Doctor OBGYN + UX = HealthTech? Transcript

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Why Clinicians Are Moving Into Health Tech

Eight out of 10 clinicians thinking of Eight out of 10 clinicians thinking of doing something beyond clinical work are doing something beyond clinical work are thinking about getting into health tech.

thinking about getting into health tech. So that's what I thought I'd focus this So that's what I thought I'd focus this one on. I thought I'll talk about how one on. I thought I'll talk about how you can get into health tech. And what I you can get into health tech. And what I have here is a case study submitted by have here is a case study submitted by one of yourselves. Thanks Alicia for one of yourselves. Thanks Alicia for submitting the request to be a case submitting the request to be a case study for one of these videos. Alicia is study for one of these videos. Alicia is an OBGYn and resident doctor here in the an OBGYn and resident doctor here in the UK and she's got a special interest in UK and she's got a special interest in UX which is user experience and she's UX which is user experience and she's got a very clear lens of looking at got a very clear lens of looking at patient outcomes and patient experience patient outcomes and patient experience in the space of women's health and she's in the space of women's health and she's now also a fellow with biteabs digital now also a fellow with biteabs digital health. However, when we had a health. However, when we had a conversation, Alicia came to me and she conversation, Alicia came to me and she said, "Look, I have the space where said, "Look, I have the space where women that I see in my clinic aren't women that I see in my clinic aren't fully satisfied with the existing apps fully satisfied with the existing apps out there and I'm studying about user out there and I'm studying about user experience and everything that can go experience and everything that can go into usage of products that are designed into usage of products that are designed to help patients and there's so many to help patients and there's so many things that can be crossovered, but I things that can be crossovered, but I don't know how to actually make don't know how to actually make something off of this. How do I get into something off of this. How do I get into the space of health tech? How do I get the space of health tech? How do I get this to replace some of my clinical this to replace some of my clinical income?" So, here's a little bit of a income?

Alicia's Background and Women's Health Focus

" So, here's a little bit of a dive building on the story behind dive building on the story behind Alicia. You can go check her out on Alicia. You can go check her out on LinkedIn if you like. She does some LinkedIn if you like. She does some fantastic work and I'll tell you what I fantastic work and I'll tell you what I shared with her and what my take on shared with her and what my take on figuring out your niche as a clinician figuring out your niche as a clinician founder in this health tech space could founder in this health tech space could be. So, watch on. Going to start with be. So, watch on. Going to start with going across a little bit with what going across a little bit with what Alicia's about section says. So, she Alicia's about section says. So, she says she's an OPGA resident doctor.

says she's an OPGA resident doctor. She's talked about a story of how She's talked about a story of how digital tools in women's health can digital tools in women's health can shape patient encounters. She's got a shape patient encounters. She's got a story about a patient with story about a patient with endometriosis. The patients words are endometriosis. The patients words are there. And this is what I love working there. And this is what I love working with clinician founders. We're so good with clinician founders. We're so good at being advocates for our patients at being advocates for our patients and at being advocates for our patients and really shaping healthcare with that lens really shaping healthcare with that lens makes it so much more purposeful, so makes it so much more purposeful, so much more valuable. But yeah, she talks much more valuable. But yeah, she talks about how the pain can be such a complex about how the pain can be such a complex thing, but it's simply reduced down to a thing, but it's simply reduced down to a 1 to 10. She talks about how fem made 1 to 10. She talks about how fem made her realize made her realize how how her realize made her realize how how much it needs to evolve for complex much it needs to evolve for complex conditions. and she's interested in conditions. and she's interested in creating a bunch of solutions across creating a bunch of solutions across complex pelvic pain, reducing burden on complex pelvic pain, reducing burden on patients, reflecting real life patterns, patients, reflecting real life patterns, and supporting people who use the apps and supporting people who use the apps rather than frustrating them even rather than frustrating them even

