The Hidden Barrier Clinician Founders need to know about Transcript

(Transcripts are generated by AI and may contain errors)

Introducing the Clinician Founder Membership

Before we start, I want to tell you Before we start, I want to tell you about something I've been building. It's about something I've been building. It's called the clinician founder membership called the clinician founder membership community. Practical place for community. Practical place for clinicians who want to bring a clinicians who want to bring a meaningful idea to life. Whether that meaningful idea to life. Whether that becomes a service, a product, a becomes a service, a product, a portfolio career, or a new form of portfolio career, or a new form of impact. It's built around a simple find, impact. It's built around a simple find, test, and build pathway with practical test, and build pathway with practical resources, peer support, office hours, resources, peer support, office hours, and workshops to help you make progress and workshops to help you make progress around the clinical life without having around the clinical life without having to build alone. I'll be opening the to build alone. I'll be opening the doors soon. If you'd like early access, doors soon.

Podcast Intro and Rachel's Background

If you'd like early access, send me the word community on LinkedIn send me the word community on LinkedIn or Instagram or use the link in the show or Instagram or use the link in the show notes to sign up to my newsletter and notes to sign up to my newsletter and get early access to this new founder get early access to this new founder community. Now, let's get into the community. Now, let's get into the episode. Welcome back to the clinician episode. Welcome back to the clinician founder podcast.

founder podcast. There's a lot less teaching. We're There's a lot less teaching. We're almost moving towards [music] coaching. almost moving towards [music] coaching.

also created a strategy where I record also created a strategy where I record everything, send it back to my students everything, send it back to my students [music] and let them hear for themselves [music] and let them hear for themselves what they were able to do. They would what they were able to do. They would come back and go, "Rachel, I [music] come back and go, "Rachel, I [music] went to a conference and after the went to a conference and after the conference, I sat and instead of conference, I sat and instead of disappearing, I sat [music] and talked disappearing, I sat [music] and talked to people." to people." >> I think in my mind, LinkedIn and social >> I think in my mind, LinkedIn and social media is the new CV.

media is the new CV. >> If we have an idea in our head for long >> If we have an idea in our head for long [music] enough, two things happen. We [music] enough, two things happen. We even convince ourselves that the idea is even convince ourselves that the idea is >> So welcome to the clinician founder >> So welcome to the clinician founder podcast. I'm your host Dr. Shabbindu podcast. I'm your host Dr. Shabbindu Kulra, an emergency medicine doctor, Kulra, an emergency medicine doctor, founder coach and creator of clinician founder coach and creator of clinician founder everything. This is the show founder everything. This is the show where people explore how clinicians go where people explore how clinicians go from idea to impact. Each week I sit from idea to impact. Each week I sit down with clinicians who are building down with clinicians who are building businesses, products, communities, businesses, products, communities, services, and movements that matter.

services, and movements that matter. Together, we'll unpack what they found, Together, we'll unpack what they found, what they tested, what they built, and what they tested, what they built, and what it really takes to bring a what it really takes to bring a meaningful idea to life. Because the meaningful idea to life. Because the world doesn't need more clinicians with world doesn't need more clinicians with ideas. It needs more clinicians who know ideas. It needs more clinicians who know how to bring them to life. This week, I how to bring them to life. This week, I have with me the amazing Rachel have with me the amazing Rachel Williams. Thanks for joining me today, Williams. Thanks for joining me today, Rachel. How are you?

Rachel. How are you? >> I'm good. Thank you very much for >> I'm good. Thank you very much for inviting me.

inviting me. >> My pleasure. It's really good to have >> My pleasure. It's really good to have you here. and I'm finally able to return you here. and I'm finally able to return the favor of me being on your podcast on the favor of me being on your podcast on LinkedIn about a year or maybe two years LinkedIn about a year or maybe two years ago now.

ago now. >> I think maybe two years ago when we >> I think maybe two years ago when we actually did when LinkedIn had audio actually did when LinkedIn had audio lives had lives had >> Wow, time has flown by. For our >> Wow, time has flown by. For our audience, would you mind telling them audience, would you mind telling them who you are in a brief just please?

who you are in a brief just please? >> Okay, so we should start. I'm not >> Okay, so we should start. I'm not actually a clinician. I've gay crashed. actually a clinician. I've gay crashed.

So I've been working with clinicians for So I've been working with clinicians for too many years. About 2008 doing too many years.

Finding the Need for Medical English

About 2008 doing communication skills for international communication skills for international doctors I started and then about 2020 doctors I started and then about 2020 moved online still working with moved online still working with international doctors doing both international doctors doing both clinical communication skills and then clinical communication skills and then starting to do writing with them. And starting to do writing with them. And now I do um quite a bit of helping now I do um quite a bit of helping doctors to write and get visible on doctors to write and get visible on mostly LinkedIn and I also write for mostly LinkedIn and I also write for some doctors as well. Oh some doctors as well. Oh >> fantastic. And have I completely made >> fantastic. And have I completely made this up but did you have a nursing this up but did you have a nursing background?

background? background? >> Yes I well yes that is why that does >> Yes I well yes that is why that does that's why I'm probably able to do that's why I'm probably able to do clinical communication skills. So yes clinical communication skills. So yes for many years up until about the age of for many years up until about the age of 40 I was a nurse. So worked on 40 I was a nurse. So worked on orthopedics, worked in vascular orthopedics, worked in vascular theaters. So yeah, and then took that to theaters. So yeah, and then took that to help doctors and some nurses to help doctors and some nurses to communicate more effectively and pass communicate more effectively and pass the exams that they needed to work in UK the exams that they needed to work in UK as well.

as well. >> Oh, amazing. So in my mind, once a >> Oh, amazing. So in my mind, once a clinician, always a clinician. It's very clinician, always a clinician. It's very exciting. So you you've been helping exciting. So you you've been helping clinicians in many ways and specifically clinicians in many ways and specifically doctors in many ways and leveraging your doctors in many ways and leveraging your background in English education as well background in English education as well as your experience in the clinical world as your experience in the clinical world coming together to help doctors. When coming together to help doctors. When did this idea of helping people with did this idea of helping people with their English come to mind for you?

their English come to mind for you? >> Right back when I was actually nursing. >> Right back when I was actually nursing. So I work when I was nursing I also So I work when I was nursing I also worked for adult education. So doing worked for adult education. So doing classes in the evenings. So I was classes in the evenings. So I was balancing two jobs balancing two jobs >> and in the end I thought actually I sort >> and in the end I thought actually I sort of prefer the teaching and the helping.

of prefer the teaching and the helping. So I went off and did a more intense So I went off and did a more intense course and while I was on there they course and while I was on there they actually said did you know that there's actually said did you know that there's a need for medical English and I went no a need for medical English and I went no found out more and then it was just it found out more and then it was just it just worked because the background and just worked because the background and my sort of my love of English my love of my sort of my love of English my love of writing the job just gave me both of writing the job just gave me both of those. So yeah.

those. So yeah. >> So so take us back. Was it was it just >> So so take us back.

Impact on Clinicians and Cultural Communication

Was it was it just that somebody suggested you should do that somebody suggested you should do medical English or was there at this medical English or was there at this point a bigger idea of what this point a bigger idea of what this business or this life could look like business or this life could look like for you?

for you? >> No bigger idea at that time. And and if >> No bigger idea at that time. And and if I'm honest, when they said it, I I'm honest, when they said it, I actually went, well, I just want to actually went, well, I just want to leave healthcare behind and and teach.

leave healthcare behind and and teach. >> I'm sure that resonates. >> I'm sure that resonates. >> Yeah. And but then I so then I went to a >> Yeah. And but then I so then I went to a school and I ended up teaching an school and I ended up teaching an emergency uh care doctor.

emergency uh care doctor. >> Okay. >> Okay. >> Okay. >> From from Hungary. >> From from Hungary. >> Wow. >> Wow. >> Wow. >> Who was wonderful. And the whole >> Who was wonderful. And the whole relationship that we built up and the relationship that we built up and the trust that she put in me was the thing trust that she put in me was the thing that I think has stayed with me and that I think has stayed with me and clicked and thought I would really like clicked and thought I would really like to do this because I can make a to do this because I can make a difference and I can have an impact.

difference and I can have an impact. Yeah. Impact. Tell tell me more about Yeah. Impact. Tell tell me more about that. So, how has that kind of played that. So, how has that kind of played out? Was have you looking back is the out? Was have you looking back is the impact you've made what you wanted?

impact you've made what you wanted? >> It's changed as I've gone along the way. >> It's changed as I've gone along the way. But I think it's been really lovely on But I think it's been really lovely on an individual level to see different an individual level to see different doctors from different walks of life be doctors from different walks of life be able to move it forwards in their able to move it forwards in their career.

career. career. >> So, that's been that's been really >> So, that's been that's been really really good. I think where I've had a really good. I think where I've had a bigger impact is more recently is bigger impact is more recently is working with doctors that are already working with doctors that are already working in our national health service.

working in our national health service. They've passed all of the exams but then They've passed all of the exams but then they've still found themselves they've still found themselves struggling. So they've got up to sort of struggling. So they've got up to sort of senior registar or locom consultant senior registar or locom consultant position and they want to move into position and they want to move into maybe an post.

maybe an post. >> Yeah. but they just haven't quite got >> Yeah. but they just haven't quite got the confidence and it was their English the confidence and it was their English sometimes that was holding them back.

sometimes that was holding them back. >> Wow. Any any particular examples that >> Wow. Any any particular examples that stand out for you? stand out for you?

