the role of a founder and time to be in the role of a founder and a leader rather than the service a leader rather than the service provider.

provider. provider. Um and for the go no-go recommendation Um and for the go no-go recommendation um I think let's give me a tentative um I think let's give me a tentative recommendation based on recommendation based on the research that we found. So time the research that we found. So time sensitivity is that we want to get sensitivity is that we want to get things going in the next 3 to 6 months.

things going in the next 3 to 6 months. Hopefully that helps. Thanks. So with Hopefully that helps. Thanks. So with Chad GPT, we tend to kind of give it Chad GPT, we tend to kind of give it this answer and it doesn't double check.

this answer and it doesn't double check. It just kind of goes like, "Cool, I'll It just kind of goes like, "Cool, I'll run the research." And then it runs the run the research." And then it runs the research. And this takes quite some research. And this takes quite some time. So I'm going to let this cook and time. So I'm going to let this cook and we're going to go back to our previous we're going to go back to our previous conversation and see what else it was conversation and see what else it was kind of trying to kind of trying to take us down the road of.

take us down the road of. Right. So where were we? So we were Right. So where were we? So we were talking about Yeah, we were talking talking about Yeah, we were talking about who, what, how. So, this is the about who, what, how. So, this is the bit that we've kind of used the five bit that we've kind of used the five ones to validate. We then are going to ones to validate. We then are going to want to run a market survey to see if want to run a market survey to see if it's actually commercially feasible, it's actually commercially feasible, whether somebody would actually invest whether somebody would actually invest in it. Um, and later comes how does he in it. Um, and later comes how does he fit into the role in a way that he's, fit into the role in a way that he's, you know, energized and happy and not you know, energized and happy and not burning out with another thing on the burning out with another thing on the go, right? [snorts] Uh, the next thing go, right? [snorts] Uh, the next thing that Chachi kind of takes us into is that Chachi kind of takes us into is niche wedge, which is like what's the niche wedge, which is like what's the entry point? Uh, so I've said if you entry point? Uh, so I've said if you were to fix posttop recovery as a whole, were to fix posttop recovery as a whole, you'll say abstract. You want an entry you'll say abstract. You want an entry point that's common, painful, measurable point that's common, painful, measurable within your credibility. So something within your credibility. So something really specific. [snorts] Um, and I really specific. [snorts] Um, and I probably wouldn't give these probably wouldn't give these recommendations. I'd ask my client recommendations. I'd ask my client because they know better than me what because they know better than me what their space is like. So you know, it's their space is like. So you know, it's kind of said colctal enhance recovery, kind of said colctal enhance recovery, emergency lab recovery. So basically emergency lab recovery. So basically getting more niche. you know, the more getting more niche. you know, the more specific you are, the more likely you specific you are, the more likely you are to succeed, the more likely you are are to succeed, the more likely you are to be able to control all of the factors to be able to control all of the factors that go into it, right? So, he happens that go into it, right? So, he happens to choose emergency lab recovery. It' be to choose emergency lab recovery. It' be interesting to see if that's the space interesting to see if that's the space that the deep research tool also tells that the deep research tool also tells us is the interesting space where most us is the interesting space where most impact can be made. Then it kind of impact can be made. Then it kind of talks about going into traction. So, talks about going into traction. So, converting it into movement and converting it into movement and identifying some milestones.

identifying some milestones. Now, this seems to be Jack GPD going off Now, this seems to be Jack GPD going off on a tangent. So, we're going to stop on a tangent. So, we're going to stop this and go back to our deep research this and go back to our deep research tool. I'm going to pick up the tool. I'm going to pick up the conversation once again as soon as our conversation once again as soon as our deep research is done. So, it's it's deep research is done. So, it's it's going through that. It's going to take a going through that. It's going to take a little while. I will see

you back here little while. I will see you back here when the research is done. Okay. So, when the research is done. Okay. So, it's been about 20 minutes or so, I it's been about 20 minutes or so, I think, and the research is finally done.

think, and the research is finally done. We're going to have a look through it. We're going to have a look through it. I'll walk you through the executive I'll walk you through the executive summary and how I would make the most of summary and how I would make the most of this report. Uh and like I said, I'd this report. Uh and like I said, I'd often run it on two different models and often run it on two different models and compare them. But let's see what the compare them. But let's see what the executive summary says. It says that executive summary says. It says that posttop recovery remains a costly hidden posttop recovery remains a costly hidden pandemic in healthcare with about 5 pandemic in healthcare with about 5 million surgeries in the UK NHS about million surgeries in the UK NHS about 20% of patients experiencing 20% of patients experiencing complications. Um blah blah blah. The complications. Um blah blah blah. The report provides a decision grade report provides a decision grade assessment and covers wide space for assessment and covers wide space for innovation blah blah blah blah blah.

innovation blah blah blah blah blah. Okay. Um Okay. Um where does it talk about uh where does it talk about uh recommendation? Here we are. Focus recommendation? Here we are. Focus initial efforts on high impact wedge of initial efforts on high impact wedge of posttop virtual recovery for elective posttop virtual recovery for elective colorectyl surgery patients. So quite colorectyl surgery patients. So quite different from where the initial different from where the initial discussion was going. This is now based discussion was going. This is now based off of data that was looked at online.

off of data that was looked at online. Okay. Where unmet needs and economic Okay. Where unmet needs and economic savings are the highest. Minimum lovable savings are the highest. Minimum lovable product. a simple app uh for daily product.