further. So there's very very clear further. So there's very very clear skills. So if I bring up my zone of skills. So if I bring up my zone of impact framework here with the three impact framework here with the three circles and in the middle is where your circles and in the middle is where your impact lies right there. Then the three impact lies right there. Then the three bits that Alicia's got covered really bits that Alicia's got covered really really well for her is is firstly her really well for her is is firstly her purpose is very clear. She's clearly purpose is very clear. She's clearly help helping in the space of women's help helping in the space of women's health and she's helping with app health and she's helping with app experience is sort of where the experience is sort of where the discussion started from. The second discussion started from. The second thing that she's got going for her is thing that she's got going for her is the way she has influence in this field the way she has influence in this field and that's both with her experience as a and that's both with her experience as a doctor but also her lens of looking at doctor but also her lens of looking at the world through UX and lastly the the world through UX and lastly the assets that she's creating. So this was assets that she's creating.

Finding a Clinician Founder's Niche

So this was the last bit of the puzzle that we had the last bit of the puzzle that we had to work out in terms of what are the to work out in terms of what are the assets that she can create that allow assets that she can create that allow her to express her zone of impact and her to express her zone of impact and actually start getting some value and actually start getting some value and compounding interest and opening up some compounding interest and opening up some opportunities. And this is the bit that opportunities. And this is the bit that I want to kind of get into today in I want to kind of get into today in terms of what did we do? How did we get terms of what did we do? How did we get Alicia to start speaking to the right Alicia to start speaking to the right people, having opportunities open up for people, having opportunities open up for her and finally get into health tech.

her and finally get into health tech. Now, before I do get into that, I want Now, before I do get into that, I want to talk about something I've noticed to talk about something I've noticed everybody really wants. And I don't know everybody really wants. And I don't know this about Alicia, but we're going to this about Alicia, but we're going to make assumptions because we're we're make assumptions because we're we're going to carry on with the case study.

going to carry on with the case study. The the formula I like to use is 2212. The the formula I like to use is 2212. And that's to say that people were And that's to say that people were looking beyond clinical work and aren't looking beyond clinical work and aren't entirely running away from their entirely running away from their clinical work. Um, are often still want clinical work. Um, are often still want to do two days clinical, right? They to do two days clinical, right? They like the patient interaction, but they like the patient interaction, but they hate the employee bit of it. They want hate the employee bit of it. They want two days spent on their own thing. You two days spent on their own thing. You know, this could be as a founder or an know, this could be as a founder or an innovator or an advisor, various various innovator or an advisor, various various combinations. One day for yourself would combinations. One day for yourself would be ideal, but often most people tend to be ideal, but often most people tend to club it with the other one which is for club it with the other one which is for family. And it's surprising how the more family. And it's surprising how the more and more I speak to people doing things and more I speak to people doing things beyond clinical work, this unique beyond clinical work, this unique combination of going from 2 + 2 + 1 + combination of going from 2 + 2 + 1 + two is really what we're after. And so two is really what we're after. And so while this is very clear, what stands while this is very clear, what stands out about most clinician founders is the out about most clinician founders is the fact majority of them, despite how good fact majority of them, despite how good their ideas are, are still invisible.

their ideas are, are still invisible. Many of them are hesitant to speak up, Many of them are hesitant to speak up, be seen, and remain silent. And that be seen, and remain silent. And that leads to them just remaining unknown.

leads to them just remaining unknown. And they sit in this space hoping to get And they sit in this space hoping to get into health tech, hoping for into health tech, hoping for opportunities to unlock. And they just opportunities to unlock. And they just simply don't. It can take many, many simply don't. It can take many, many years for things to move forward beyond years for things to move forward beyond this point. And what you really want is this point. And what you really want is to be seen for both your expertise, but to be seen for both your expertise, but also who

you are. You don't want to be also who you are. You don't want to be just speaking up. You actually want to just speaking up. You actually want to be heard. So you want to be saying be heard. So you want to be saying things that people care about. And you things that people care about. And you don't just want to be known, you want to don't just want to be known, you want to be trusted. Because once you've got be trusted. Because once you've got these three things, once you're seen, these three things, once you're seen, once you're heard, once you're trusted once you're heard, once you're trusted is when things start to flow, when is when things start to flow, when things start to move forward. And things start to move forward. And getting to this point means tackling a getting to this point means tackling a lot of external barriers, but also lot of external barriers, but also internal challenges. So what I did was internal challenges. So what I did was in a recent workshop with clinician in a recent workshop with clinician founders, I asked them, what are some of founders, I asked them, what are some of your external barriers and internal your external barriers and internal challenges? And here are some of the challenges? And here are some of the common things that kept coming up.