>> Yeah, I think couple recently one >> Yeah, I think couple recently one intensive care consultant who was just intensive care consultant who was just wonderful but I think the biggest wonderful but I think the biggest difficulty he had was breaking bad news difficulty he had was breaking bad news because how he did it in his culture was because how he did it in his culture was very different to how we deliver very different to how we deliver information. M information. M >> and it's actually in reverse. So instead >> and it's actually in reverse. So instead of giving all the details which is what of giving all the details which is what he would do first of all and then the he would do first of all and then the bad news we tend to go look this is what bad news we tend to go look this is what is wrong is wrong >> and this is why and this is what we can >> and this is why and this is what we can do about it.

So someone's not sitting do about it. So someone's not sitting there waiting going what's coming.

there waiting going what's coming. >> So it's it wasn't that his English was >> So it's it wasn't that his English was great. great. great. >> There was no problem with his English.

>> There was no problem with his English. So sometimes it's it's not an English So sometimes it's it's not an English problem, it's a cultural problem.

problem, it's a cultural problem. >> That's so interesting. And I think when >> That's so interesting. And I think when we've spoken about this earlier as well, we've spoken about this earlier as well, there there's so much element of there there's so much element of culture. So in my mind, it kind of is culture. So in my mind, it kind of is like medical English. Okay, it's English like medical English. Okay, it's English with medical terms, but actually it's with medical terms, but actually it's the use of English the use of English >> in a medical environment, which is so >> in a medical environment, which is so much more than just English.

much more than just English. >> Yes. Yeah. 100%. >> Yes. Yeah. 100%. >> That's that's fascinating. Okay. And so, >> That's that's fascinating. Okay. And so, so you've been able to help this doctor so you've been able to help this doctor really understand those elements and really understand those elements and transform the way they practice and for transform the way they practice and for their own benefit, but also the patients their own benefit, but also the patients benefit.

benefit. benefit. >> Yeah. And I know that he's just applied >> Yeah. And I know that he's just applied for to be a full consultant now as well. for to be a full consultant now as well.

>> That's fantastic. Amazing. Okay. So, you >> That's fantastic. Amazing. Okay. So, you started off with these skills and the started off with these skills and the ability to help people. I want to go ability to help people. I want to go through what it was like. So you know through what it was like.

Challenges, Impostor Syndrome, and LinkedIn Growth

So you know there's this moment when you're like I I there's this moment when you're like I I I know how to solve the problem but then I know how to solve the problem but then the more you try to solve the problem the more you try to solve the problem the more hurdles keep coming up and you the more hurdles keep coming up and you know there must have been a point where know there must have been a point where you realize that actually it's it's not you realize that actually it's it's not the language it's the culture and it's the language it's the culture and it's not the culture it's the system and tell not the culture it's the system and tell tell me about that a bit. I I think it's tell me about that a bit. I I think it's because I I work with people mostly that because I I work with people mostly that their English is fine. And most people their English is fine. And most people think that they don't need English think that they don't need English support, but that they realize that they support, but that they realize that they do. And I think one when I realized it do. And I think one when I realized it was when I kept hearing the same thing was when I kept hearing the same thing was when people were talking about how was when people were talking about how they felt in situations. So if they they felt in situations. So if they couldn't find the right words or if they couldn't find the right words or if they didn't understand a particular accent didn't understand a particular accent because if you move to the north of because if you move to the north of England, England, England, you've got to understand a completely you've got to understand a completely different English than maybe that that different English than maybe that that you've learned from textbooks.

you've learned from textbooks. >> So suddenly where you once felt secure, >> So suddenly where you once felt secure, you suddenly don't. And I think what it you suddenly don't. And I think what it was is I kept hearing the language of was is I kept hearing the language of how people felt, not the actual words how people felt, not the actual words that it wasn't that they couldn't find that it wasn't that they couldn't find the words.

the words. >> How did that change what you were trying >> How did that change what you were trying to achieve? to achieve? >> There's a lot lot less teaching.

>> There's a lot lot less teaching. >> Okay. So there's a so there's a a lot >> Okay. So there's a so there's a a lot more. We're almost moving towards sort more. We're almost moving towards sort of a coaching and also created a of a coaching and also created a strategy where I record everything strategy where I record everything and I used to send it back to my and I used to send it back to my students and then let them hear for students and then let them hear for themselves what they were able to do and themselves what they were able to do and what they couldn't do. And once they what they couldn't do. And once they actually a lot of the time once they actually a lot of the time once they realize actually I can do this and I can realize actually I can do this and I can hear myself do this then they would come hear myself do this then they would come back and go things like Rachel I went to back and go things like Rachel I went to a conference and after the conference I a conference and after the conference I sat and instead of disappearing I sat sat and instead of disappearing I sat and talked to people. Yeah. So yeah sort and talked to people. Yeah. So yeah sort of of of >> you're not you're not just solving their >> you're not you're not just solving their need to pass an exam or be technically need to pass an exam or be technically good. You're solving something that's good. You're solving something that's meaningful to them. and someone who's meaningful to them. and someone who's maybe even an extrovert and really likes maybe even an extrovert and really likes socializing hasn't been able to do that socializing hasn't been able to do that after conferences and that is so after conferences and that is so beautiful.

beautiful. beautiful. >> Yeah. So >> Yeah. So >> I really enjoy that. >> I really enjoy that. >> That's the bit that Yeah. That's the >> That's the bit that Yeah. That's the little bit that makes me that warm little bit that makes me that warm feeling inside that you get.

feeling inside that you get. >> Yeah. I I think and I think that's I >> Yeah. I I think and I think that's I mean I may be biased here but I feel mean I may be biased here but I feel like clinicians are really driven by like clinicians are really driven by that like are we really making a that like are we really making a difference in the person's life with difference in the person's life with whatever we're doing.

whatever we're doing. What's been the biggest challenge for What's been the biggest challenge for you so far? H you so far? H >> I think so many. So I think going going >> I think so many. So I think going going from the classroom to online during co from the classroom to online during co >> was a big challenge and then working out >> was a big challenge and then working out how do I find my own clients which meant how do I find my own clients which meant marketing. Mhm.

marketing. Mhm. >> I have no background in marketing. So it >> I have no background in marketing. So it then meant writing which I realized I've then meant writing which I realized I've always liked writing and then writing always liked writing and then writing almost ended up in my resignation from almost ended up in my resignation from the it did it ended up in my resignation the it did it ended up in my resignation from the school.

from the school. >> Okay. >> Okay. >> Okay. >> Because the school wanted to know why I >> Because the school wanted to know why I was writing these sort of medically sort was writing these sort of medically sort of themed articles on LinkedIn.

of themed articles on LinkedIn. >> Tell me more. >> Tell me more. >> And they felt like it was a conflict of >> And they felt like it was a conflict of interest going on maybe. Um, so they interest going on maybe. Um, so they wanted me to put in writing why it wanted me to put in writing why it wasn't. So what I put in writing was my wasn't. So what I put in writing was my resignation letter.

resignation letter. >> I love it. >> I love it. >> I thought no, I'm going to go and do >> I thought no, I'm going to go and do this because I want to work with people this because I want to work with people I want to work with. And what I realized I want to work with. And what I realized by going online is that I could choose by going online is that I could choose the people that I worked with the people that I worked with >> rather than if you work for a plat a >> rather than if you work for a plat a teaching platform or if you work for a teaching platform or if you work for a school then you get given students.

school then you get given students. Yeah. Yeah. Yeah. >> So, and that can be quite different. So, >> So, and that can be quite different. So, yeah, that was Yeah. So, the big biggest yeah, that was Yeah. So, the big biggest

biggest challenge which I think for and biggest challenge which I think for and it's the same challenge that doctors who it's the same challenge that doctors who have ideas that want to go and share have ideas that want to go and share them with the world have is the going them with the world have is the going online online online >> and putting yourself out there.