Jobs-to-be-done, traction, and validation

a simple app uh for daily symptom tracking, wound monitoring, and symptom tracking, wound monitoring, and guided self-care can integrate into guided self-care can integrate into discharge workflows and virtual ward discharge workflows and virtual ward models. I'm quite curious why it's models. I'm quite curious why it's actually come up with that and suggested actually come up with that and suggested it. The NHS pilot is designed with clear it. The NHS pilot is designed with clear endpoints, 30-day readmission rate, bed endpoints, 30-day readmission rate, bed state, bed days saved patient state, bed days saved patient satisfaction, and a go no-go criteria.

satisfaction, and a go no-go criteria. In summary, this venture can go if early In summary, this venture can go if early data show improved outcomes and data show improved outcomes and engagement. Otherwise, it should be engagement. Otherwise, it should be pivot or pause. Success hinges on pivot or pause. Success hinges on testing key assumptions in the next 30 testing key assumptions in the next 30 60 days leveraging founders clinical 60 days leveraging founders clinical network to quickly validate that network to quickly validate that patients and staff will adopt the patients and staff will adopt the solution. Cool. So from a quality solution. Cool. So from a quality improvement perspective this is pretty improvement perspective this is pretty straightforward but then there's straightforward but then there's always like oh what is the technical build like oh what is the technical build going to be like. However the technical going to be like. However the technical build is only a way of delivering build is only a way of delivering something that you've tested. So the something that you've tested. So the testing doesn't need you to build it testing doesn't need you to build it out. Uh it then goes on to talk about out. Uh it then goes on to talk about the quantification. So it talks about the quantification. So it talks about surgical sight infections, surgical sight infections, reduce respiratory complication, blah reduce respiratory complication, blah blah blah. Healthcare impact.

blah blah. Healthcare impact. So what does it say? Patients with So what does it say? Patients with complications stay on medium 7 days complications stay on medium 7 days versus 2 days, which is about three versus 2 days, which is about three times longer length of stay. On average times longer length of stay. On average complication increases the cost of complication increases the cost of admission by about £2,000. Notably, admission by about £2,000. Notably, recent energy studies found that posttop recent energy studies found that posttop complications

double hospital complications double hospital expenditure. So very valuable for them.

expenditure. So very valuable for them. Burrito analysis. Uh this is your 80/20 Burrito analysis. Uh this is your 80/20 principle. It says a minority of principle. It says a minority of high-risisk patients and surgeries high-risisk patients and surgeries account for majority of the costs. Um account for majority of the costs. Um emergency surgeries, trauma, ruptured emergency surgeries, trauma, ruptured power, etc. have a relatively lower power, etc. have a relatively lower volume but a higher complication rate.

volume but a higher complication rate. In elective surgeries, common In elective surgeries, common complications are infrequent. But given complications are infrequent. But given the volume, they add up. So that's an the volume, they add up. So that's an interesting perspective. High volume interesting perspective. High volume procedures with moderate complication procedures with moderate complication rates are all kind of listed here. It's rates are all kind of listed here. It's gone and looked at data across all of gone and looked at data across all of these. So it says these. So it says using the purita lens prioritize areas using the purita lens prioritize areas with max maximum combination of volume with max maximum combination of volume complications economic impact and that's complications economic impact and that's why I think it's suggested colurectal why I think it's suggested colurectal surgeries care pathways it's kind of surgeries care pathways it's kind of looked at where the pain point is what looked at where the pain point is what is the thing what is the underlying is the thing what is the underlying cause of the delays and the cause of the delays and the complications what the trajectory looks complications what the trajectory looks like operational bottlenecks um it's like operational bottlenecks um it's come up with opportunities based on the come up with opportunities based on the above we highlight at most monetizable above we highlight at most monetizable intervention points. This is quite intervention points. This is quite interesting. I didn't ask it to do that interesting. I didn't ask it to do that and I just decided to do it on its own.

and I just decided to do it on its own. Or maybe it was in that prompt that I Or maybe it was in that prompt that I that I kind of just skim read. Anyways, that I kind of just skim read. Anyways, it's talking about remote surgical site it's talking about remote surgical site monitoring, virtual physio and early monitoring, virtual physio and early mobilization services, early warning mobilization services, early warning with virtual wards for high-risisk with virtual wards for high-risisk patients, patient education, an patients, patient education, an engagement app, prehab. Um and I and engagement app, prehab. Um and I and probably I can kind of think of people probably I can kind of think of people already working on each of these domains already working on each of these domains and probably you can too if you're in and probably you can too if you're in the healthcare space like me. And then the healthcare space like me. And then it breaks it down into various segments.

it breaks it down into various segments. Now if we keep going down this Now if we keep going down this report, it's quite a big report talking report, it's quite a big report talking about you know solution space mapping about you know solution space mapping uh digital solutions device and uh digital solutions device and variables. It just keeps going. It's a variables. It just keeps going. It's a lot of data. You know, you could spend a lot of data. You know, you could spend a lot of time reading this. It talks about lot of time reading this. It talks about red ocean versus blue ocean strategy. Uh red ocean versus blue ocean strategy. Uh voices of customer insight. So patients voices of customer insight. So patients and clinicians, what are they saying?

and clinicians, what are they saying? What are they talking about? All of What are they talking about? All of this. So this is pretty intense. I could this. So this is pretty intense. I could not go through this um with reasonable not go through this um with reasonable certainty to make a decision. Um but certainty to make a decision. Um but what I might do is download this. And what I might do is download this. And when I hit download, I will go over to when I hit download, I will go over to notebook LM. I will go over to notebook notebook LM. I will go over to notebook lm and I will lm and I will create go to my work one I'll create a create go to my work one I'll create a new notebook and I will upload a file.

new notebook and I will upload a file. [clears throat] Oh, you're probably not [clears throat] Oh, you're probably not looking at my screen. Let me upload this looking at my screen. Let me upload this and I'll show you in a quick second. So and I'll show you in a quick second. So I have gone to notebook LM. I have I have gone to notebook LM.