common things that kept coming up. Externally, there's a lack of time, lack Externally, there's a lack of time, lack of bandwidth, a lot of energy loss, of bandwidth, a lot of energy loss, especially with clinical work still especially with clinical work still ongoing full-time for many of them. Lack ongoing full-time for many of them. Lack of spaces where people can actually be of spaces where people can actually be seen, heard, and trusted. We spend so seen, heard, and trusted. We spend so much time in hospital and with our much time in hospital and with our colleagues where that's not really a colleagues where that's not really a priority, and that's not the space in priority, and that's not the space in which this kind of work happens. But which this kind of work happens. But there were more internal challenges than there were more internal challenges than external barriers. There was challenges external barriers. There was challenges around inconsistency around having an around inconsistency around having an unclear idea, the uncertainty, the micro unclear idea, the uncertainty, the micro decisions along the way, the fear of decisions along the way, the fear of failure, the need for perfectionism and failure, the need for perfectionism and how that's actually served us in our how that's actually served us in our lives as clinicians but doesn't serve us lives as clinicians but doesn't serve us anymore and the systems that we need to anymore and the systems that we need to create to really be able to balance create to really be able to balance ourselves as a clinician and a founder.

ourselves as a clinician and a founder.

The 2212 Framework and Common Barriers

And so coming back to Alicia, if we And so coming back to Alicia, if we focus in on the first element of this focus in on the first element of this getting her seen, there's three real getting her seen, there's three real aspects around getting seen. Three aspects around getting seen. Three things that needs to be established and things that needs to be established and the assets that we were talking about the assets that we were talking about earlier. These assets, what are they for earlier. These assets, what are they for Alicia that need to be created? So Alicia that need to be created? So there's going to be assets around there's going to be assets around choosing a platform. Where do you kind choosing a platform. Where do you kind of turn to to look for the people you of turn to to look for the people you want to serve but also like-minded want to serve but also like-minded people that could support you? You know, people that could support you? You know, what are your opinions that are valuable what are your opinions that are valuable to the world? What is your philosophy?

to the world? What is your philosophy? What is your perspective as a clinician What is your perspective as a clinician in the women's health space that isn't in the women's health space that isn't currently talked about enough that needs currently talked about enough that needs to be seen more that if seen more to be seen more that if seen more supports your mission in the long term?

supports your mission in the long term? And lastly, what is your personal brand And lastly, what is your personal brand like? Who are you? What can people like? Who are you? What can people expect from you? All of those questions expect from you? All of those questions need to be answered. So for Alicia, need to be answered. So for Alicia, let's dive deeper into that question let's dive deeper into that question about the platform. And there were about the platform. And there were really three things that we need to really three things that we need to figure out before we can choose the figure out before we can choose the platform that we find our clients and platform that

we find our clients and supporters on. And that is that is who supporters on. And that is that is who do you serve? What problem do you solve do you serve? What problem do you solve for them? And actually realistically, for them? And actually realistically, how do you solve it for them? And each how do you solve it for them? And each three of these questions once answered three of these questions once answered will help you move from where you are will help you move from where you are currently. So currently majority of the currently. So currently majority of the people I speak to most of the clinicians people I speak to most of the clinicians that are facing these external barriers that are facing these external barriers and internal fears are quite scattered.