>> and putting yourself out there. >> Why do you think it's such a challenge? >> Why do you think it's such a challenge? >> Good old impostor syndrome which gets >> Good old impostor syndrome which gets thrown around but it's real and it's thrown around but it's real and it's real in senior senior consultants. Um it real in senior senior consultants. Um it was certainly real with me. So although was certainly real with me. So although I could write and although English is my I could write and although English is my first language um I just got really first language um I just got really scared of scared of what if people don't like this because what if people don't like this because it's a judgment on yourself, isn't it?

it's a judgment on yourself, isn't it? >> Yeah. >> Yeah. >> Yeah. >> Yeah. We are not immune to those little >> Yeah. We are not immune to those little red notifications of somebody liking red notifications of somebody liking what we've written or not.

what we've written or not. >> In fact, I think we're trained to do the >> In fact, I think we're trained to do the opposite almost. I think imposter opposite almost. I think imposter syndrome doesn't justify what it is syndrome doesn't justify what it is actually. I think it's not just this actually. I think it's not just this feeling of maybe I'm not good enough, feeling of maybe I'm not good enough, but it's this feeling of needing to be but it's this feeling of needing to be good enough even when I do do it. Like good enough even when I do do it. Like >> yeah, >> yeah, >> yeah, >> I've been doing the whole appraisal >> I've been doing the whole appraisal system and ARCP is coming up and system and ARCP is coming up and everything is about others opinions of everything is about others opinions of you. Everything is about how do they you. Everything is about how do they rate you? How do you rate yourself? And rate you? How do you rate yourself? And you know, what evidence do you have to you know, what evidence do you have to show for it? And show for it? And yeah, I I think we're we're trained to yeah, I I think we're we're trained to think that way for ourselves, but also think that way for ourselves, but also for others, and say, how did they get for others, and say, how did they get away with that? How did their colleagues away with that? How did their colleagues let them get away with it? And let them get away with it? And >> all of those things are kind of what >> all of those things are kind of what come up for me. Is that still true for come up for me. Is that still true for your clients as well?

your clients as well? >> Yeah. >> Yeah. >> Yeah. >> Okay. >> Okay. >> Okay. >> Yeah. >> Yeah. >> Yeah. um both for both for teaching and um both for both for teaching and because now I I've moved sort of towards because now I I've moved sort of towards helping doctors with their writing helping doctors with their writing because because because >> people just kept asking me even people >> people just kept asking me even people that they they would say Rachel I know that they they would say Rachel I know I'm not an international doctor but I'm not an international doctor but >> okay can you still >> okay can you still >> can you still help because they could >> can you still help because they could write academically but then putting write academically but then putting themselves out there on social media was themselves out there on social media was another thing another thing >> and let's talk about that for a second I >> and let's talk about that for a second I think in my think in my LinkedIn and social media is the new CV.

LinkedIn and social media is the new CV. I think that's where your credibility I think that's where your credibility stems from. That's where you kind of stems from. That's where you kind of show your work. You've been doing this show your work.

Why Newsletters Work Better Than Social Media

You've been doing this for a while. How recent is this? for a while. How recent is this? >> So, I think when I first looked at >> So, I think when I first looked at LinkedIn maybe about 10 years ago, it LinkedIn maybe about 10 years ago, it was this very, very just a CV, was this very, very just a CV, >> this very dull, boring corporate place.

>> this very dull, boring corporate place. And then around 2020 when I sort of came And then around 2020 when I

sort of came back and started writing a few articles, back and started writing a few articles, I could see the changes. So I've been I could see the changes. So I've been doing this about six years now.

doing this about six years now. >> And how long have doctors been itching >> And how long have doctors been itching to make themselves known on LinkedIn to make themselves known on LinkedIn now?

now? now? >> I think it would be a similar sort of >> I think it would be a similar sort of time. Maybe about 2022. I think not the time. Maybe about 2022. I think not the middle of CO cuz they were full in sort middle of CO cuz they were full in sort of but I think the aftermath of of CO of but I think the aftermath of of CO was like that shock of like well what was like that shock of like well what happened and do I want something happened and do I want something different in my life. So we started different in my life. So we started seeing a lot of the doctors come through seeing a lot of the doctors come through then. So I would say about 2022 onwards then. So I would say about 2022 onwards which is possibly when you may have which is possibly when you may have started.

started. started. >> Not true. I think I was still probably >> Not true. I think I was still probably late. I want to say I I've been on late. I want to say I I've been on LinkedIn for probably 10 plus years as a LinkedIn for probably 10 plus years as a bit of a a silent observer maybe.

bit of a a silent observer maybe. >> I don't even know if I might not even >> I don't even know if I might not even have had a profile picture. Definitely have had a profile picture. Definitely not a banner.

not a banner. >> Okay. >> Okay. >> Okay. >> And I think I've started taking it >> And I think I've started taking it seriously. seriously. seriously. >> I think yeah, end of 22 23ish >> I think yeah, end of 22 23ish >> where I kind of said, "Oh, that's where >> where I kind of said, "Oh, that's where all the coaches are and that's where all all the coaches are and that's where all the doctors doing nonclinical things the doctors doing nonclinical things are. This is something to take are. This is something to take seriously." And yeah.

seriously." And yeah. >> Yeah. So I think that's when they as I >> Yeah. So I think that's when they as I say when they sort of started that 2022 say when they sort of started that 2022 onwards.

onwards. onwards. >> Okay. >> Okay. >> Okay. >> Um lots of them came and now we're still >> Um lots of them came and now we're still getting people come. What they're doing getting people come. What they're doing is they're seeing some of the doctors is they're seeing some of the doctors that really started in 2022 that managed that really started in 2022 that managed to build a following and going well I to build a following and going well I want that. But it's a little bit harder want that. But it's a little bit harder now cuz there are more people in the now cuz there are more people in the pool and things have changed. And it pool and things have changed. And it also that triggers the imposttor also that triggers the imposttor syndrome a little bit because they're syndrome a little bit because they're going, "Oh, but that doctor's got all of going, "Oh, but that doctor's got all of these followers and that doctor's these followers and that doctor's posting and that doctor's doing." posting and that doctor's doing." [laughter] So, uh, so, you know, that [laughter] So, uh, so, you know, that comparisonitis comes in and they don't comparisonitis comes in and they don't realize that they may have been doing it realize that they may have been doing it like you have for a number of years, like you have for a number of years, >> turning up day after day.

>> turning up day after day. >> Absolutely. What what what do you think >> Absolutely. What what what do you think they're looking for they're looking for beyond or what do you think they'll get beyond or what do you think they'll get as a result of that following or that as a result of that following or that social presence?

social presence? >> I think to a degree there's that >> I think to a degree there's that credibility. So if they've got an idea credibility. So if they've got an idea for a business that they want, then for a business that they want, then building a little bit of visibility and building a little bit of visibility and credibility is going to be useful. But I credibility is going to be useful. But I would probably do it differently if I would probably do it differently if I had my time over. And I would almost had my time over. And I would almost suggest that they might want to try suggest that they might want to try something a little bit different as something a little bit different as well.

well. well. >> Huh. What would that be? >> Huh. What would that be? >> I would possibly go for a newsletter >> I

would possibly go for a newsletter earlier on.

earlier on. >> Oh, I like So we we I was I was waiting >> Oh, I like So we we I was I was waiting to when we're going to enter this space to when we're going to enter this space of talking about newsletters because I of talking about newsletters because I think think think >> if you ask any doctor, most of them are >> if you ask any doctor, most of them are going to say we hate newsletters. We going to say we hate newsletters. We hate receiving them. We hate having them hate receiving them. We hate having them in the inbox. And for anyone who's in the inbox. And for anyone who's become a founder or an entrepreneur of become a founder or an entrepreneur of any sort, including myself, I was like, any sort, including myself, I was like, I'm never going to do a newsletter, I'm never going to do a newsletter, everybody hates them. It's such pain and everybody hates them. It's such pain and I don't enjoy writing. You feel I don't enjoy writing. You feel otherwise?

otherwise? otherwise? >> I do. Why? Because if you have, and it >> I do. Why? Because if you have, and it doesn't matter how big your audience is, doesn't matter how big your audience is, can be really, really tiny. Maybe can be really, really tiny. Maybe smaller is the better. If you want to smaller is the better. If you want to test a new idea out, test a new idea out, >> what better place than to actually write >> what better place than to actually write about your idea and then ask people what about your idea and then ask people what they think without it at the pressure of they think without it at the pressure of social media with the nobody liking it social media with the nobody liking it or no comment or even somebody or no comment or even somebody commenting negatively for the whole commenting negatively for the whole world to see.

