



Episode 17 - 9 Top Nonclinical Side Gigs

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MR: “The compensation, it can be thousands per hour. Generally, you have different rates for reviewing charts, for the deposition portion and for the trial portion. And it pays well”.

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So pull up a chair, my friend, and let's carpe that diem.

Hello, hello. Welcome back to the Doctor's Crossing Carpe Diem Podcast. You are listening to episode number 17. Before we launch in, I want to tell you about a contest we're having where you'll have a chance to win some fun prizes, including a complimentary one-hour coaching session, our carpe diem resume kit, a best-selling book of your choice or a special mystery carpe diem gift.

All you need to do to enter the contest is to rate and review this podcast on iTunes and send us a screenshot by March 7th. There will be 18 prize winners and you can be one of them! The winners will be selected by the lovely couple from Manchester, England Amy and Nick who edit our podcast. They will pick their top favorite 18 reviews.

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Your ratings and reviews help increase our iTunes ranking and ensure that more physicians in need of career help can find us. You can get all the details by going to doctorscrossing.com and clicking on the CONTEST tab at the top of the page. We'll also link to the information in the show notes. If you've already written a review, thank you so much. I really appreciate it. You can enter as well. Just submit a screenshot of your review and send it to team@doctorscrossing.com.

Okay, on to today's episode. A number of you have asked to hear about different opportunities for making side income while you're in practice. Your wish is my command and I have a very special friend and colleague with me here to dive into this topic.

My guest is Dr. Michelle Mudge Riley, physician career coach and founder of Physicians Helping Physicians. She is a very experienced coach and has been helping doctors with their careers for over a decade. We first met over 10 years ago and it's been fun to see how her role in this space continues to evolve. In addition to her physician coaching work, Michelle has started putting on conferences on Nonclinical Careers. She has a great virtual conference coming up the weekend of March 6th and 7th which she will tell you about.

In this episode, Michelle and I play a game of side gig ping pong where we take turns discussing 9 different side gigs you can do to not only earn extra income but have the chance to learn new things and continue to grow in different ways. Beat that stagnation! Make sure to stay until the end as I have a cheat sheet with links for further exploration into these side gigs and you'll be able to download this. So, without further ado, let's meet our guest Dr. Michelle Mudge Riley. Hey Michelle, how's it going?

MR: Hi, Heather. It's great. I'm excited to be just chatting with you here. I know we've known each other for a long time.



HF: I know, this is really fun. So, thanks so much for coming on. And why don't we begin with you telling us about this conference that you're doing that's coming up.

MR: Sure, yeah. Thanks. As we both have been doing for a long time coaching, I've been doing coaching for a long time, and I started doing that coaching really accidentally after my own nonclinical transition back in the early 2000s. I really just started writing about my transition and some of the difficulties I was having, like, "How do you write a resume or how do you even find these jobs?" And as other doctors started to find me and tell me they wanted to do something nonclinical and they were having problems with these things, I started to help them. And suddenly I had this coaching business, which you and I both have been coaches for a long time. So, I really enjoy doing that.

But in about 2016, I started to really feel like there has got to be a way to help more people in a bigger way and provide multiple perspectives for those physicians who are really interested in what their options are and getting some real advice on how to get into those options. So, I said, "All right, I'm going to see if maybe I can do a conference". And it was really a scary thought because I'd never done a conference before. So, I started really small. I did a pilot in 2017 and then in 2019, I actually just went all out and I had this big conference and we had over 80 doctors come. It was in Austin. And you were there.

HF: Yes, it was great.

MR: Everyone loved it and they said, please do it again. So, I was exhausted at the time. And I said, I don't even know if I'm going to, but I recovered. And it was so helpful for so many. I mean, in the post survey, a hundred percent said that they would come back and bring a friend. So, in 2020, I took it virtual for obvious reasons - COVID and that was really great because it expanded access for people. So instead of just having regional physicians, although we did have physicians from every state at that 2019 conference. Well, not every state, but a lot of different states. The majority were regional because it was just easier to get somewhere if you're not traveling far. But if you have a virtual

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conference, you can go and you can be in a different time zone. You can be in a different country. Plus, it's cheaper. You don't have to fly. You don't have to buy food. The price of admission, hopefully isn't as high.