Customer interviews and niche refinement

I have created a new notebook and we're going created a new notebook and we're going to call it you know posttop recovery to call it you know posttop recovery analysis. So, Notebook Alm for those of analysis. So, Notebook Alm for those of you who don't know is a tool by Google you who don't know is a tool by Google um which allows you to comprehend um which allows you to comprehend complex data study learn. Um what it complex data study learn. Um what it does is it gives you results. It's an AI does is it gives you results. It's an AI platform. It gives you results based on platform. It gives you results based on only the sources that you've uploaded only the sources that you've uploaded and not anything else. So everything and not anything else. So everything that you ask it will give it will it'll that you ask it will give it will it'll look at the executive summary that whole look at the executive summary that whole document PDF and give you results based document PDF and give you results based on that. So, you know, I could ask about on that. So, you know, I could ask about the common complications, how can tools the common complications, how can tools reduce, teach me about virtual wards.

reduce, teach me about virtual wards. It'll kind of pull out from that It'll kind of pull out from that document and tell you what it is. But document and tell you what it is. But the cooler thing I like to do is you can the cooler thing I like to do is you can go into creating audio overviews and go into creating audio overviews and essentially it's a podcast. You can have essentially it's a podcast. You can have a deep type podcast which tells you I'll a deep type podcast which tells you I'll just do a short one now to kind of just do a short one now to kind of demonstrate, but you can do a long one demonstrate, but you can do a long one which is like about 30 to 40 minutes and which is like about 30 to 40 minutes and kind of does a deep dive into the kind of does a deep dive into the document. You can also do a critique um document. You can also do a critique um or a debate. So let's let's do a or a debate. So let's let's do a critique one and show you what that's critique one and show you what that's like. Critique is the document you've like. Critique is the document you've uploaded. [snorts] You can create a mind uploaded. [snorts] You can create a mind map from it. You can also create map from it. You can also create presentations and infographics. So let's presentations and infographics. So let's let's maybe do an infographic in let's maybe do an infographic in portrait format portrait format and see what that comes up with. Uh ooh and see what that comes up with. Uh ooh data table. This is a new one. I've not data table. This is a new one. I've not seen this before. You can generate data seen this before. You can generate data tables from your sources. That's pretty tables from your sources. That's pretty cool. So while these are forming our cool. So while these are forming our mind maps already here. So here it says mind maps already here. So here it says posttop recovery venture analysis posttop recovery venture analysis problem market opportunity solution problem market opportunity solution mapping and strategic analysis mapping and strategic analysis problem is clinical burden economic problem is clinical burden economic impact patient experience kind of know impact patient experience kind of know that as doctors what are the market that as doctors what are the market opportunities so there's elective opportunities so there's elective colaractyl orthopedics daycare surgery colaractyl orthopedics daycare surgery uh and it gives you a bit more detail uh and it gives you a bit more detail under each of them like why you should under each of them like why you should choose each of them does solution choose each of them does solution mapping as well yeah uh digital features mapping as well yeah uh digital features is these are the things that should go is these are the things that should go into your digital features. These are into your digital features. These are the things that you need from a the things that you need from a regulatory perspective and then it talks regulatory perspective and then it talks about a strategic analysis. So what is about a strategic analysis. So what is the value proposition day saved reduce the value proposition day saved reduce rate missions patient at reassurance. So rate missions patient at reassurance. So it's gone out looked at things that are it's gone out looked at things that are already published and it's giving you a already published and it's giving you a really good basis for you know what really good basis for you know what should you offer how should you position should you offer how should you position it you don't have to go and reinvent the it you don't have to go and reinvent the wheel. You just need to put this wheel. You just need to put this together into something that's together into something that's meaningful and use your presence as a meaningful and use your presence as a clinician, your network, your people, clinician, your network, your people, your credibility to make stuff happen, your credibility to make stuff happen, right? So hopefully this is kind of right? So hopefully this is kind of blowing your mind cuz when I first used blowing your mind cuz when I first used Notebook LM, it sure was. Right? So Notebook LM, it sure was. Right? So we're going to come back to the studio we're going to come back to the studio and look at these audio overviews in a and look at these audio overviews in a little bit. In the meanwhile, what I little bit. In the meanwhile, what I might hop on to might hop on to is the idea of doing customer is the idea of doing customer interviews. Now, I have a interviews. Now, I have a format for doing

customer interviews format for doing customer interviews like a set number of questions that like a set number of questions that explore a bunch of things which I've explore a bunch of things which I've developed based on books like um the mom developed based on books like um the mom test and what is the other book?

test and what is the other book? Something brain. The book's got a brain Something brain. The book's got a brain on it. Bunch of books and bunch of on it. Bunch of books and bunch of resource I've put together and I've resource I've put together and I've created a customer survey questionnaire.