and internal fears are quite scattered. You've got lots of ideas but you don't You've got lots of ideas but you don't know where to focus. You're a bit know where to focus. You're a bit spooked. You don't want to make mistakes spooked. You don't want to make mistakes on this journey especially with the on this journey especially with the credibility of the career that you've credibility of the career that you've mailed. And you're stuck. You don't you mailed. And you're stuck. You don't you don't know what's coming up next. You don't know what's coming up next. You don't know which direction you're don't know which direction you're heading. And despite trying a lot of heading. And despite trying a lot of things, you you remain exactly where you things, you you remain exactly where you were a year ago, two years ago, three were a year ago, two years ago, three years ago. And so this bit about years ago. And so this bit about scattered is directly tackled by these scattered is directly tackled by these three questions of who do you help, what three questions of who do you help, what problem do you help them with, and problem do you help them with, and how do you help them? So if you can figure do you help them? So if you can figure these three things out, you're going to these three things out, you're going to be well on your way from moving from be well on your way from moving from being scattered to having a clear being scattered to having a clear direction. So coming back to Alicia, direction. So coming back to Alicia, after a bit of back and forth and after a bit of back and forth and thinking through various exercises, thinking through various exercises, here's what we found out as version one here's what we found out as version one of what she could go out and test. So of what she could go out and test. So version one of this of who she helps is version one of this of who she helps is fem actually not even feech, it' be fem actually not even feech, it' be women's health uh owners. Yeah. Aka women's health uh owners. Yeah. Aka founders or developers, right? That was founders or developers, right? That was who she would be able to help best. What who she would be able to help best. What would she help them with? So what was would she help them with? So what was the problem that these founders were the problem that these founders were having that she would help them with?

having that she would help them with? Now how I would actually do this in real Now how I would actually do this in real life is to use AI tools to help me do a life is to use AI tools to help me do a secondary market research and then a secondary market research and then a primary market research through primary market research through interviews. But to start off with, we interviews. But to start off with, we took a guess. So we said, okay, what are took a guess. So we said, okay, what are some of the likely problems that they some of the likely problems that they might have that you want to help them might have that you want to help them with? And it's not just about the with? And it's not just about the patient experience. It's not just about patient experience. It's not just about the money that the app makes. It's the money that the app makes. It's realistically what are they trying to realistically what are they trying to achieve that you could help them achieve achieve that you could help them achieve better. And by better, I mean more better. And by better, I mean more accurately or faster. That's the only accurately or faster. That's the only two things that matter under that two things that matter under that category. And if you don't know the category. And if you don't know the answer to this, that's okay. You go out answer to this, that's okay. You go out and take a guess. Some of the things and take a guess. Some of the things that Alicia and I brainstormed together that Alicia and I brainstormed together were that you know there could be there were that you know there could be there could be metrics around retention. So could be metrics around retention. So how many users retain and use the app?

how many users retain and use the app? What is the frequency of the usage? What What is the frequency of the usage? What is the referral percentage? How many is the referral percentage? How many people refer the app on to other people?

people refer the app on to other people? Obviously, there's ratings on the app Obviously, there's ratings on the app store. There's comments in terms of store. There's comments in terms of qualitative data.

qualitative data. There is speed speed to, you know, a There is speed speed to, you know, a specific function. Is it an alignment? specific function. Is it an alignment?

What what are the challenges that these What what are the challenges that these specific app owners are facing? And what specific app owners are facing?

Defining Alicia's Audience and Value Proposition

And what can you realistically support them with? can you realistically support them with? Now with Alicia's background in women's Now with Alicia's background in women's health as an OBGYn resident without even health as an OBGYn resident without even any further training or certification any further training or certification her perspective in itself could help her perspective in itself could help immediately with alignment. It could immediately with alignment. It could help with the frequency of usage. Uh it help with the frequency of usage. Uh it could help with retention by improving could help with retention by improving the outcomes and having a better the outcomes and having a better understanding what patients are understanding what patients are realistically looking for. and arguably realistically looking for. and arguably if they were looking at a clinician if they were looking at a clinician network for referral that could be network for referral that could be something they could do as well. We had something they could do as well. We had to choose just a few to get started and to choose just a few to get started and start testing in the next few days. The start testing in the next few days. The question then came to how do you question then came to how do you actually help them? Alicia obviously has actually help them? Alicia obviously has some interest in UX. She is a doctor.