So, it was really successful and I'm doing it again. And now it's CME approved. So, we do the conference one to three times a year and our next one is in March. We'll have one in November. If you're listening to this after the conference, just take a look when the next one is, if you're interested in coming. But they are very helpful for people who are trying to figure out their options, they want to network with physicians who have already transitioned and just be part of a community.

HF: All right guys, definitely make sure to check out her conference. It's going to be the weekend of March 6th and 7th, and there'll be other ones coming up and we'll link to it in the show notes. All right. So, we're going to start off with the nine different nonclinical things that you can do to earn extra income and just have some more fun and take on some challenges.

I'm going to start with a chart review. This is an umbrella term for different things you can do such as utilization review, workers' comp, disability. It can even be related to billing and coding and medical-legal review. I'm going to focus on the area of utilization review. Typically, this is where you're working as an external contractor for a company such as IRO, which is called an Independent Review Organization. And they'll be reaching out to you to look at a patient's chart, to weigh in on whether care, whether it's a treatment, a procedure, if the medication is appropriate. If it's medically necessary, meet the standard of care. And whether there's something different that should be done or tried first.

Who can do this? They panel physicians from all specialties. And of course, some specialties are going to be busier than others, especially if there's a lot of expensive treatments and procedures that those patients tend to have. However, typically if you



reach out to enough of these companies, no matter what your specialty is, you can find some opportunity.

Since you're working as an external reviewer, you're not obligated to do more than you have time for. Sometimes you might be reviewing just a couple charts a month for them, or it could be a couple a week. And since you're not an employee, you can be contracted with any number of companies. You could try the utilization management work. You could also try workers' comp or disability if it works for your specialty. And you're not seeing the patient. So, no worries about that. You're looking at the medical record.

In terms of finding these opportunities, I have a free resource on my website. If you just go to the Free Resource tab, you can download a list of over 50 different chart review companies. All right. So, Michelle, do you want to take us to the next one, which is expert witnessing?

MR: Sure, yeah. So, chart review is a great option for so many people. I'm glad you mentioned that one first. Expert witness is another nonclinical common side hustle that really any physician can participate in. And it tends to be something that physicians are either really excited about or really against, because they may think that they never want to speak out against another physician on the witness stand. I just want to say that those opportunities, those trials hardly ever come to fruition. So, if you're worried about it, just for that reason, you might want to make sure that you look into it and just make sure that it's not right for you before ruling it out. Because it can be a side hustle that's not only lucrative, but really interesting and gives you a chance to learn a little bit more about the legal system, as well as helping to write some of the wrongs that are out there. Because there is a lot of fraud and abuse and duplication and just things that maybe should be corrected and you might have a chance to be part of that.

Generally, as a physician doing expert witness work, you can be almost any specialty, but you really do need to be board certified and practicing in your specialty. Now that's

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not a hard and fast rule. I do know some physicians who are not practicing at all that do a lot of expert witness work. So again, don't rule it out if you are not board certified or not practicing and think you might want to do it.

One of the things that I want to also talk about is the compensation. It can be thousands per hour. Generally, you have different rates for reviewing charts, for the deposition portion and for the trial portion. And it pays well. So, keep that in mind, remember that it may not be what you're fearing it is and take a look at it if you really do have any interests. I mean, I've done the work. I've done it for physicians about nonclinical careers, and I've found it really interesting. And I've been able to actually help other physicians understand that there are other things that they can do and help others understand that just being a physician doesn't necessarily mean you have to just see patients.