created a customer survey questionnaire. Um, and you can use that as a Google Um, and you can use that as a Google Google forms or whatever and just fill Google forms or whatever and just fill in those questions. And I like to modify in those questions. And I like to modify the kinds of questions for this specific the kinds of questions for this specific niche. So the next step would probably niche. So the next step would probably be to go and interview maybe like five be to go and interview maybe like five to seven hospital CEOs if you can get to seven hospital CEOs if you can get hold of them or theater leads or other hold of them or theater leads or other surgeons and see what problems they have surgeons and see what problems they have and where that lies. what are they will and where that lies. what are they will willing to pay for willing to pay for and equally what are they not willing to and equally what are they not willing to pay for and what proof do they want pay for and what proof do they want before you try and go and get like a before you try and go and get like a certification or an MBA or like a certification or an MBA or like a certificate in theater efficiency or certificate in theater efficiency or something of that sort right you want to something of that sort right you want to know what would they pay for what do know what would they pay for what do they want to see before they would buy a they want to see before they would buy a product like this are they even looking product like this are they even looking for something like that would they even for something like that would they even pay for it right so let's get back to pay for it right so let's get back to the drawing board. Let me bring up the the drawing board. Let me bring up the canvas here. Okay. So, we've now been canvas here. Okay. So, we've now been looking at looking at the person, the problem they have, the the person, the problem they have, the product or solution we want to give product or solution we want to give them, and the channel. So, we're going them, and the channel. So, we're going to tentatively, we're going to have a to tentatively, we're going to have a hypothesis, right? We're going to work hypothesis, right? We're going to work with a hypothesis. Going to say there's with a hypothesis. Going to say there's privateos as well, NHS hospitals based privateos as well, NHS hospitals based on the data that we've looked at. So a on the data that we've looked at. So a lot of things have changed. So we're lot of things have changed.

Commercial strategy and the zone of impact

So we're looking at NHS hospitals. looking at NHS hospitals. We're looking specifically at colorctal We're looking specifically at colorctal elective surgeries. We're looking at uh elective surgeries. We're looking at uh patientf facing patientf facing uh apps with the idea of reducing length uh apps with the idea of reducing length of stay which is equal to money for of stay which is equal to money for these hospitals. Yeah. Um this is the these hospitals. Yeah. Um this is the first working hypothesis and we've we've first working hypothesis and we've we've used that deep research tool to to make used that deep research tool to to make this hypothesis and when you do those this hypothesis and when you do those customer surveys this is the hypothesis customer surveys this is the hypothesis that you're proving or disproving and that you're proving or disproving and you might find out that actually for the you might find out that actually for the people in your network it's not people in your network it's not colarctyl but it's something else you colarctyl but it's something else you know maybe it's robotic urology or know maybe it's robotic urology or something that's come up uh you might something that's come up uh you might realize that it's not a patient facing realize that it's not a patient facing app that they want anymore they've tried app that they want anymore they've tried it they wouldn't invest in that but it they wouldn't invest in that but Maybe they are willing to hire Maybe they are willing to hire consultant to look at what is their consultant to look at what is their posttop process currently like what are posttop process currently like what are some of the subtle changes they can make some of the subtle changes they can make to reduce the length of stay and maybe to reduce the length of stay and maybe they don't want to half their length of they don't want to half their length of stay but even if they cut it down by stay but even if they cut it down by 20%. Um that would be meaningful for 20%. Um that would be meaningful for them and that's all they're looking for.

them and that's all they're looking for. So it's really about identifying within So it's really about identifying within your

network what is it that people are your network what is it that people are looking for that you can start to offer looking for that you can start to offer and then we can kind of look at what the and then we can kind of look at what the models of models of um um um developing a product could be right so developing a product could be right so one of the traditional things that we do one of the traditional things that we do is to look at a 2×2 matrix that's to say is to look at a 2×2 matrix that's to say that every product service can be that every product service can be classified under this category. So you classified under this category. So you can either have things that are can either have things that are delivered one to one and they're either delivered one to one and they're either delivered live delivered live So if they're delivered live onetoone So if they're delivered live onetoone that's kind of things like coaching, that's kind of things like coaching, consulting, you know, as a doctor, consulting, you know, as a doctor, whatever you're doing is kind of the whatever you're doing is kind of the service kind of stuff is in this space.

service kind of stuff is in this space. If you're doing one to many, this is If you're doing one to many, this is kind of like talks, workshops, kind of like talks, workshops, etc. that happen live as well. If you're etc. that happen live as well. If you're doing it asynchronously, you could be doing it asynchronously, you could be like a painter, you know, you you have a like a painter, you know, you you have a consult with a person, but the work that consult with a person, but the work that you do happens asynchronously. Um, so you do happens asynchronously. Um, so this could be, you know, product design.

this could be, you know, product design. Um, you have stuff that you go and do in Um, you have stuff that you go and do in your own bits and then you give it back, your own bits and then you give it back, but it's made for one person and it's but it's made for one person and it's very like personalized, customized. If very like personalized, customized. If it's one to many asynchronously, this is it's one to many asynchronously, this is where SAS and software and other things where SAS and software and other things and digital kind of comes in because you and digital kind of comes in because you you don't have to be present when the you don't have to be present when the product is being consumed and the same product is being consumed and the same product can be given to many people and product can be given to many people and this is kind of the space we're looking this is kind of the space we're looking at right now. However, like we said, at right now. However, like we said, maybe they're looking for a consult maybe they're looking for a consult rather than a digital product. Um, so rather than a digital product. Um, so you could do that and maybe you consult you could do that and maybe you consult a couple of people and then you realize, a couple of people and then you realize, hey, actually a lot of these people are hey, actually a lot of these people are benefiting from the one-on-one benefiting from the one-on-one consultation. Why don't I just host a consultation. Why don't I just host a workshop for like six hospital CEOs?

