



**EPISODE 113: Expert Witness - A Well-Paying Flexible Side Gig**  
**With guest Dr. Gretchen Green**

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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 and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 113. Today we're talking about being an expert witness. Understandably, the thought of being an expert witness evokes different responses from different people.

Some of you may be excited about this work, energized by being able to use your medical knowledge to give expert guidance even in the face of conflict. Others of you

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may immediately dismiss being an expert witness as an option stating that you could never testify against another doctor, or perhaps you're not sure about this role, but are curious if there would be enough work for your specialty and might be wondering if you have the right personality.

You won't need to wonder for very long because our guest not only does expert witness work herself, but she has an excellent course where she teaches other physicians how to get started being an expert witness. Joining us today is Dr. Gretchen Green, who is a practicing radiologist with a specialty in women's imaging. Dr. Green has been doing expert witness work since 2015 and she is going to talk to us about how she got into this line of work and give us a lot of useful information to help you decide if this might be a good fit for you.

Some of the areas we'll be addressing are the mindset of being an expert witness, qualifications, how to get started, compensation, the pros and cons of different specialties and more.

Dr. Green is also going to share some details about her expert witness startup goal, which is launching at the end of this month. This will be her seventh time offering this online program and it's a great way to have Gretchen's expertise to learn how to become an expert witness. I have seen inside this course and I'm very impressed with the detailed and actionable information she provides through videos as well as live Q&As.

I am honored to be an affiliate for her course. And for those of you who purchase this course, using the link in the show notes, you will get a special bonus from me. Make sure to listen to the end of the podcast to find out what the bonus is.

To learn more about her course, you can go to [doctorscrossing.com/expertwitness](http://doctorscrossing.com/expertwitness). Without further ado, I am very excited to welcome Dr. Gretchen Green to the podcast. Hi Gretchen. It's so great to have you here on the podcast.

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GG: Thanks so much for having me.

HF: We often begin with your story of how you got to where you are right now and I'll let you decide where would you like to begin, and sharing a little bit about you.

GG: Sure. I think this is a good example for people who think that they have a master plan in mind because coming through medicine we have a very predicted path. We know how long it takes. We know that there is training and then there is a job. And I think what I've learned the most from this process is that things can change over time and that flexibility is one of our best skills.

I'm a radiologist. I'm working in North Carolina since I graduated from fellowship and early on in my career as an attending I was sued. I learned a lot about that process of being involved in a medical malpractice suit. I guess looking on the bright side, I faced that fear very early and I took away a lot of lessons from my defense attorney who was wonderful, one of which was that I had the opportunity later to give back as an expert witness myself in other people's possible medical malpractice cases.

I learned so much about the process and ultimately that turned to those skills to educating other physicians and clinicians how to launch their own expert witness practices. As I see there's always a need for lawyers and physicians to work together to educate each other and be part of this process.

I've been fortunate that this has continued to evolve over time and has been an opportunity for me to always just get new skills and reenergize my own clinical career as well.

HF: Well, I appreciate you sharing that because I think knowing you went through this process, people are going to feel even more comfortable potentially learning from you because it is such a hard thing. It's something we don't really talk about. And to know

that you survived, not only survived it but thrived and went on to do something to help other physicians shows that something that seems almost like tragic when it happens, it could, it could even feel like career ending can actually open doors to something even better than you imagined.

GG: It can. I think it's really a lot of mindset and what you make these experiences come to mean. No one would ever say that this is a good experience, I don't think, or that they would recommend it. However, as with many of these growth type experiences, it is entirely possible to take those lessons and then learn and build on them in different ways. And also, I think for me, one of the most satisfying ways has been that opportunity to network with other physicians and experts and also attorneys. It's really sharpened my skills and a lot of my clinical work also because I'm always reading literature, I'm always trying to stay current. And so, it just benefits everything that I have done as a doctor.

HF: I'm curious, Gretchen, when this happened to you, was there ever a time when you thought, "I don't want to do this anymore, I can't face this?"

GG: I think it's normal to have those fears. I think early on when the lawsuit started, my major questions were how will I endure through this time? Given that I had two small kids at home, I had surgeries, I was always recovering physically, then recovering mentally and then struggling to really look where do I best spend my time on the people who need me most. And also getting through all these other issues at the same time. And that's kind of the way life seems to work. We always wait for this time where we think nothing's going to be happening and there'll be a quiet period. But I think coming to that kind of realization, that this is a normal part of life, it's going to be some challenge or the other. I think it is one of the other valuable learning experiences that I've had as a result.