HR: Yeah, I think that's a great description, Michelle, and it's "Why not try it out?" You're not obligated and if you decide you don't like it, at least you know for sure what the experience was like for you. I'm going to go on to number three, which is writing. And I love this quote that I heard by Jim Mangraviti at a writer's conference. He said, "Good things come to those who write". So, one way to think about this is even if you may not be making a lot of income as a writer, there's value in writing. For example, it could build your platform as an expert for something that you're trying to do such as have a side business or establish your expertise as a physician. I know when I first started coaching, I began blogging and I blogged for 10 years and I have not been paid to blog, but it really helped me build my business. Or I know physicians who have written a book, "How to – book". And they may not be making a ton of money from that book, but again, establishes their expertise.

Now, if you're looking at doing freelance writing, perhaps medical writing to get some income, here are a couple things to think about for getting started. First, if you don't know about medical writing, and it's a big area, which ranges from the more pharmaceutical and regulatory writing on one end, to the CME, patient education,

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content writing, then to health news, more topical reporting on the other end, the first step would be to really just learn more about it.

And in this freebie that I'll be mentioning at the end, there are some very inexpensive courses you can take where you can learn about it. So then if you learn about it and you're still interested, the next step I would say is to just write. If you don't have a portfolio already, I would write some things and you can link to articles on your LinkedIn profile. You can put them on Kevin MD. You can reach out to your hospital, is there a newsletter, see if they have a website, you can post content on. Another idea is to write for your freebie, those throwaway journals that you get. Because if you just try writing and make a deadline, perhaps four articles in a month, you will see whether you really do like to write. And then you're also building a bit of a portfolio.

So, then you can take the next step. And the next step would be then to try to get paid. So, this is where you could join the American Medical Writers Association and be on their job site. You can mention it on your LinkedIn profile, that you are writing and specify what type of writing. So just experiment around, talk to other people who are doing writing. There are groups that you can join and see whether this is something you want to do and take the long view. Because if you keep at it, you definitely can make a side business on writing. All right, Michelle, we do like to take us to number four, which is teaching.

MR: Yeah. Teaching is somewhat self-explanatory. You can do it full-time or part-time. And I know one of the things that people will always mention when they talk about teaching is how poorly it pays. Now, the one thing about teaching is yes, traditionally it is a lower paying profession or side gig, but it is possible to have a six-figure income teaching full-time at some of these med schools. And I know physicians who are doing that right now. So, if teaching is a passion of yours and you're holding back because of the money, make sure that you pay attention to that and know that really you can do this and you can make a living. Now getting started in it is pretty easy. You can do a little bit like writing for free. There are a lot of places that will take that time that you're willing to

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give. And sometimes that's a good way to get your foot in the door. Be careful about how much time you're going to give, because like I said, there are a lot of places that are more than happy to take more and more of your time. But sometimes you need that to start building your resume.

Other times you can get some part-time work, some freelance work, even some online work that will help build your resume and help you to get into some of these other jobs. It's also possible to get into a job without really any formal experience. So again, don't worry too much about that. There are different paths in. Some of this is non-controllable. So, you may have to look at different avenues if you're really trying to get into teaching, but knowing that there are multiple avenues is a good thing.

There are also opportunities, not only at med schools, but at undergrad universities, community colleges, dental schools, pharmacy schools. Really look at all of the places where they're teaching medicine or pre-med, or even some of the sciences and take advantage of that. There is a lot of need out there, and it is a really gratifying, fulfilling job, whether it's part-time or full-time because you're having such an impact on these students who in most cases are really wanting to get the information that you're giving out there. All right. Well, Heather, are you ready to talk about speaking?

HF: Yes, absolutely. Thank you, Michelle. And the neat thing when you were talking about teaching, it also reminded me that physicians are creating content, online courses, where they're teaching to their patients or even to other physicians, which is so much easier than going in person too. So that's just another way we're expanding that whole category. Thanks to COVID too. It's helped that for sure.

MR: Yes. Yes.