workshop for like six hospital CEOs? They can come, I can walk them through They can come, I can walk them through my methodology, my frameworks, um, and my methodology, my frameworks, um, and they'll still get lots of benefit and I they'll still get lots of benefit and I can charge them for that. And I'm can charge them for that. And I'm delivering my time one to many. Then delivering my time one to many. Then eventually you can convert that into a eventually you can convert that into a SAS. Um you could even convert that into SAS. Um you could even convert that into an ebook for example. Yeah. Um which an ebook for example. Yeah. Um which would be consumed one to one but then would be consumed one to one but then asynchronously. In fact that might asynchronously. In fact that might actually go into a one to many but actually go into a one to many but asynchronous as well. So like an ebook asynchronous as well. So like an ebook could come into this section. Um yeah so could come into this section. Um yeah so it doesn't have to be just one kind of it doesn't have to be just one kind of product. You could start off in one product. You could start off in one space and then move across into space and then move across into different domains. Right. So, so far different domains. Right. So, so far we've kind of looked at this idea that we've kind of looked at this idea that Dan had of posttop recovery. He's got Dan had of posttop recovery. He's got skills and improving systems uh behavior skills and improving systems uh behavior design. And so we we're kind of looking design. And so we we're kind of looking at behavior design for at behavior design for um what behavior could the customer the um what behavior could the customer the sorry the patient change at the end of sorry the patient change at the end of the day that can be put into an app. Um the day that can be put into an app. Um but equally it could also be staff but equally it could also be staff facing apps or checklists or tools that facing apps or checklists or tools that improve posttop recovery. Right? So improve posttop recovery. Right? So everything that kind of changes either everything that kind of changes either patient behavior or staff behavior that patient behavior or staff behavior that helps with length of stay reduction and helps with length of stay reduction and complication reduction can be the space complication reduction can be the space in which in which Dan would uniquely be able

to make a Dan would uniquely be able to make a difference and he feels confident making difference and he feels confident making a difference. Right? There's still the a difference. Right? There's still the con question of will Dan be happy? Will con question of will Dan be happy? Will he be happy doing this? And I'm going to he be happy doing this? And I'm going to get some water and I'll come back to you get some water and I'll come back to you and we'll talk about this. Okay. So, my and we'll talk about this. Okay. So, my wife woke up for night shift and I'm wife woke up for night shift and I'm back. Um, the question we were answering back. Um, the question we were answering was if was if Dan will be happy doing this, right? So, Dan will be happy doing this, right? So, there's versions of this that could make there's versions of this that could make Dan really unhappy. Uh, he still wants Dan really unhappy. Uh, he still wants to continue his clinical practice. He to continue his clinical practice. He still has a family to feed. Uh, he still has a family to feed. Uh, he doesn't have that much time to give to doesn't have that much time to give to this. what there's elements of like what this.

Building the landing page and launch plan

what there's elements of like what role Dan plays that will make him happy role Dan plays that will make him happy um and what the function of that role is um and what the function of that role is like will that role align with the why like will that role align with the why behind behind behind Dan's motivations right like why does he Dan's motivations right like why does he want to do this why does he want to do want to do this why does he want to do any of this why does he do everything any of this why does he do everything that he already does um is a fun is is that he already does um is a fun is is the alignment between the function and the alignment between the function and the role and the role I to me comes the role and the role I to me comes across as a couple of things as well.

across as a couple of things as well. And I use Gallup strengths to um give And I use Gallup strengths to um give language to a role that would energize language to a role that would energize you and fulfill you versus a role that you and fulfill you versus a role that probably wouldn't. By the way, I've got probably wouldn't. By the way, I've got a custom GPT model um that if you'd like a custom GPT model um that if you'd like for free is down in the description. Uh for free is down in the description. Uh it's called the idea to alignment clinic it's called the idea to alignment clinic and this is for earlystage clinicians to and this is for earlystage clinicians to distill things into a clear direction distill things into a clear direction and if you just kind of talk to it and and if you just kind of talk to it and it'll ask you things about you and what it'll ask you things about you and what your ideas are and help you figure out your ideas are and help you figure out whether your idea is in alignment or whether your idea is in alignment or not. So if you want help with that using not. So if you want help with that using a custom GPT just something to chat to.

a custom GPT just something to chat to. This is something I've trained. Um, and This is something I've trained. Um, and you can use it to hopefully get a bit you can use it to hopefully get a bit further in your ideas and get some further in your ideas and get some alignment and clarity. So, I'll leave a alignment and clarity. So, I'll leave a link to that in the chat below as well link to that in the chat below as well in the description. Um, I need to make a in the description. Um, I need to make a list of the stuff I need to put in the list of the stuff I need to put in the description. I'm going to forget. But description. I'm going to forget. But anyway, the thought about all of this anyway, the thought about all of this kind of is taking me to kind of is taking me to the concept of the zone of impact.

the concept of the zone of impact. Right? So the zone of impact is a Right? So the zone of impact is a framework I've come up with which is framework I've come up with which is a three circle vend diagram a three circle vend diagram and it talks about the overlap of and it talks about the overlap of your your your purpose your ability to make an purpose your ability to make an influence and how you make a change in influence and how you make a change in the world and the equity that you create the world and the equity that you create and I don't mean financial equity I mean and I don't mean financial equity I mean non-financial equity and the assets that non-financial equity and the assets that kind of represent your purpose and your kind of represent your purpose and your influence and The space where this comes influence and The space where this comes together is what I call the zone of together is what I call the zone of impact. Whoops. What did I do? The zone impact. Whoops. What did I do? The zone of impact. Yeah, zone of impact. Because of impact. Yeah, zone of impact. Because this is where you make the biggest this is where you make the biggest impact. You're playing to your biggest impact. You're playing to your biggest strength. Um, and you're being the best strength. Um, and you're being the best version of yourself. So to try and version of yourself. So to try and figure out what your purpose is, what figure out what your purpose is, what like we talked about doing why. And it's like we talked about doing why. And it's not just like, oh,

let me have a think not just like, oh, let me have a think about why. I know there are specific about why. I know there are specific exercises that Simon SK gives you and exercises that Simon SK gives you and there's ways in which you can figure out there's ways in which you can figure out what your why is. Um having a mission what your why is. Um having a mission and vision and a clear thing that you're and vision and a clear thing that you're working towards is something that's working towards is something that's really hard to do. But working with a really hard to do. But working with a coach, you can try and figure that out.