world to see. >> Start your newsletter with two or three >> Start your newsletter with two or three people. people. people. >> Imagine you're writing to one person. M >> Imagine you're writing to one person. M that's a very different feel from that's a very different feel from saying, "Oh my god, there's going to be saying, "Oh my god, there's going to be thousands of people I'm writing to and thousands of people I'm writing to and nobody's going to actually open it, let nobody's going to actually open it, let alone reply to what I'm saying." But alone reply to what I'm saying." But when I start thinking of it as just two when I start thinking of it as just two or three people, it's like or three people, it's like >> I'm probably know them and >> I'm probably know them and >> there'd be a bit of an obligation to >> there'd be a bit of an obligation to kind of respond if I'm writing an email kind of respond if I'm writing an email to them.

to them. >> Yeah. So that would be my Yeah. That >> Yeah. So that would be my Yeah. That would because if we have an idea in our would because if we have an idea in our head for long enough, two things happen.

head for long enough, two things happen. We either convince ourselves that the We either convince ourselves that the idea is terrible or we convince idea is terrible or we convince ourselves that the idea is wonderful and ourselves that the idea is wonderful and then we go, "Oh, great. I'm gonna create then we go, "Oh, great. I'm gonna create a course because I've convinced myself a course because I've convinced myself that everybody needs this course." that everybody needs this course." And you end up creating a course that maybe you end up creating a course that maybe nobody wants. So shine some light on nobody wants. So shine some light on your idea, but do it in a safe place.

your idea, but do it in a safe place. >> I like that. >> I like that. >> So maybe tell yourself to tell two or >> So maybe tell yourself to tell two or three of your friends or your peers, oh, three of your friends or your peers, oh, I'm going to start a newsletter. and I'm going to start a newsletter. and they might have oh my goodness me that they might have oh my goodness me that read that uh tell them it's just for you read that uh tell them it's just for you just for you three I'm going to start just for you three I'm going to start just to just to try um and I would say just to just to try um and I would say that there are some newsletters that you that there are some newsletters that you do open and you like and you read and do open and you like and you read and you look forward to so have a look at you look forward to so have a look at those those those >> what have they got that you like and you >> what have they got that you like and you don't need to copy them word for word don't need to copy them word for word but just sort of what is it is it but just sort of what is it is it because they're short is it because because they're short is it because there's a link to something better. Is there's a link to something better. Is it because they are doing this of going, it because they are doing this of going, "Oh, I've got an idea." Is it because "Oh, I've got an idea." Is it because they're giving you something useful?

they're giving you something useful? >> I want to My experience with newsletters >> I want to My experience with newsletters has been interesting as well. But I want has been interesting as well. But I want to hear first, how do you do your to hear first, how do you do your newsletters?

newsletters? newsletters? >> All the details. What platform do you >> All the details. What platform do you use? How often do you write them? How use? How often do you write them? How the process? I want to know.

the process? I want to know. >> Okay. So, um I use a platform called >> Okay. So, um I use a platform called system. So, I think it's a FrenchIrish system. So, I think it's a FrenchIrish platform.

platform. platform. >> [snorts] >> [snorts] >> [snorts] >> Um, I just write them in normal text. >> Um, I just write them in normal text. So, no pictures, no, it's just literally So, no pictures, no, it's just literally like an email.

like an email. >> Um, no fuss. I generally start with an >> Um, no fuss. I generally start with an idea which ends up scribbled in my idea which ends up scribbled in my notebook here cuz I'm a I'm a pencil and notebook here cuz I'm a I'm a pencil and paper girl when it comes down to it.

paper girl when it comes down to it. That's where I start. And then I'll then That's where I start. And then I'll then I edit them and then I send them off.

I edit them and then I send them off. Aiming for weekly. Occasionally there's Aiming for weekly. Occasionally there's an odd one that comes out. If I've got an odd one that comes out. If I've got an event coming, I'll just send an extra an event coming, I'll just send an extra one going, "Hi, by the way, one going, "Hi, by the way, >> doing this live and here's the link to >> doing this live and here's the link to it." So, I'll use it for that as well.

it." So, I'll use it for that as well. But I also do, hey, I've got this idea. But I also do, hey, I've got this idea. So, I had an idea at the start of the So, I had an idea at the start of the year that I would start off a little year that I would start off a little sort of group sessions sort of on school sort of group sessions sort of on school for doctors to help teach them and sort for doctors to help teach them and sort of not so much teach them, but give them of not so much teach them, but give them a space where that that they could sort a space where that that they could sort of write together and get feedback. Mhm.

of write together and get feedback. Mhm.

Building a Newsletter Audience and Writing Process

>> And we started off with a 21-day sprint >> And we started off with a 21-day sprint and I just literally said, "Hey, is and I just literally said, "Hey, is anyone interested?" Because if you get anyone interested?" Because if you get one person interested, you can think, one person interested, you can think, "Okay, my idea maybe have has legs." "Okay, my idea maybe have has legs." >> But if it's only got one, then it's >> But if it's only got one, then it's probably not valid.

probably not valid. >> If you've got 10 people interested, >> If you've got 10 people interested, then you can think, okay, this might be then you can think, okay, this might be worth doing.

worth doing. >> Yeah. >> Yeah. >> Yeah. before you've actually before you've actually >> sat down for four hours with Chad GPT >> sat down for four hours with Chad GPT and planned out what the entire course and planned out what the entire course is going to look like.

is going to look like. >> Yeah, exactly that. >> Yeah, exactly that. >> So that's what I do. I think the other >> So that's what I do. I think the other thing is that on a newsletter is you can thing is that on a newsletter is you can then look at things like your open then look at things like your open rates.

rates. rates. >> So you can go back and go, okay, these >> So you can go back and go, okay, these ones have done really, really well. What ones have done really, really well. What you know, there's a little bit of you know,

there's a little bit of reflection. What what did I put in here?

reflection. What what did I put in here? Why did these open? And why Yeah. Why did these open? And why Yeah. >> Why not? And then the other ones I think >> Why not? And then the other ones I think I always keep an eye on the ones that I always keep an eye on the ones that people actually replied to and those are people actually replied to and those are probably the ones that are my most probably the ones that are my most conversational where I almost I'm having conversational where I almost I'm having a very much I'm having a little chat a very much I'm having a little chat with you and they're the ones where I with you and they're the ones where I probably pop in a little story probably pop in a little story >> as well.

>> as well. >> And do you sort of write on the day that >> And do you sort of write on the day that you send them out or do you bulk write you send them out or do you bulk write them in advance?

them in advance? >> No, I don't bulk write. I really wish I >> No, I don't bulk write. I really wish I could. Maybe that would be very very could. Maybe that would be very very much more organized, but I'm very much much more organized, but I'm very much on the spur of the moment sort of on the spur of the moment sort of sometimes there are ideas going around.

sometimes there are ideas going around. >> As you know, I cycle everywhere and my >> As you know, I cycle everywhere and my when when I'm cycling, that's when I'm when when I'm cycling, that's when I'm having my ideas. So, I cycle into the having my ideas. So, I cycle into the office and I'm unused. I'm usually office and I'm unused. I'm usually having a conversation with you in my having a conversation with you in my head.

head. head. >> Perfect. >> Perfect. >> Perfect. >> Okay. So, and then I take that >> Okay. So, and then I take that conversation um and this morning's conversation um and this morning's conversation was sort of and it really conversation was sort of and it really was with you this morning cuz I knew I was with you this morning cuz I knew I was going to be doing this and it was was going to be doing this and it was about newsletters and almost why we about newsletters and almost why we should use them.

should use them. >> So, when my newsletter goes out this >> So, when my newsletter goes out this week, that will be it. It'll be look if week, that will be it. It'll be look if you're too scared to write on social you're too scared to write on social media as well, this is a safer place as media as well, this is a safer place as well. So, yeah. So, that's sort of how I well. So, yeah. So, that's sort of how I do it. And when it comes to open rates, do it. And when it comes to open rates, what sort of is your expectation or if what sort of is your expectation or if someone's starting off fresh, what someone's starting off fresh, what should they expect?

should they expect? >> I've heard that 20 to 30% open rate is >> I've heard that 20 to 30% open rate is good. good. >> I get between 50 and 60. >> I get between 50 and 60. >> Fantastic.

>> Fantastic. >> Fantastic. >> Yeah, I'm really pleased with that. But >> Yeah, I'm really pleased with that. But I think it's because I've split my I think it's because I've split my newsletter at some point where I newsletter at some point where I realized where my different audiences realized where my different audiences were and I asked them whether did you were and I asked them whether did you want to continue receiving this or not?

want to continue receiving this or not? And if they said yes, they went into one And if they said yes, they went into one pool. And if they didn't respond, they pool. And if they didn't respond, they went into another different pool. And went into another different pool. And then I focused down on, okay, this is then I focused down on, okay, this is the people that I have said yes, they the people that I have said yes, they like what I do. And now I know who you like what I do. And now I know who you are. And I know what you want.

are. And I know what you want. >> And so is your news I'm assuming your >> And so is your news I'm assuming your newsletters for the same set of people newsletters for the same set of people who are trying to progress their career who are trying to progress their career by by by >> using English, spoken English or written >> using English, spoken English or written English. and they get what what do they English. and they get what what do they get from get from >> I can't even use that.