HF: Okay. So, speaking. And I like how these three things that we are talking about, which are writing, teaching and speaking, in some ways they can all go together. With speaking, just as I talked about with the writing, there is real value in putting yourself

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out there and speaking, whether it's to build your brand, your expertise, or get paid. If you are one of those people where when you think about speaking and it gives you the willies, but part of you wants to overcome that barrier, I think that's reason enough alone. So, if you're looking to gain confidence, you want to add it as a platform builder, and /or you want to have income from it, a great place to start if you don't feel super confident in your skills or you want to hone them is Toastmasters.

When I first started coaching, I joined Toastmasters in Austin. Toastmasters is an international organization, which helps people become better speakers. And they're really supportive. You get a lot of practice and feedback. So, I highly, highly recommend Toastmasters for improving your skills.

Then once you feel comfortable with your skills, it's good to get out and speak and have some demo reels. They call it a sizzle reel, which shows your speaking abilities, because people who are wanting to pay you want to see the goods first. So just get out there and speak for free. If you can't get paid, build up a speaking portfolio, and it could be at your medical conference, it could be for your local medical society. I started speaking on physician burnout and wellness issues at the Texas Medical Association. I went all over Texas and they hardly paid anything, but it helped me build that platform. So, look around for opportunities, local clubs, and business organizations that are happy to have you.

The problem, as Michelle mentioned with teaching is that they're often happy to have you do it for free. So, once you've done enough for free, then it's really important to start getting paid. There are speakers' bureaus, where you can pay them to help you find gigs and opportunities. And then once you establish an area of expertise and you're seen as the go-to person, it does become easier to get paid. For example, if you are known for speaking on burnout or say conflict resolution, building a social media brand, or it could even be some medical topic, you're more likely to have people seek you out and pay you. So, think about what it is that you love to speak about, how you can create



a delta meaning a change in the audience, whether it's educating them, inspiring them, informing them and how you're going to put that all together.

All right. So again, I'll have some tips linked in the freebie and organizations you can check out at the end. So, Michelle, would you like to take us to number six, which is the IMEs - Independent Medical Exams?

MR: Sure. Whenever I hear the word sizzle reel, I always smile. It's just such a funny term.

HF: Make them sizzle in their seats.

MR: Independent medical exams are a great way to either supplement your current income or just make an income doing this. And it's possible to do either one. There are multiple specialties that can get involved in IMEs. Heather and I were talking about this before, and we kind of categorized it into the NOPs that neurology, neurosurgery, occ-med, ortho, PM&R, and psychiatry. Although internal medicine is also another specialty that can get really involved in IMEs. And those are not the only specialties by the way. So, if you're not one of those specialties, don't stop listening and say, "I can't do this" because it might be possible. IMEs can be done for insurance companies or employer groups. You can also do them for specialized groups like veterans or even pilots. Those are two different groups that often utilize IMEs within their associations for their particular professionals.

There are lots of organizations and associations looking for physicians to help out. There's also a way to do this for attorneys. And again, physicians get worried that they're going to have to get in front of a jury and get on trial and talk about the IME. And that is definitely a possibility. So, do keep that in mind, go in with your eyes wide open, but it's not always the case either. So, know that as well.

And again, it's another way to help out with some of these larger system issues of that broad abuse, all of these things that we're all trying to cut down on to make the healthcare system a little bit better. You can maybe be part of that. You can also get

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board certified in IMEs with the ABIME - The American Board of Independent Medical Examiners. There'll probably be a link to that, but you can just Google that and find it. Heather, did you want to add anything?

HF: No, I thought that was really great and I will link to some different resources for IMEs. All right. So next, number seven is being a collaborating physician for nurse practitioners. And I totally understand that a lot of you out there don't want to do that, or it's really not in your specialty area, but for those who are interested in this, I'll give you a little information. So, this is typically for a family practice physician, sometimes in turtle medicine, as well as for a psychiatrist for when a nurse practitioner is in independent practice and needs a physician to review a percentage of their charts. So, you don't need to be there physically, but you have this collaborating relationship and there are different requirements for different states on exactly what you need to do. But in general, you're reviewing a percentage of their chart. You're available if they have questions to give them guidance, also some mentoring, and sometimes it can involve a video call or interaction.