coach, you can try and figure that out. Once you have a mission, vision and a Once you have a mission, vision and a why, you have a relatively clear why, you have a relatively clear purpose. For influence, what I like to purpose. For influence, what I like to use is the Gallup strength like I use is the Gallup strength like I mentioned.

mentioned. mentioned. And so you've got the overlap of these And so you've got the overlap of these two. And if you're doing this, if you're two. And if you're doing this, if you're working in a way that you influence um working in a way that you influence um and you're working in alignment with and you're working in alignment with your purpose, that's fantastic. But you your purpose, that's fantastic. But you if you stay only in that zone and you if you stay only in that zone and you don't build equity, non-financial equity don't build equity, non-financial equity or assets, you're going to constantly be or assets, you're going to constantly be giving up your time for money. And giving up your time for money. And [snorts] that's the trap that we [snorts] that's the trap that we clinicians are often stuck in. What you clinicians are often stuck in. What you want to start doing is converting that want to start doing is converting that into assets. So the equity and in this into assets. So the equity and in this case it's things like case it's things like that posttop recovery checklist or it's that posttop recovery checklist or it's things like creating the app or it's things like creating the app or it's things like you know becoming the person things like you know becoming the person known for posttop recovery the one that known for posttop recovery the one that kind of speaks on stages gets invited kind of speaks on stages gets invited into rooms those are all assets that you into rooms those are all assets that you can develop that start to separate you can develop that start to separate you from having to deliver the final product from having to deliver the final product and benefit. So this is called my zone and benefit. So this is called my zone of impact framework. This is one of my of impact framework. This is one of my favorites. Um, so I think that really favorites. Um, so I think that really helps answer will you be happy doing helps answer will you be happy doing what you're doing. So, so far we've what you're doing. So, so far we've talked about the commercial strategy, talked about the commercial strategy, we've talked about the personal we've talked about the personal strategy, how it kind of comes together strategy, how it kind of comes together and hopefully that is making sense. So and hopefully that is making sense. So far, we've done the what, far, we've done the what, we've done the what, and what we want to we've done the what, and what we want to do now is the how. So, I think the how do now is the how. So, I think the how is still pending. We did a little bit is still pending. We did a little bit with the AI research. What I want to with the AI research. What I want to show you is a quick landing page and show you is a quick landing page and hopefully that will tie this together hopefully that will tie this together into something you can start testing and into something you can start testing and start giving out to people. So for this start giving out to people. So for this I want to take us across to lovable but I want to take us across to lovable but I think I've run out of credits on I think I've run out of credits on lovable today as well.

lovable today as well. Uh let's see. Yeah, I've run out of Uh let's see. Yeah, I've run out of credits on lovable. So what we're going credits on lovable. So what we're going to do actually is to just do it on JPT to do actually is to just do it on JPT because it can mock up a website for us.

because it can mock up a website for us. So let's let's go back to So let's let's go back to this. Yeah, actually let's have a look this. Yeah, actually let's have a look at this conversation.

at this conversation. What did Taj think this conversation What did Taj think this conversation would be like? So talked about progress. would be like? So talked about progress.

It's setting up milestones. What would It's setting up milestones. What would you like? A crisp problem statement, 10 you like? A crisp problem statement, 10 conversations with pathway owners, one conversations with pathway owners, one paid formally approved pilot, which paid formally approved pilot, which hopefully will come as a result of those hopefully will come as a result of those customer interviews. Um paid in 30 days customer interviews. Um paid in 30 days feels ambitious, but that's fantastic.

feels ambitious, but that's fantastic.

Website mockup and positioning the offer

That's exactly what we would like. Who's That's exactly what we would like. Who's your tribe? Not your followers, but your tribe? Not your followers, but adjacent peers. So, perop leads, adjacent peers. So, perop leads, surgical QI leads, other people that can surgical QI leads, other people that can open the door for you. And that's open the door for you. And that's really, really important. We do a bit of really, really important. We do a bit of a stakeholder mapping. Um, and that kind a stakeholder mapping. Um, and that kind of really comes out of really comes out assets. So, talked about this. What's assets. So, talked about this. What's the first asset you can build that makes the first asset you can build that makes it compound? Checklist. Boom. Look at it compound? Checklist. Boom. Look at that. Chat GPD and I are on the same that. Chat GPD and I are on the same page.

page. page. >> [laughter] >> [laughter] >> [laughter] >> recovery pathway template implementation >> recovery pathway template implementation scorecard that becomes a reusable asset.