>> I can't even use that. >> Okay. So mostly it's really really >> Okay. So mostly it's really really focused on writing so not so much. So focused on writing so not so much. So that's where the pool split.

that's where the pool split. >> Okay. So, it's very much focused on >> Okay. So, it's very much focused on writing, little writing tips and and writing, little writing tips and and also how to sort of improve your also how to sort of improve your LinkedIn profile, what to put in LinkedIn profile, what to put in different sections, what to write about, different sections, what to write about, little tips. Um, and probably elements little tips. Um, and probably elements of storytelling as well.

of storytelling as well. >> Okay. >> Okay. >> Okay. And how long would you say each article And how long would you say each article or newsletter is? or newsletter is?

>> I tried to keep them short. Not as short >> I tried to keep them short. Not as short as my favorite ones. So, my two favorite as my favorite ones. So, my two favorite ones are super short and I really would ones are super short and I really would like mine to go that way, like mine to go that way, >> but I think they're probably two to 300 >> but I think they're probably two to 300 400 words maybe. So, they are not 400 words maybe. So, they are not essays.

essays. essays. >> Yeah. >> Yeah. >> Yeah. >> And I think that's where some people go, >> And I think that's where some people go, oh, newsletters. And they open them up oh, newsletters. And they open them up and they are the very very very long.

and they are the very very very long. >> Yeah. I think if you're going to do it, >> Yeah. I think if you're going to do it, do really long ones, then I would put do really long ones, then I would put contents at the top and go, "Here are my contents at the top and go, "Here are my four sections and this is what's here." four sections and this is what's here." So that people could go, "Okay, I'm only So that people could go, "Okay, I'm only interested in this." And that they can interested in this." And that they can drop down to the part drop down to the part >> that they're interested in.

>> that they're interested in. >> I love that. Okay. So my experience of >> I love that. Okay.

Using AI and Idea Capture for Writing

So my experience of podcast with newsletters, the the only podcast with newsletters, the the only way I could convince myself that I would way I could convince myself that I would do a newsletter is when I came across do a newsletter is when I came across these micro newsletters and I said it'll these micro newsletters and I said it'll be just three lines. Each line is going be just three lines. Each line is going to be a link and and I borrowed this to be a link and and I borrowed this from Josh Spectre. I don't know if from Josh Spectre. I don't know if you've come across Josh Spectre. He you've come across Josh Spectre. He writes on LinkedIn as well. just three writes on LinkedIn as well. just three lines each with a link to something that lines each with a link to something that I've either found insightful that I'd I've either found insightful that I'd like to share with my readers or, you like to share with my readers or, you know, it's just something that I love know, it's just something that I love and I want to kind of pass it on.

and I want to kind of pass it on. That's where it started and that's how I That's where it started and that's how I convinced myself to do a newsletter. And convinced myself to do a newsletter. And I think that was going relatively okay.

I think that was going relatively okay. And more recently, the more clarity I've And more recently, the more clarity I've had about what is it that people are had about what is it that people are actually looking for, the more I find actually looking for, the more I find myself wanting to say more things and myself wanting to say more things and share more things and kind of talk. So, share more things and kind of talk. So, mine's gone the opposite way. Mine's mine's gone the opposite way. Mine's started off as a threeline newsletter started off as a threeline newsletter and like the most recent ones have been and like the most recent ones have been I want to say about 400 wordsish with I want to say about 400 wordsish with headings for each section and something headings for

each section and something actionable to take away at the end of actionable to take away at the end of it. And surprisingly, kind of referring it. And surprisingly, kind of referring back to what are you learning from it, back to what are you learning from it, the more recent ones have actually been the more recent ones have actually been the ones with more replies. And I found the ones with more replies. And I found it surprising. I said, "Wow, you've it surprising. I said, "Wow, you've taken the time to actually read all of taken the time to actually read all of that." that." that." >> And it was really heartwarming and some >> And it was really heartwarming and some really nice conversations that came out really nice conversations that came out of it. Uh, so that that that's been my of it. Uh, so that that that's been my experience and I was just looking experience and I was just looking through my open rates and they're sort through my open rates and they're sort of 35 to 45%. So I thought I was really of 35 to 45%. So I thought I was really struggling but I guess they're not too struggling but I guess they're not too bad.

bad. bad. >> So I'm happy with that. >> So I'm happy with that. >> Yeah. >> Yeah. >> Yeah. >> And I think like you said it's having a >> And I think like you said it's having a look and see when you get those look and see when you get those responses, okay, that's and you realize responses, okay, that's and you realize that's what people like. M that's what people like. M >> then yeah then you're sort of going okay >> then yeah then you're sort of going okay let's give them more of what they like let's give them more of what they like >> m >> m >> m >> and share a bit of I think it's a chance >> and share a bit of I think it's a chance where you can share a little bit of who where you can share a little bit of who you are you are >> cuz I think what I see a lot of both on >> cuz I think what I see a lot of both on sort of on social media not so much in sort of on social media not so much in newsletters newsletters doctors tend to newsletters newsletters doctors tend to be a little bit better so they may be a little bit better so they may notice the difference but social media notice the difference but social media is there's that distance that some of is there's that distance that some of them will write and they will write as them will write and they will write as if it's the NHS educational leaflet for if it's the NHS educational leaflet for patients.

patients. patients. So they talk about what they do, but So they talk about what they do, but they don't share who they are they don't share who they are >> cuz that's scary and vulnerable.

>> cuz that's scary and vulnerable. >> Or or they kind of go like a lady >> Or or they kind of go like a lady whistle down writing, "Dear gentle whistle down writing, "Dear gentle reader, reader, reader, >> yeah, >> yeah, >> yeah, >> but I shall remain anonymous. Here's >> but I shall remain anonymous. Here's something really interesting for you, something really interesting for you, but I shall remain anonymous." but I shall remain anonymous." >> Yeah. Yeah. Yeah.

>> Yeah. Yeah. Yeah. >> It's scary though. It's scary to kind of >> It's scary though. It's scary to kind of talk about yourself and share what your talk about yourself and share what your thoughts are, what your opinions are.

thoughts are, what your opinions are. You don't want to be controversial in You don't want to be controversial in any way. You know, there's all these any way. You know, there's all these stories of GMC and people thinking about stories of GMC and people thinking about like, "Oh, I wonder what that makes you like, "Oh, I wonder what that makes you as a clinician." as a clinician." What do you say to the people with those What do you say to the people with those sort of hesitations? I think you have to sort of hesitations? I think you have to to realize that when you're in a to realize that when you're in a conversation with a patient, the patient conversation with a patient, the patient is trusting you and they are being is trusting you and they are being vulnerable and you see that day after vulnerable and you see that day after day. So in a way you're doing the same day. So in a way you're doing the same thing.

thing. thing. >> It's scarier because you don't know the >> It's scarier because you don't know the audience which is why again I'd say a audience which is why again I'd say a newsletter is better you know who is newsletter is better you know who is opening and not. It's yeah, it's opening and not. It's yeah, it's scarier, but if you're not prepared to, scarier, but if you're not prepared to, and I'm not saying that you need to and I'm not saying that you need to share every part of your life, you share every part of your life, you really don't need to. But if you're just really don't need to. But if you're just going to stay generic and bland and just going to stay generic and bland and just use AI as well, which will make you use AI as well, which will make you distant, then you're not going to get distant, then you're not going to get the trust you need. And that's whether the trust you need. And that's whether you're working with patients or other you're working with patients or other businesses businesses businesses >>

because trust is built on from people >> because trust is built on from people these days.

these days. >> Yeah. And and and the onetoone >> Yeah. And and and the onetoone communication really. communication really. >> Yeah. >> Yeah. >> Yeah. >> Yeah.