HF: We're going to be talking a lot about this idea and possibility of being an expert witness. And when I mention it to my clients, people tend to fall into two camps. One is, "Oh, that sounds kind of interesting", or there might have even done a case. And then the other camp is, "Oh I couldn't testify against another doctor or I don't think I could be on the witness stand." How do you help a physician even think about doing this kind of work and if it might be something that they want to do?

GG: I address the mindset of becoming and serving as an expert in every one of the modules because it comes from the time that you take that first call, when an attorney calls you out of the blue and asks you "Can you review this case for me?" And it's all well and good. We all know the medicine. We are all qualified. When you are in active clinical practice and you meet generally these professional standards for what you require for your medical work, you generally will also meet expert witness qualifications as well. Although some of those vary a little by state.

So, the mindset that I think most doctors have to overcome first is "Am I an expert or not?" And fascinating because we've gone through four years of college, generally four years of med school, multi-year training and then clinical work. We are abundantly professionally qualified and yet a lot of people do have to be convinced, "Yes, you can call yourself an expert by virtue of your skills, training and expertise." And that not only are you qualified but this is something you can really take pride in, that this becomes something that feeds back to your sense of self that you are contributing as a person who does educational role in medical legal cases, that you review cases objectively using that medical skills and training again that you do know already so well. It's very similar to having a conversation with a patient's family or patient where you're trying to explain things a little differently.

The legal field is only challenging because some of the vocabulary is different. Just like for lawyers, medical vocabulary is different. It's a total two-way street with



communication and just learning how to just work with some of those words and ask questions if you need to.

But the question of “Is it bad to do expert witness work? Am I testifying against other physicians?” is again a mindset issue. You are evaluating a case by the merits of the medical care that was provided. You're not looking to say necessarily is this person good or bad? You simply are formulating your opinion based on your objective review. Do you agree with the choices that were made and was there something that was either not preventable or something that no one could have done differently in reasonably similar circumstances to have made a difference?

And so, a lot of physicians don't realize that by reviewing cases for either side, you can't control the outcome necessarily but there are times when in cases that I've reviewed that those don't proceed forward with medical malpractice lawsuits yet the people involved would never have known.

So, a lot of us probably have had reviews done for cases that we might have been named in a suit, but if not for an expert witness who reviewed it, we would never know that possibility existed that we might have been sued but weren't. It can actually go different ways. And so, it's important to just keep an open mind and be objective.

HF: That's a really interesting point that you made. I have some physicians wonder if they could just be an expert witness to defend physicians. How would you respond to that?

GG: There are people who choose cases based on defense or plaintiff's side, but you may have that work for a short amount of time, but very quickly your reputation will get around as someone who is just as much a “hired gun” for one side or the other if you're choosing cases based on who's filing.

The best way to do it, not only for being an objective expert but also to get experience seeing cases from both sides is to simply take cases on the basis of who calls you and not decide “I only do defense or I only do plaintiff work.” We decide our opinions based on the information in the cases. And you can't go into a case having already decided, “Well I only take defense cases.” Which essentially means you already have a vested interest in the outcome. You already come in with a bias because you're already thinking the other side is at least a little wrong. I just advise people to be objective and to see it as a learning opportunity for both sides no matter what the case is.

HF: Let's talk a little bit about the qualifications to be an expert witness. Could you do it right out of residency? Do you need a certain number of years under your belt, board certification, et cetera?

GG: Right. As doctors we are used to lab tests where we know that the sodium is normal between these numbers. And we look for that same kind of thing in our own professional lives. Okay, if I've been in practice for two years, 24 months total, that means that you would be qualified. That's the kind of thing people are generally asking and looking for with this. The more realistic answer is it depends. Because someone who comes fresh out of training might have done a PhD or very dedicated research in a certain clinical area that already leapfrogs them ahead of someone who has five years of clinical expertise. And vice versa, someone who has years of clinical expertise will have a different way of approaching it from their own fund of knowledge than someone fresh out of training.

The generic answer to this is one to two years out of training, working as an attending is generally going to meet most state requirements for qualification as an expert. You do not necessarily have to have had a fellowship. There is just as much value in being a community primary care physician, serving as an expert as there is someone with a super specialized sub surgical specialty fellowship.