scorecard that becomes a reusable asset. Uh every conversation gets sharper. So Uh every conversation gets sharper. So think about by scorecard it means kind think about by scorecard it means kind of like an audit. So if you were to take of like an audit. So if you were to take on a client what are the questions you on a client what are the questions you would ask that client to know that you would ask that client to know that you could actually help them and pinpoint could actually help them and pinpoint what exactly the problem is without what exactly the problem is without solving it. That in itself is really solving it. That in itself is really really valuable in converting into a really valuable in converting into a scorec card. An online quiz, an scorec card. An online quiz, an assessment, a questionnaire is where you assessment, a questionnaire is where you can capture people's email addresses and can capture people's email addresses and attention and then later invite them to attention and then later invite them to those workshops and webinars that you those workshops and webinars that you might be holding later. Confident might be holding later. Confident presence. What are you known for presence. What are you known for associated with and this is again this associated with and this is again this is within my framework for what we do in is within my framework for what we do in the launchpad and I'll tell you about the launchpad and I'll tell you about the launchpad towards the end of this the launchpad towards the end of this but yeah what do you want to be known but yeah what do you want to be known for? I don't know why I've chosen 12 for? I don't know why I've chosen 12 words but fine. turning messy surgical words but fine. turning messy surgical recovery into pathway teams actually recovery into pathway teams actually follow and that's really really valuable follow and that's really really valuable right lots of people are trying to do right lots of people are trying to do this doesn't mean that you can't also it this doesn't mean that you can't also it doesn't mean that it's being done well doesn't mean that it's being done well it doesn't mean that everyone's doing it it doesn't mean that everyone's doing it in the way that you would do it what in the way that you would do it what should they associate with you you with should they associate with you you with emergency lab brought to me except we've emergency lab brought to me except we've now changed that to colorectyl elective now changed that to colorectyl elective surgery so that's pretty cool isn't it surgery so that's pretty cool isn't it based on data right what should people based on data right what should people expect blah blah blah okay positioning expect blah blah blah okay positioning statement statement statement Um, Um, Um, I'll touch on the positioning statement I'll touch on the positioning statement maybe in the next one. That's another maybe in the next one. That's another one of my really nice frameworks. We'll one of my really nice frameworks. We'll we'll come to that. Okay.

we'll come to that. Okay. So, So, So, it's not about just finding a passion, it's not about just finding a passion, but finding a signal in uncertainty. And but finding a signal in uncertainty. And hopefully that's what we're working hopefully that's what we're working towards. I'm going to get Chat GPD to towards. I'm going to get Chat GPD to help us with a website.

help us with a website. So, I'm going to say, "Hey, Chat GPD. So, I'm going to say, "Hey, Chat GPD. What we've actually learned is that his What we've actually learned is that his best area of focus would be elective best area of focus would be elective colarctal surgery and we want to build a colarctal surgery and we want to build a patientf facing digital app but we're patientf facing digital app but we're targeting hospital CEOs and helping them targeting hospital CEOs and helping them reduce posttop length of stay. Um we reduce posttop length of stay. Um we know

that colarctal surgery has three know that colarctal surgery has three times as much of a length of stay based times as much of a length of stay based on complications and we want to on complications and we want to introduce an app that helps reduce that.

introduce an app that helps reduce that. um be creative and mock up a um be creative and mock up a web page for me that would showcase this web page for me that would showcase this surgeon as the key person of influenza, surgeon as the key person of influenza, the key opinion leader the key opinion leader impacting posttopile recovery. Um impacting posttopile recovery. Um position it in a way that invites people position it in a way that invites people to book a call and have better to book a call and have better conversations with him to join his conversations with him to join his mission for reducing posttopyl mission for reducing posttopyl recovery. um we want to show both recovery. um we want to show both patient benefits and reducing patient benefits and reducing complications but also benefits to complications but also benefits to hospitals and what that means for hospitals and what that means for waiting lists and the impact on overall waiting lists and the impact on overall population. So let's see if it's going population. So let's see if it's going to do that. I think what I need to do is to do that. I think what I need to do is put it into canvas mode to see if it can put it into canvas mode to see if it can code that for me. Uh I think yeah I'm code that for me. Uh I think yeah I'm going to put into canvas mode and I'm going to put into canvas mode and I'm going to say code out and show me what going to say code out and show me what this might look like.

this might look like. be professional and aesthetic. Cool. So, be professional and aesthetic. Cool. So, we'll come back to that and hopefully we'll come back to that and hopefully look at that. Look at it go. It's look at that. Look at it go. It's already coding for you. Um, if you were already coding for you. Um, if you were to do this on Lovable, Lovable is to do this on Lovable, Lovable is another platform. Um, so you could I'm another platform. Um, so you could I'm just going to copy the prompt I gave just going to copy the prompt I gave here. Um, here. Um, and see if I have any credits left. If I and see if I have any credits left. If I do, this will hopefully do that. But I do, this will hopefully do that. But I probably don't. Um, yeah, probably I probably don't. Um, yeah, probably I don't have credits left. But in a single don't have credits left. But in a single prompt, it mocks up um an entire web prompt, it mocks up um an entire web page. Like here's one I did for um an page. Like here's one I did for um an FRAMM educator. So somebody who wanted FRAMM educator. So somebody who wanted to run courses for FRAM.

to run courses for FRAM. There you go. Boom. Uh single click to There you go. Boom. Uh single click to creating an entire website. I am creating an entire website. I am currently in the process of updating my currently in the process of updating my own website and I can show you what that own website and I can show you what that looks like. So my own website, we're looks like. So my own website, we're going to say this one. Actually, while going to say this one. Actually, while we're letting that load, I can tell you we're letting that load, I can tell you about what the launchpad is using about what the launchpad is using lovable.

lovable. lovable.

Closing thoughts and call to action

I am literally launching a Feb 2026 I am literally launching a Feb 2026 cohort for 12 people. And the idea is to cohort for 12 people. And the idea is to help you find your clinician found niche help you find your clinician found niche in 6 weeks, kind of like we've been in 6 weeks, kind of like we've been doing in this video so far. But I don't doing in this video so far. But I don't want you to just find it. I want you to want you to just find it. I want you to start validating it and come up with a start validating it and come up with a 30-day plan to execute and test and 30-day plan to execute and test and validate and move forward with it. Um, validate and move forward with it. Um, is it's I gave it color scheme. I gave is it's I gave it color scheme. I gave it fonts I wanted to use. I gave it a it fonts I wanted to use. I gave it a photo of myself from my existing photo of myself from my existing website. I gave it some of the copy to website. I gave it some of the copy to put onto the web page. By the way, copy put onto the web page. By the way, copy stands for copyright, which is like the stands for copyright, which is like the words that go into web pages and words that go into web pages and documents and things like that. So, documents and things like that. So, that's on on here. The three things I'm that's on on here. The three things I'm targeting. Too many ideas, no clear targeting. Too many ideas, no clear direction. Wrote a chaos breaking the direction. Wrote a chaos breaking the rhythm. Fear of losing credibility.

rhythm. Fear of losing credibility. Little bit about me, what I do, my Little bit about me, what I do, my background with ICF. And I'm not an NHS background with ICF. And I'm not an NHS leadership fellow. I was an innovation leadership fellow. I was an innovation and improvement fellow. So I need to and improvement fellow. So I need to change that.

change that. But yeah, it kind of puts all of this But yeah, it kind of puts all of this together. And boom, you have a website. together. And boom, you have a website.