There are some companies that put you together with the nurse practitioner, and I'm going to link to that in the freebie. There are also health care organizations who contract with external physicians to assist with a nurse practitioner review. Even if they have physicians who could do it in that system, they want to take that burden away and find some external collaborating physicians, which could be you.

Typically, you are on the malpractice insurance for that nurse practitioner. It is not supposed to be on your malpractice insurance, but I do understand that when you're reviewing care, there is some degree of liability. However, you're either going to be comfortable with that, or you're not. This is something that I know some physicians who do this and they enjoy it. It's been working out. There haven't been any issues, though if it's something that you want to consider, you can get some more information that I'll have links to. For anything else you want to say about that, Michelle?

MR: No, that was great. It is an area that I think is a little bit less well known about and a lot of physicians are afraid of it because of that supervisory component and maybe just worrying about their license, being the one on the line. So, I think you did a great job explaining kind of the realities of it.

HF: All right. So, number eight is one of our favorites - coaching. Take it there, Michelle.

MR: Coaching. Yeah. We both know a lot about coaching. It has exploded in the past few years, which is awesome because there is so much need for coaches. Heather and I were doing a lot of coaching before coaching became popular. And now it's almost like you can find a coach for any niche that exists. And if you are someone who has a certain expertise in an area and a passion, you can be a coach in that area. It's not too difficult to get into coaching. It's something that's very rewarding because you are really helping other people reach their potential. And we all have this innate need and an interest in doing that.

So, if you have an interest in health and wellness, you can coach on certain athletics or nutrition or cooking or culinary medicine. Likewise, if you have gone through a certain experience and you feel like you can help others get through that same experience, that may have been difficult for you, you can coach on that. So, there are people who coach on helping children get through school, children with special needs, helping couples to get along better if the spouses are not getting along well. This is not therapy. So, coaching and therapy are a little bit different and it's something to keep in mind.

As far as certifications, there are lots of certifications in coaching as well. Us physicians like to make sure we know everything about something before we say we're an expert in it. So, if you are like that, you can likely find a certification in the area you're interested in. It's not always required to be a coach. And I know Heather and I would both say, if you are interested in coaching, try to find clients as quickly as you can. Even maybe again for free the first few, not forever. Remember, everyone wants your time for free. So be careful, but sometimes it's a good way to kind of start out and see if you



like it. See if you're impactful, if you're making a difference, if you're adding value, because that's what coaches do and they do it really well. I know Heather and I have both built full-time coaching businesses, but you can do part-time coaching, piecemeal coaching. You can do it on the side. So, lots of options with coaching.

HF: That was fantastic, Michelle. And I would just like to reinforce that it's a very, very rewarding thing to do. And if you're interested in it, don't feel like you have to go spend \$15,000 first. Go ahead and just find some people and coach them and see how you like it. I would just start there.

All right. So, I'm going to go to our last one, number nine, which is knowledge consulting. Now under this big umbrella of consulting, what you're basically doing is using your expertise to help someone. And physicians consult in a lot of different areas and sometimes they just find these opportunities because a company or an individual will reach out to them. But I want to speak specifically about knowledge consulting, because this is an area where you can just follow some steps to get started.

Knowledge consulting is something that I learned about from Dr. Robert Cooper when we worked on a blog together about this area. He's an endocrinologist and he's done a lot of knowledge consulting. And what this is, is where there are these matchmaker companies that put you together with another company that wants to pick your brain. And this could be a pharmaceutical company, biotech, medical device company, or it might be a consumer marketing organization. It could be a company that's in investment banking or venture capitalism. And how this happens is you can get on the panel for these matchmaking companies. And I'll link a number of these in the freebie. And when they have one of these organizations that want some information, they'll go through their database and if you're a good expert to give some information, they will reach out to you. They may say, "Dr. So-and-so would you like to speak to?" They often won't necessarily even mention the name, but they'll say, "Would you like to talk about this topic for an hour? What is your hourly rate?"