And so, the other side of that coin is I get a lot of people who ask, “Well, do you need someone who's just a pediatrician or just an internal medicine doc?” And again, I sort of challenge back with people, there's no just anything in medicine. You have worked so hard, have such specialized skills and training that you don't undervalue yourself from the beginning by using the word “just” to explain anything that you've done professionally at this point. Yes, there is a need for basically any clinical specialty because in almost all there will be some liability, there will be some lawsuits that get filed. And in fact, the more broad in some ways your exposure is like internal medicine or pediatrics, it's possible you may have more cases because there are just more people who do that job than super subspecialists. But it all depends on a case-to-case basis.

HF: I appreciate you saying that and even emphasizing this, we are not “just” anything. So, thank you. And it is true that we often assume that unless we're in one of these specialties that has a really high rate of litigation, this is not going to be as a possibility for us for side income. But I think you're saying no, that's not necessarily true at all.

GG: Yes. And the good thing about expert work is anybody can also develop a niche even within a broader type of practice. Take a look at your daily case volume. Do you typically get patients who may have a certain clinical condition that you just tend to see more frequently? That may develop into something that you can offer as a niche for expert witness work. And it's a really good exercise with doing that. And as I train people in a dedicated module to look at their CV and prepare that to be ready to present to attorneys who call.

It's a great opportunity to again look introspectively at your skills and highlight the areas that you've worked hard to gain that clinical competency in performing. Even people who are relatively general will still probably have some specialty niches within that and certainly those who are subspecialized can highlight their areas of expertise further as well.





HF: I'd love it if you could share a few steps that someone might take if they're interested in exploring this, what might it look like to begin starting this type of work?

GG: Yes, for most people it comes out of the blue. It comes in the form of a phone call from an attorney. And so, a useful question to ask is, "I'm curious how you found my name and contact information." Because you may find that a colleague referred you or that someone found you on your practice website. So, it's always good to start by finding how were you identified as a potential resource. And from there, the steps, I actually have a free checklist called the First Call Checklist on my website. I understand you'll link to that as well. The checklist lists exactly the steps of things that you need to get prepared for, including your CV, deciding how much to charge. And I do help people to set those rates in a market rate fashion, and have their CV prepared for when they get a phone call.

The difference then is if you want to actively start to grow and build an expert witness practice, then you have choices about how you reach out to others instead of waiting for a call to come for you. There are sites that will list your profile as an expert. Generally, you pay for those, although sometimes there are ones that are free. And then lawyers pay for access. That's a choice.

Some people make websites. There are pros and cons to having a website to do that. And other people do direct marketing. And you can do as much or as little as you want to embark on that. I also help students to learn how to reach out to attorneys to make their skills known because it is difficult for people to reach you if they don't know who and where you are. Marketing can seem a little scary to people, but it's actually just as simple as starting a list of attorneys. Maybe you know some already, maybe you have a colleague who knows lawyers and you can start to reach out and just make them available and know your services are there.



HF: I want to dive into some more details about the course and being an expert witness. But first we're going to take a short break so I can share some resources and I'll be right back.

LinkedIn has been one of the most helpful resources for my clients in landing great jobs. Initially many of them were reluctant to put themselves out there and network on this platform, but once they created a profile and learned how to use LinkedIn strategically, they had a lot of success. My LinkedIn for Physician's course shows you how to create your own standout profile, have success networking and land nonclinical jobs. To learn more about this online course, go to [doctorscrossing.com/linkedincourse](http://doctorscrossing.com/linkedincourse) or simply visit the Doctors Crossing website and hit the products tab at the top of the page. Now back to our podcast.

We're here with Dr. Gretchen Green and we are talking about being an expert witness. Now Gretchen, if you have a physician in your course and they're feeling like they might not be very good on the witness stand and being an expert and they're conflict avoidant but they really want to do this work, how have you seen someone who might be maybe more on the shy side be able to grow into this role?

GG: I think the first recognition is that it's very rare for cases to go to trial. And so, in our minds, we're usually imagining this worst case scenario. We're imagining that it looks like television, like a drama and you're on the witness stand and you're getting attacked and it's very intense and personal.

And so, the first thing that people just need to remember is that it's uncommon for cases. Only 5% or so of cases typically go to trial. And even some will go to deposition where it's basically a structured conversation where the lawyers ask you questions. Those are mostly all by Zoom now. So, it used to be more in person, some are still doing them in person, but I think lawyers have really caught on that it's a time and cost savings



benefit that we've gotten from pandemic processes like this that most depositions can be done remotely.