What's included, what's not included, What's included, what's not included, who it's for. Um, you know, I'm giving who it's for. Um, you know, I'm giving away a content strategy, one-to-one away a content strategy, one-to-one implementation process, prompts and implementation process, prompts and workflow packs. So, the prompts used in workflow packs. So, the prompts used in this call today and how to create your this call today and how to create your own prompts and help you figure this out own prompts and help you figure this out in 6 weeks. Um, so if you've got about 8 in 6 weeks. Um, so if you've got about 8 to 15 years of experience post to 15 years of experience post registration [snorts] and you're on a registration [snorts] and you're on a serious idea that you're keen to make an serious idea that you're keen to make an impact on the world with, impact on the world with, I'd love to do this with you. Right? So, I'd love to do this with you. Right? So, let's see where our coding has gotten let's see where our coding has gotten to.

to. to. And it is ready. Let me show you what And it is ready. Let me show you what the mockup of that web page looks like. the mockup of that web page looks like.

Um, it's literally coded out the whole Um, it's literally coded out the whole web page for me. And I just have to hit web page for me. And I just have to hit preview. Fingers crossed it works. Um, preview. Fingers crossed it works. Um, allow network access. Uh, allow network access. Uh, sure.

sure. sure. Uh, okay. Uh, okay. Fine. There we go. So, let's maybe if we Fine. There we go. So, let's maybe if we can widen this. can widen this. Here is a website. It's mocked up. So it Here is a website. It's mocked up. So it says reduce posttop length of stay in says reduce posttop length of stay in elective colarctal surgery without elective colarctal surgery without adding workload to your teams. Uh here's adding workload to your teams. Uh here's the name and the image will go there.

the name and the image will go there. This what we're offering. Um the This what we're offering. Um the simplest path to better outcomes is not simplest path to better outcomes is not another guideline. It's a system that another guideline. It's a system that patients can actually follow and teams patients can actually follow and teams can trust with extra without extra can trust with extra without extra admin. So understanding a good pinch admin. So understanding a good pinch point and putting that in there. seeking point and putting that in there. seeking pilot partners very clear and book a pilot partners very clear and book a call see how the app works hospital ROI call see how the app works hospital ROI narrative why this matters what the narrative why this matters what the mission is patient outcomes hospital mission is patient outcomes hospital outcome system outcomes and boom outcome system outcomes and boom you've suddenly got a colurectal recovery suddenly got a colurectal recovery mission so go on to LinkedIn talk about mission so go on to LinkedIn talk about colurectal surgery talk about recovery colurectal surgery talk about recovery talk about behaviors that impact talk about behaviors that impact colarctyl elective surgery recovery talk colarctyl elective surgery recovery talk about the scale of the problem and say about the scale of the problem and say hey I'm on a mission to improve recovery hey I'm on a mission to improve recovery for colarctal elective surgery. Um, and for colarctal elective surgery. Um, and I'm looking to speak to other surgeons, I'm looking to speak to other surgeons, um, theater leads, um, theater leads, managers, CEOs to see what we can do managers, CEOs to see what we can do about it. Get them on a call, do a about it. Get them on a call, do a customer interview, validate your customer interview, validate your hypothesis, put it together, uh, and hypothesis, put it together, uh, and build this as you go along, right? You build this as you go along, right? You then become the founder of this then become the founder of this colarctal recovery mission. You can give colarctal recovery mission. You can give it a name. If your name is Dan, you can it a name. If your name is Dan, you can call it, I don't know, I'm out of call it, I don't know, I'm out of creativity for today. come up with creativity for today. come up with something that rhymes with Dan. But something that rhymes with Dan. But hopefully, we've not talked about hopefully, we've not talked about content strategy in detail yet, but I content strategy in detail yet,

but I think that's quite a lot. The sun has think that's quite a lot. The sun has set. I am thirsty and tired. But set. I am thirsty and tired. But hopefully this was just as exciting for hopefully this was just as exciting for you as it was for me.

you as it was for me. This is the first of this kind of video This is the first of this kind of video that I've done. I do this a lot with my that I've done. I do this a lot with my clients, but I never get to share it clients, but I never get to share it openly because it belongs to them. AI openly because it belongs to them. AI has made it possible for me to kind of has made it possible for me to kind of work alongside in the constraints. Um, work alongside in the constraints. Um, so if you like this, give it a thumbs so if you like this, give it a thumbs up, leave me a comment, and tell me what up, leave me a comment, and tell me what you want to see next. If you want me to you want to see next. If you want me to do your do your life, your ideas in this format, I would life, your ideas in this format, I would love to put that in the comments. Drop love to put that in the comments. Drop me a DM on LinkedIn or on Instagram on me a DM on LinkedIn or on Instagram on Shubsimpact and I would love to kind of Shubsimpact and I would love to kind of give that a go for the next video. All give that a go for the next video. All