some interest in UX. She is a doctor. She's not a coder and she's not got She's not a coder and she's not got compliance certifications. So those are compliance certifications. So those are not the spaces in which she would help not the spaces in which she would help them. And so that realistically left a them. And so that realistically left a couple of options. She could go in as an couple of options. She could go in as an adviser. She could go in as an employee adviser. She could go in as an employee and she could go in as a consultant or and she could go in as a consultant or she could just go in as a doctor doing she could just go in as a doctor doing some research for them. You know, fill some research for them. You know, fill out a couple of surveys for them, tell out a couple of surveys for them, tell them how to use it. But realistically, them how to use it. But realistically, that wouldn't fully leverage her that wouldn't fully leverage her expertise. So, how does she show her expertise. So, how does she show her expertise? We decided that the platform expertise? We decided that the platform that would be best for Alicia would be that would be best for Alicia would be LinkedIn. And why is it LinkedIn? It's LinkedIn. And why is it LinkedIn? It's because that's where the founders are.

because that's where the founders are. It's a Dexbased platform which meant It's a Dexbased platform which meant that it was easy for her to use while that it was easy for her to use while still doing her clinical work. Uh is still doing her clinical work. Uh is still an underutilized platform. Posting still an underutilized platform. Posting once a day for the whole posting once a once a day for the whole posting once a day every day for the week would put her day every day for the week would put her in the top 5% of all LinkedIn users and in the top 5% of all LinkedIn users and immediately gather a lot of interest in immediately gather a lot of interest in the work that she was doing. Now, how do the work that she was doing.

Using LinkedIn to Build Visibility

Now, how do you know what to post? So, what I what I you know what to post? So, what I what I generally say is one per day or at least generally say is one per day or at least minimum of three times per week is what minimum of three times per week is what you want to be aiming for. And you're you want to be aiming for. And you're looking for text plus image as the post looking for text plus image as the post that you're making. All right. So, what that you're making. All right. So, what do you actually post about? What do you do you actually post about? What do you talk about? And I've got a voice of talk about? And I've got a voice of impact GPT. I I'll leave a link to that impact GPT. I I'll leave a link to that in the comments that helps you in the comments that helps you brainstorm ideas, asks you about your brainstorm ideas, asks you about your ideal audience, then asks you questions ideal audience, then asks you questions that can convert into posts for you. And that can convert into posts for you. And I end up doing my post in under eight I end up doing my post in under eight minutes using this GPT. So if you want

minutes using this GPT. So if you want that, that's going to be in the that, that's going to be in the description below. But there's three description below. But there's three simple buckets that work really well for simple buckets that work really well for early founders or if you're trying to early founders or if you're trying to get active on LinkedIn and build not get active on LinkedIn and build not just a massive following, but a just a massive following, but a following of people who trust you, who following of people who trust you, who believe in you, who realistically could believe in you, who realistically could access your services and pay you for access your services and pay you for them. So the first bucket is talking them. So the first bucket is talking about what you do. And this isn't just about what you do. And this isn't just the clinical work or the nonclinical the clinical work or the nonclinical work, but what are the outcomes? What work, but what are the outcomes? What are the outcomes that you can are the outcomes that you can realistically deliver for somebody like realistically deliver for somebody like them? The next bucket is to talk about them? The next bucket is to talk about how you do it.