>> Yeah. >> Yeah. >> Yeah. So, you need to be able to take >> Yeah. So, you need to be able to take what you do in the consulting room what you do in the consulting room and all of the ways that doctors pause, and all of the ways that doctors pause, tip their head to one side, nod, tip their head to one side, nod, >> all of that, all of those wonderful >> all of that, all of those wonderful skills that they have in communication, skills that they have in communication, we need to be able to take that and put we need to be able to take that and put it into the written word.

it into the written word. >> That's extremely challenging. And I and >> That's extremely challenging. And I and I think that's a meaningful problem to I think that's a meaningful problem to solve as well from the perspective of solve as well from the perspective of you being a founder and it's amazing how you being a founder and it's amazing how you know you've brought your skills and you know you've brought your skills and strengths together and hit those strengths together and hit those challenges of actually delivering the challenges of actually delivering the value to the people and and you're value to the people and and you're pivoting and learning along the way as pivoting and learning along the way as we go. I mean the landscape's constantly we go. I mean the landscape's constantly changing and you know if if we're so do changing and you know if if we're so do you reckon that we should do newsletters you reckon that we should do newsletters rather than social media? to start off rather than social media? to start off on newsletters even before something on newsletters even before something like LinkedIn.

like LinkedIn. >> I'm thinking possibly now. I think >> I'm thinking possibly now. I think especially for those that are hovering especially for those that are hovering on LinkedIn and watching and are a on LinkedIn and watching and are a little bit nervous about taking that little bit nervous about taking that step and posting publicly, then yeah, step and posting publicly, then yeah, why not go for a newsletter?

why not go for a newsletter? >> I like that. >> I like that. >> Yeah. Now, some people are going to say, >> Yeah. Now, some people are going to say, well, how do I get my audience for my well, how do I get my audience for my newsletter? But then I would say start newsletter? But then I would say start by telling your friends or your peers.

by telling your friends or your peers. >> I could write, you know, I can write to >> I could write, you know, I can write to you about this if you like. So you start you about this if you like. So you start writing and then people will tell other writing and then people will tell other people.

people. people. >> And also all of those posts that you >> And also all of those posts that you write once you get good feedback like write once you get good feedback like the ones that you've said got someone the ones that you've said got someone responded to that take you can then take responded to that take you can then take that and create a post from it.

that and create a post from it. >> Yeah. Yeah, I think that gives you so >> Yeah. Yeah, I think that gives you so much more confidence, so much more much more confidence, so much more control. And you know, I even imagine control. And you know, I even imagine that it's you can if there's somebody that it's you can if there's somebody who you really think would benefit from who you really think would benefit from your newsletter, then you can send them your newsletter, then you can send them a DM. You can connect with people like a DM. You can connect with people like that and just make real connections. to that and just make real connections. to say would you like to join this say would you like to join this newsletter newsletter newsletter >> and do it a lot more manually like >> and do it a lot more manually like definitely not scalable definitely not scalable >> but I think in that process there's so >> but I think in that process there's so many internal barriers that would break many internal barriers that would break down around confidence and making down around confidence and making mistakes and support and mistakes and support and >> I think that's beautiful and I think >> I think that's beautiful and I think that's really taking it back to the way that's really taking it back to the way most newsletters probably started before most newsletters probably started before they became like a commercial thing.

they became like a commercial thing. >> Yeah. Yeah, >> Yeah. Yeah, >> I like that shift in perspective. Yeah, >> I like that shift in perspective. Yeah, thank you for sharing that.

thank you for sharing that. >> I do actually get a couple of >> I do actually get a couple of newsletters from doctors that almost newsletters from doctors that almost have no social media have no social media >> presence at all.

>> presence at all. >> Brilliant. >> Brilliant. >> Brilliant. >> So, so they are and it's obviously >> So, so they are and it's obviously working for them.

working for them. >> Yeah, absolutely. Okay. >> Yeah, absolutely. Okay. >> Yeah. I I think this other thing that I >> Yeah. I I think this other thing that I was still thinking of was yes, I write was still thinking of was yes, I write mine in plain text as well, but the bit mine in plain text as well, but the bit I really struggle with and I'd be keen I really struggle with and I'd be keen to hear what your advice on this might to hear what your advice on this might be is the ideation. So like you I guess be is the ideation. So like you I guess I have a bit of a commute to work but I have a bit of a commute to work but mine is about an hour 40 minutes and mine is about an hour 40 minutes and while driving listen to podcasts and while driving listen to podcasts and sometimes I'll listen to one really long sometimes I'll listen to one really long podcast or maybe two or three smaller podcast or maybe two or three smaller ones and I have so many ideas but I ones and I have so many ideas but I can't actually jot them down. So between can't actually jot them down. So between the time I get down from the car to the time I get down from the car to getting into work and then finishing my getting into work and then finishing my shift and then eventually thinking I shift and then eventually thinking I should write this down somewhere, the should write this down somewhere, the ideas would just evaporate. And come ideas would just evaporate. And come Sunday when I would sit down to write my Sunday when I would sit down to write my newsletter, nothing would be left.

newsletter, nothing would be left. So now what I do is obviously I'm So now what I do is obviously I'm leveraging AI and I've got a little AI leveraging AI and I've got a little AI agent that kind of helps me. And so when agent that kind of helps me. And so when I get out of the car, I kind of just I get out of the car, I kind of just babble and voice note to it that here's babble and voice note to it that here's what I'm thinking. I thought this point what I'm thinking. I thought this point was so interesting and I want to talk was so interesting and I want to talk about this. Um, and it kind of just about this. Um, and it kind of just holds on to that information for me. And holds on to that information for me. And then on Sunday it kind of spits it back then on Sunday it kind of spits it back and says here's some of the ideas you and says here's some of the ideas you kind of wanted to write about. So that kind of wanted to write about. So that that's been really helpful for me and that's been really helpful for me and maybe why my newsletters have become maybe why my newsletters have become longer. But I want to hear what your longer. But I want to hear what your perspective is and if you have any tips.

perspective is and if you have any tips. >> No. Well, I love that because I think >> No.

Communication, Patient Trust, and Clinical Impact

Well, I love that because I think after the mass of AI posts that happened after the mass of AI posts that happened last year and then they've sort of last year and then they've sort of disappeared.

disappeared. disappeared. >> And I think people go, "Oh, well now we >> And I think people go, "Oh, well now we can't use AI because nobody likes AI can't use AI because nobody likes AI written posts." Yes, you can use AI, written posts." Yes, you can use AI, just don't use it to go, please write me just don't use it to go, please write me a post about whatever. So, I think that a post about whatever. So, I think that sounds like really really good use of sounds like really really good use of Yeah. Um, I have a notion page. So, if Yeah. Um, I have a notion page. So, if anybody doesn't know, notion is a anybody doesn't know, notion is a platform where you can just write things platform where you can just write things and vaguely keep it organized and it's and vaguely keep it organized and it's not like a and the documents go on not like a and the documents go on forever.

forever. forever. >> Yeah. >> Yeah. >> Yeah. >> So, there's no end to the page. You can >> So, there's no end to the page. You can keep keep keep >> So, I have an ideas page there. So, the >> So, I have an ideas page there. So, the moment I get one little idea, I mean, I moment I get one little idea, I mean, I I carry a notebook and pencil

wherever, I carry a notebook and pencil wherever, but obviously when I'm cycling like you, but obviously when I'm cycling like you, when I'm driving, I can't actually do when I'm driving, I can't actually do that. M that. M >> so either get scribbled in a notebook >> so either get scribbled in a notebook and then eventually it goes into my and then eventually it goes into my ideas list. So then whenever I'm going ideas list. So then whenever I'm going oh I've got nothing to write about I oh I've got nothing to write about I open up that big ideas list and there is open up that big ideas list and there is something on there. It also gives it the something on there. It also gives it the time sometimes cuz a little bit like time sometimes cuz a little bit like sometimes like ah there's a great idea sometimes like ah there's a great idea let's put it out there and actually it's let's put it out there and actually it's not a great idea. It gives it a little not a great idea. It gives it a little bit time for you to go back, reflect, bit time for you to go back, reflect, and go, "Okay, where where am I going and go, "Okay, where where am I going with this?" with this?" >> So, yeah. Um I I like your I think your >> So, yeah. Um I I like your I think your idea works just as well. Um if you and idea works just as well. Um if you and or just dictate it yourself, WhatsApp it or just dictate it yourself, WhatsApp it to yourself if Yeah, to yourself if Yeah, >> that's that's probably the simplest one.