And often they will pay you \$300, \$400, \$500, sometimes even more an hour to speak to this company. They might want to be picking your brain about a new drug they want to bring into development. And it could also be where you're on a panel, a focus group, or maybe even do what Dr. Cooper did, where he went into this simulated laboratory, where they were watching him behind a one-way mirror to see if he can put in this insulin pump in a mannequin. And so, he did that. They watched him and they paid him a thousand dollars. So, there's some different interesting things you can do here.

So, how do you get started? I'll link to these companies and you'll just input your information and if they have something, they'll reach out to you. They're also those surveys that I'm sure you've seen come to your email or your phone, that you are paid \$15 - \$25 - \$50 for. So that's also something to pick up a little bit of extra income. Michelle, do you have anything to add?

MR: I think that was really comprehensive. I love that story about Dr. Cooper and the mannequin.

HF: I do too. I wish I had known about all these things when I was in practice, because I think one of the key things is that as physicians, we're lifelong learners. We want to keep growing in our skills and taking on new challenges. When we get into practice, it can feel like Groundhog day and that we're stagnating. So, beyond the monetary value, which I don't underplay, it's nice to make some extra money, but there is a huge value in just getting to use your brain, learning new things, finding out other ways that you can expand what you learned into different areas.

Another real advantage is that if you're thinking of any of these things, potentially for part-time or even full-time work, you can “try before you buy” so to speak. You don't have to risk the family farm, leave your job, and then discover you really don't like the ride. So that's another way that these opportunities can be helpful for you.

Just in the last minute or two, I'd love to have you talk about some things you can do clinically that people may not be thinking about to also hit some of these values that I mentioned.

MR: Yeah. Kind of like those boutique practice income opportunities, right?

HF: Yes.

MR: Yeah. So, there are those opportunities and you guys have likely heard of some of them. Definitely some low hanging fruit with like weight loss or weight maintenance programs that you can have in your office, nutritional programs. You may have an interest in that too, and you may want to do it yourself or hire others and just take a percentage of what they're doing. Maybe they're going to also help pay the rent of your practice or your office building, which would be great. There's also Botox and some of the other kinds of cosmetic type things. Some of these things go a little bit into the territory of you may feel like you're not qualified or trained, or you have to get trained and in some of them, you can get trained in. And in some programs, you can go for a week and learn how to do some of these procedures that a lot of times patients will pay cash for.

There's also wellness, which is a big buzzword, and wellness can mean so many different things from that weight loss and nutrition to mindfulness and helping people to just kind of get centered in the holistic aspect of life helping them with that. Again, maybe you employ people, or maybe you have part-timers come in, or maybe you do it yourself. There's vitamins and different skin creams that you can also sell in your office and you'll get a percentage of that stuff too. I'm not talking about MLMs or multi-level marketing. I'm really talking more about just resale of some of these things, which again, patients are paying cash for. So oftentimes it's a great way to boost your income a little bit. Heather, what do you think? Are there some more of those opportunities that maybe I haven't talked about?



HF: I think you hit the big ones and I'll be bringing on people onto the podcast who are doing some of these things though such as in obesity medicine and some other areas. So, this has been really great, Michelle. I appreciate you coming on and helping me talk about things physicians can do for side income and interest. I will be linking to the freebie with a lot of information for you. You can get that at www.doctorscrossing.com/sidegigs. And it will also be linked to the show notes on my website. All right, Michelle, is there any last words you'd like to share before we wrap up?

MR: I just want to say that if you are thinking about any of this, it's really a great way to just dip your toe in the water and try something else. So, I would encourage everyone to think about two or three of these things that we've talked about and maybe just look into them a little bit more, or try a little bit of them. It's really low risk and just see how you like it because it may open some other doors for you.

HF: Absolutely well said. All right. Well, thanks again for coming on the podcast and don't forget to check out Michelle's conference and carpe that diem. I'll see you in the next episode. Bye Michelle.

MR: Bye.

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Podcast details

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