how you do it. Alicia would talk about the UX Alicia would talk about the UX principles. She did a really good set of principles. She did a really good set of posts comparing existing apps for posts comparing existing apps for women's health and that did really well women's health and that did really well for her. You know, you could do like for her. You know, you could do like layout changes, you could demonstrate layout changes, you could demonstrate things with AI, you could uh demonstrate things with AI, you could uh demonstrate user journeys, you know, could have user journeys, you know, could have interviews that demonstrate your interviews that demonstrate your expertise in bringing out insights from expertise in bringing out insights from users and patients that would help users and patients that would help design the app even better. So, design the app even better. So, showcasing how you do them, how your how showcasing how you do them, how your how your your your how your actual day-to-day function how your actual day-to-day function would benefit the person you're working would benefit the person you're working for. And the last thing to talk about is for. And the last thing to talk about is why you doing them. What is the story why you doing them. What is the story behind who you are and why you do what behind who you are and why you do what you do? So, you as a doctor, but you you do? So, you as a doctor, but you also as a UX, you also as a as someone also as a UX, you also as a as someone who cares about women's health. Because who cares about women's health. Because people don't invest in what you do, they people don't invest in what you do, they invest in why you do it. As Simon Sleek invest in why you do it. As Simon Sleek has said time and time again. So if has said time and time again. So if you're looking at app at posting, you you're looking at app at posting, you know, LinkedIn three times per week, you know, LinkedIn three times per week, you do this on Monday, you do this on do this on Monday, you do this on Wednesday, you do this on Friday, and Wednesday, you do this on Friday, and you're good. You can do this on a Sunday you're good. You can do this on a Sunday if you want. Schedule it for 3 days and if you want.

Posting Strategy and Measuring Success

Schedule it for 3 days and off you go. All you got to do is post off you go. All you got to do is post them, right? And the success measure is them, right? And the success measure is not likes, and it's not the comments, not likes, and it's not the comments, and it's not the followers. That is not and it's not the followers. That is not what you measure success by. You measure what you measure success by. You measure success by one thing only. The number of success by one thing only. The number of conversations you can have as a result conversations you can have as a result of that post. So that means going into of that post. So that means going into DMs, the people that have liked it, send DMs, the people that have liked it, send them a message. People that have them a message. People that have reposted your app, you send them a reposted your app, you send them a message. People that have left a message. People that have left a comment, you send them a message. And comment, you send them a message. And you get on a call. You get to know who you get on a call. You get to know who they are. Let them get to know who you they are. Let them get to know who you are. Have a conversation. Ask them for are. Have a conversation. Ask them for networks. Ask them for connections. ask networks. Ask them for connections. ask them for challenges, understand things them for challenges, understand things better. And that allows you to go back better. And that allows you to go back right all the way up here to say, right all the way up here to say, actually, who am I best suited to help?

actually, who am I best suited to help? Out of all of these problems, which one Out of all of these problems, which one matters the most to them? And how can I matters the most to them? And how can I support them in the way that is most in support them in the way that is most in alignment with who I am? So, if there alignment with who I

am? So, if there was one playbook for you to take away, was one playbook for you to take away, that's probably what it would be. Now, that's probably what it would be. Now, if you're struggling with figuring out if you're struggling with figuring out what to post, if you're struggling with what to post, if you're struggling with doing the who, what, and how, there's doing the who, what, and how, there's various exercises and tables and various exercises and tables and workshops that we do inside of the workshops that we do inside of the clinician founder actionship where clinician founder actionship where you'll work with other clinician you'll work with other clinician founders through similar challenges. And founders through similar challenges. And if you're interested in that, just drop if you're interested in that, just drop me a message at any point. But hopefully me a message at any point. But hopefully that was useful for you to kind of think that was useful for you to kind of think about how do I actually get into health about how do I actually get into health tech with the existing challenges that I tech with the existing challenges that I have. And thanks again, Alicia, for have. And thanks again, Alicia, for volunteering to have your profile as a volunteering to have your profile as a case study. If anybody else watching case study. If anybody else watching this would like me to do a case study this would like me to do a case study for them with their unique interests, for them with their unique interests, with the ideas that they're holding on with the ideas that they're holding on to, then do comment down below or drop to, then do comment down below or drop me a message on LinkedIn or find me on me a message on LinkedIn or find me on Instagram @ ships asimpact and I would Instagram @ ships asimpact and I would love to do this for you. See you the love to do this for you. See you the