>> that's that's probably the simplest one. Yeah. Yeah. Yeah. >> Yeah, >> Yeah, >> Yeah, >> I like that. Okay, thank you. I haven't >> I like that. Okay, thank you. I haven't used Notion for as a single ideas page.

used Notion for as a single ideas page. I think that's a fantastic idea as well. I think that's a fantastic idea as well. I I I used to use Do quite a bit last I I I used to use Do quite a bit last year and I think I think I've just kind year and I think I think I've just kind of moved on to Google Docs again for of moved on to Google Docs again for some reason. But yeah. Okay. Amazing. Is some reason. But yeah. Okay. Amazing. Is there anything else that you think we there anything else that you think we should talk about that we haven't talked should talk about that we haven't talked about?

about? about? >> Good question. Is there anything else? >> Good question. Is there anything else? Yeah, I to to this point I have not Yeah, I to to this point I have not talked about this on social media. I talked about this on social media. I think I mentioned slightly to you that think I mentioned slightly to you that so last year I was not well so last year I was not well >> at all and the wonderful NHS put me back >> at all and the wonderful NHS put me back together. So, and it does get a lot of together. So, and it does get a lot of flack sometimes, but when it works, it flack sometimes, but when it works, it works.

works. works. >> And I wasn't going to mention this on >> And I wasn't going to mention this on social media because I didn't want to do social media because I didn't want to do the oh poor me or I didn't want 1,000 the oh poor me or I didn't want 1,000 likes on a post because it was about my likes on a post because it was about my health.

health. health. >> So, I wasn't going to do it. And also, >> So, I wasn't going to do it. And also, it was too raw at the time. So, it just it was too raw at the time. So, it just wasn't the right place. And I think for wasn't the right place. And I think for about 3 months I didn't write on about 3 months I didn't write on LinkedIn. I didn't do anything. I just LinkedIn. I didn't do anything. I just disappeared disappeared disappeared >> and just a couple of people sort of >> and just a couple of people sort of knew. Um knew. Um I'm not sure but I'm almost read I'm I'm not sure but I'm almost read I'm still probably not going to be posting still probably not going to be posting about it on LinkedIn and making that about it on LinkedIn and making that about me apart from maybe if there's about me apart from maybe if there's something that comes about when it's something that comes about when it's relevant. But relevant. But being I didn't feel like I was seriously being I didn't feel like I was seriously ill but I did end up having major ill but I did end up having major surgery. But I think it gave me such surgery. But I think it gave me such more insight into how doctors more insight into how doctors communicate communicate communicate >> because imagine I've gone from nursing >> because imagine I've gone from nursing where you're working with them to where you're working with them to teaching and teaching them sort of uh teaching and teaching them sort of uh the clinical communication skills and the clinical communication skills and then writing and helping them do that then writing and helping them do that and then going back and being in rooms and then going back and being in rooms where they were explaining things to me.

where they were explaining things to me. And there was one part of me is I'm the And there was one part of me is I'm the patient and I'm being explained to and patient and I'm being explained to and there was the other part of me

with this there was the other part of me with this assessor's head on is going and how well assessor's head on is going and how well are you communicating this to me?

are you communicating this to me? >> Wow. >> Wow. >> Wow. >> Couldn't take that off. And I've got to >> Couldn't take that off. And I've got to say 90% of the communication that I had say 90% of the communication that I had with different doctors and nurses was with different doctors and nurses was pretty much was really really good.

pretty much was really really good. >> Wow. >> Wow. >> Wow. >> Yeah. The funny thing is, as you were >> Yeah. The funny thing is, as you were saying that sentence, I didn't know how saying that sentence, I didn't know how that 90% would end. I wouldn't be that 90% would end. I wouldn't be surprised either way if you said 90% was surprised either way if you said 90% was absolutely off the mark or if you said absolutely off the mark or if you said 90% was really good.

90% was really good. >> I don't know what that means, but yeah, >> I don't know what that means, but yeah, I just couldn't put a finger on was 90% I just couldn't put a finger on was 90% 90% bad.

90% bad. >> Okay, that that's fantastic. >> Okay, that that's fantastic. >> It might not be everybody's story. And I >> It might not be everybody's story. And I think sometimes we can hold on to the think sometimes we can hold on to the 10% that wasn't good 10% that wasn't good >> because there was 10, there were some >> because there was 10, there were some and actually they were really not good and actually they were really not good of the 10%.

of the 10%. >> Um, >> Um, >> Um, so I think there was one one person so I think there was one one person whose unfortunately her pronunciation whose unfortunately her pronunciation was so terrible on the phone that I was so terrible on the phone that I couldn't understand. So it was a couldn't understand. So it was a constant being asking for something to constant being asking for something to be repeated. M be repeated. M >> and when you're talking about something >> and when you're talking about something really serious and slightly stressful, really serious and slightly stressful, that's not good. And there was another that's not good. And there was another nurse who was terribly terribly distant.

nurse who was terribly terribly distant. So, and that might stay with people. So, and that might stay with people. >> Yeah. Yeah. >> Yeah. Yeah. >> But but the good ones were exceptional.

>> But but the good ones were exceptional. >> Okay. Um, my surgeon was I really wish I >> Okay. Um, my surgeon was I really wish I could have her as and send people to her could have her as and send people to her of like this is not how you should do I of like this is not how you should do I don't know how well she did surgery but don't know how well she did surgery but I'm here and I'm good so I think she did I'm here and I'm good so I think she did a good job but I really like to send a good job but I really like to send people to her to go this is how you people to her to go this is how you should communicate effectively to a should communicate effectively to a patient patient patient >> and and she said to me and I did say to >> and and she said to me and I did say to her I said I've got to say that your her I said I've got to say that your communication has been great communication has been great >> and she said But she said that's what >> and she said But she said that's what makes a good surgeon, not our ability to makes a good surgeon, not our ability to operate, but our ability to communicate operate, but our ability to communicate effectively because she said this is a effectively because she said this is a she said we need patient buyin because she said we need patient buyin because outcomes rely on patient buyin.

outcomes rely on patient buyin. >> So that's that was it. It felt like that >> So that's that was it. It felt like that was important to her. M so she' taken was important to her. M so she' taken the time to actually develop the the time to actually develop the communication and communication and >> I she would have been the best >> I she would have been the best benchmark. I wish I'd met her years ago.

benchmark. I wish I'd met her years ago. I would have recorded her and gone to I would have recorded her and gone to everyone look this is if you want to everyone look this is if you want to communicate well this woman communicate well this woman does it does it >> like no other. And that's that's >> like no other. And that's that's meaningful from meaningful from >> you know I guess going back to that bit >> you know I guess going back to that bit about impact of like why are doctors about impact of like why are doctors doing this doing this >> and what

is the change it can make in >> and what is the change it can make in their lives but also in the lives of their lives but also in the lives of their patients and so many people that their patients and so many people that they touch on a day-to-day basis. I they touch on a day-to-day basis. I don't know how much time you have but don't know how much time you have but I'm curious about your take on the male I'm curious about your take on the male to female perspective on taking to female perspective on taking communication seriously. M so during my communication seriously. M so during my journey I had four conversations with journey I had four conversations with four different consultants because the four different consultants because the the going under the knife was the last the going under the knife was the last part. So there were other bits. Um so part. So there were other bits. Um so first one older from India cuz I asked first one older from India cuz I asked him I remember asking where and warm and him I remember asking where and warm and friendly and put me at ease. Yeah.

friendly and put me at ease. Yeah. Great. Second one, younger male, very Great. Second one, younger male, very very good, but hadn't got to that maybe very good, but hadn't got to that maybe that warmth and putting to ease, but he that warmth and putting to ease, but he still felt reassured that he was going still felt reassured that he was going to be competent and and he was more in to be competent and and he was more in that level of I need to be competent that level of I need to be competent >> and slight more distance. He did write >> and slight more distance. He did write in the notes afterwards, well-informed in the notes afterwards, well-informed patient. So maybe maybe that was me as patient. So maybe maybe that was me as well. So yeah and and then we had a well. So yeah and and then we had a phone call from another consultant when phone call from another consultant when they were thinking about doing some they were thinking about doing some other investigation which was quite other investigation which was quite rare. Um and again rare. Um and again he could and older again so maybe it he could and older again so maybe it comes with age as well. Um, he could not comes with age as well.

Personal Health, Perspective, and Final Takeaways

Um, he could not have been have been Yeah, he couldn't have been better in Yeah, he couldn't have been better in how he answered all of my questions so how he answered all of my questions so thoroughly and honestly and very upfront thoroughly and honestly and very upfront as well as well >> and quite direct.

>> and quite direct. >> So, no hedging. So, yeah. So, generally >> So, no hedging. So, yeah. So, generally the guys were pretty good as well. So, I the guys were pretty good as well. So, I would say it's probably not a male would say it's probably not a male female thing, but it may be a maturity female thing, but it may be a maturity thing. H I like how there was bits thing. H I like how there was bits around competence and capability in around competence and capability in there. There were bits about being there. There were bits about being upfront because there's a lot of my own upfront because there's a lot of my own colleagues and many of them do happen to colleagues and many of them do happen to be foreign doctors and foreign graduates be foreign doctors and foreign graduates who confuse good communication for being who confuse good communication for being nice. And again, also being nice versus nice. And again, also being nice versus being kind and the need to kind of speak being kind and the need to kind of speak in a way that sounds like they're trying in a way that sounds like they're trying to be very apologetic or saying sorry to be very apologetic or saying sorry many times, saying please and thank you many times, saying please and thank you a lot, but the bit in the middle is is a lot, but the bit in the middle is is still unchanged, I guess, in a way.

still unchanged, I guess, in a way. What's been your experience with that? What's been your experience with that? >> So, what was I going to say? I'm just >> So, what was I going to say? I'm just going to check. So, the bit in the going to check. So, the bit in the middle, are you saying the bit bit in middle, are you saying the bit bit in the middle is not 100% clear?

the middle is not 100% clear? I guess I did that, didn't I? [laughter] I guess I did that, didn't I? [laughter] Where the bit in the middle is still Where the bit in the middle is still quite, what's the right way to say it?

quite, what's the right way to say it? Bit in the middle still kind of, I Bit in the middle still kind of, I guess, in some ways exposes their guess, in some ways exposes their prejudices, their cultural backgrounds prejudices, their cultural backgrounds or different hierarchies where they come or different hierarchies where they come from or their perceptions of particular from or their perceptions of particular kinds of people or patients. Yeah.

kinds of people or patients. Yeah. >> Okay. So is it that sort of I suppose >> Okay. So is it that sort of I suppose depending on where you've come from depending on where you've come from there's that hierarchy that you might there's that hierarchy that you might have of doctor is more senior than have of doctor is more senior than patient whereas we've moved towards the patient whereas we've moved towards the NHS or we should be moving to where we NHS or we should be moving to where we are having a joint conversation about are having a joint conversation about care between two equals both experts in care between two equals both experts in the person that's in front of them the person that's in front of them because I know my body better than because I know my body better than anyone else anyone else >> and you know your specialtity better >> and you know your specialtity better than me. So we both expertise. So we than me. So we both expertise. So we come towards that. And you're right, come towards that. And you're right, some of the doctors I've worked with some of the doctors I've worked with have struggled with that. Giving the have struggled with that. Giving the patient space and patient space and respecting their view and their their respecting their view and their their right to to go either way. H right to to go either way. H >> um >> um >> um yeah yeah yeah I I think again maybe in early training I I think again maybe in early training or early years here that can be the or early years here that can be the case. I think with listening and case. I think with listening and watching and responding so someone who watching and responding so someone who reflects well on how did that go is reflects well on how did that go is going to slowly change things and then going to slowly change things and then it it will happen. And even if you're it it will happen. And even if you're not, even if English is not your first, not, even if English is not your first, even if English is your first language, even if English is your first language, and even if you were trained here, there and even if you were trained here, there are people that get it wrong.

are people that get it wrong. >> So don't let yourself tell yourself that >> So don't let yourself tell yourself that it's because you're not a native English it's because you're not a native English speaker or you weren't [snorts] trained speaker or you weren't [snorts] trained in the same way because some Yeah.

in the same way because some Yeah. Because other people not trained in the Because other people not trained in the same way can get it wrong as well. Like same way can get it wrong as well. Like the nurse I told you that was really the nurse I told you that was really really distant, she was very very really distant, she was very very English.

English. English. That's interesting. That's interesting. >> The Indian nurse that held my hand while >> The Indian nurse that held my hand while I was having my spinal was the most warm I was having my spinal was the most warm and and put me now I've just visualized and and put me now I've just visualized it. Okay. She was warm and lovely and we it. Okay. She was warm and lovely and we talked about I should have been in Dvali talked about I should have been in Dvali whilst having my operation really whilst having my operation really because that's where I was meant to go because that's where I was meant to go last year and then I ended up you know last year and then I ended up you know sitting there holding a nurse's hand. So sitting there holding a nurse's hand. So yeah. So so I think it's not all about yeah. So so I think it's not all about you know where you come from. I had I you know where you come from. I had I had another doctor who she phoned me at had another doctor who she phoned me at about 8:00 in the morning. We'd had a about 8:00 in the morning. We'd had a consultation the day before and I'd said consultation the day before and I'd said to her, "What would you do in my to her, "What would you do in my position?" And she said to me, "I'd have position?" And she said to me, "I'd have the surgery." So, I'd gone away and I the surgery." So, I'd gone away and I was also I was teaching a surgeon at the was also I was teaching a surgeon at the time who was in the same specialtity.

time who was in the same specialtity. So, I actually asked him as well and So, I actually asked him as well and he's like, "It's a big operation. You he's like, "It's a big operation. You know, if there's an there's an in know, if there's an there's an in between way, you might want to think between way, you might want to think about it." She called me the next about it." She called me the next morning at 8:00 in the morning and she morning at 8:00 in the morning and she went, "Um, I've been thinking about you went, "Um, I've been thinking about you all night all night >> and I feel like I didn't have the right >> and I feel like I didn't have the right to answer that question because I'm not to answer that question because I'm not in your position." in your position." >> Wow.

>> Wow. >> Wow. >> It's like, but I think she had the >> It's like, but I think she had the right. I still think she had the right. right. I still think she had the right.

I asked her. I asked her. >> But imagine that that she thought about >> But imagine that that she thought about me and the first thing in the morning me and the first thing in the morning she calls me to say, "I don't think I she calls me to say, "I don't think I answered correctly." So there's somebody answered correctly." So there's somebody still checking who's thinking about how still checking who's thinking about how she communicates and her you know and she communicates and her you know and she's again NHS trained English as her she's again NHS trained English as her first language and still wondering first language and still wondering whether her communication skills were up whether her communication skills were up to scratch.

to scratch. >> So you can see through all of this my >> So you can see through all of this my assessor's head was on throughout busy. assessor's head was on throughout busy. [laughter] [laughter] [laughter] >> I did I was just like it was almost like >> I did I was just like it was almost like I was my own I was like a guinea pig in I was my own I was like a guinea pig in my own study.

my own study. So yeah, So yeah, >> brilliant. I have no doubt that this is >> brilliant. I have no doubt that this is going to going to >> accelerate the work that you already do >> accelerate the work that you already do and make it even more impactful. And and make it even more impactful. And what I'm taking away is that where where what I'm taking away is that where where you come from, who you are has no you come from, who you are has no difference to how you communicate, apart difference to how you communicate, apart from whether you're interested in from whether you're interested in working on your communication or not.

working on your communication or not. And as long as you're doing that, And as long as you're doing that, there's ways to get better and there's there's ways to get better and there's ways to make a difference.

ways to make a difference. >> 100%. >> 100%. >> 100%. And thank you for sharing your journey And thank you for sharing your journey of how that idea became a reality and of how that idea became a reality and the hurdles you would have faced to get the hurdles you would have faced to get there. And it's been absolutely there. And it's been absolutely inspiring and it's been an absolute inspiring and it's been an absolute pleasure to obviously get to know you pleasure to obviously get to know you and you've been my day one supporter on and you've been my day one supporter on LinkedIn and it's been it's been such a LinkedIn and it's been it's been such a pleasure to take this journey with you pleasure to take this journey with you there knowing that you know your posts there knowing that you know your posts are always around the corner that I can are always around the corner that I can always bring you a message and say always bring you a message and say Rachel help. So thank you for being here Rachel help. So thank you for being here and I'm so glad I could finally have you and I'm so glad I could finally have you on this podcast as well. So really, on this podcast as well. So really, really good to be here. If people want really good to be here. If people want to reach out and [music] speak to you, to reach out and [music] speak to you, just get to know you, where's the best just get to know you, where's the best place for them to do that?

place for them to do that? >> I would say that if they're already on >> I would say that if they're already on LinkedIn, then send me a connection LinkedIn, then send me a connection [music] request and send me a message [music] request and send me a message there. If not, if email is your thing, there. If not, if email is your thing, then [music] you can just do then [music] you can just do rachel@fluentmedicalenglish.com and I will respond.

and I will respond. >> Fantastic. And speaking of newsletters, >> Fantastic. And speaking of newsletters, what's [music] your newsletter called? what's [music] your newsletter called?

>> So, it's called the digital clinic. >> So, it's called the digital clinic. >> Fantastic. And I'm guessing they'll find >> Fantastic. And I'm guessing they'll find that on your website and on [music] your that on your website and on [music] your LinkedIn as well.

LinkedIn as well. >> They won't find it on my website at the >> They won't find it on my website at the moment. moment. >> Um, that's just gone through a little >> Um, that's just gone through a little bit of a [music] change, but they will bit of a [music] change, but they will find it on my LinkedIn profile page.

find it on my LinkedIn profile page. >> Brilliant. So, reach out to Rachel and >> Brilliant. So, reach out to Rachel and any questions, any [music] comments. If any questions, any [music] comments. If you like this podcast, if

anything stood you like this podcast, if anything stood out to you, do drop a message or send us out to you, do drop a message or send us a DM. We would love to hear from you and a DM. We would love to hear from you and