For some people that adds to comfort because they control their physical surroundings with it. And then for most of the time, I would say 90 plus percent of this work, it's on your own time. Typically for me what it looks like is I am an early bird riser. So, for me, I could be reviewing a case in my office at home on my computer at 05:00 in the morning and for me that works great. It's quiet, I review the case, I get information and then I schedule a Zoom call to discuss with a lawyer.

It's really some of the most satisfying conversations that I've had is working with lawyers who ask really good questions. I find they really respect the work and the effort that I put into my cases to doing a good objective review and supporting my opinions with resources. And then the decision is made about how to proceed with a case.

Of the nearly 200 cases I've been retained in to date, one has gone to trial, however, they took my testimony in advance on Zoom, recorded it and then it was allowed. And so, then it was used during trial. None of my other cases has yet gone to trial and involved me.

However, the answer to what if it does is training. Just as you imagine yourself in situations at work, you know that if you're doing a procedure and patient bleeds, you're not panicking in the room, you're not running around and stressed out and yelling, you're simply doing the job and you're going to assess the problem and fix it. It's the same thing here except it's like an open book test and you are responding with words and opinions. That's really all it is. I think if you can work with your mind and say "I'm going to reduce this down to what it is, this is a focused conversation about my medical opinions about a case", you can help take some of that drama out that would otherwise make it a little more stressful to do.

And once you do it a few times, then you have a new skill that you've built and you have that pride and sense of accomplishment that you've done something else that's new and difficult, which we are all experts in doing as physicians.

HF: What is some feedback that you've gotten from students that have taken your course?

GG: This has been one of the most amazing things. People have spontaneously contacted me back after the course and we do surveys. But people have changed their lives with this course. Not only because it's a very well compensated side gig that gives people the monetary ability to change their professional schedules for the better. It's as basic as people contacting me back and saying, "I don't work weekends or nights anymore. I sell my call. I took Fridays off now. I have those days with my toddler. We go to museums." Or people saying "I've totally redone my life and how I have time for myself now." Others have just gotten bitten by the business bug and they love it as I have found that it's great fun to start new businesses, that we have more skills than we thought we did and we can put them to work in ways that we don't even know yet.

Because once you do something new and different, then the game in your mind becomes, "Oh, if I can do that, what else can I do too?" And so, if I had to pick one word, it's empowered. They're empowered in their personal lives. They are empowered in their professional lives. Most of these physicians who've taken this course have not set their rates. Many of them never negotiated a job contract. And so, there is a sense more than ever that their professional time and worth and value are out of their control.

One of the best things about expert witness work and it is a challenge, but I help people to understand the market. I'm not advocating anybody's billing crazy amounts, but physicians can bill between \$500 and \$900 an hour doing expert witness work. Most of the time people's jaws drop, but it is transformative when you appropriately charge for the value of your time and you internalize that value, it impacts then everything else that you do in your life for the better.



HF: I love that you used that word “empowered” because we often feel so trapped and that we don't have a voice and we've lost autonomy. And I also love that you said that when you see you can do one new thing differently, it is a game changer. And I love that feedback that you gave from your folks. And now can you share some more information about this course that's coming up?

GG: Yes. This is my “How to Soup to Nuts” course that at the end you will know exactly how to get started and launch and build your own expert witness practice. I've actually had students who got their CV ready that first week of the course and reached out to lawyers and got calls back from lawyers within days of starting the course. It is truly a choose your own adventure, but I give lots of structure. I lay out an entire concrete plan of how to start even from scratch or to enhance your business if it's already in place. Because that's the good thing. You can always change what you do and modify to improve things as you move forward.

The course consists of eight recorded modules plus a bonus business building module. And you can watch those all at once. This is a new feature for this year is à la Netflix. You can binge watch the entire course from start to finish if you want by popular demand. You can do it week to week, you have lifetime access and those are recorded again. So, no one has to worry that they don't have time right now to do everything. But the most important thing is to get that step to get started. So, by enrolling, by starting, you're already doing 90% of the work towards working towards this new goal.

We also do four live Q&A sessions by Zoom and that's over four weeks. This year it happens to be through the month of February. There's also a dedicated Facebook group for the course and that lasts through the course and a little while after that helps you network with other experts. And also, I do have a main expert group called the Expert Resource where experts can also network with each other, help each other get more cases. Sometimes people will reach out and say “This lawyer needs a different physician.



Anybody ready to serve in this type of case?” And so, that helps also with questions, get more cases and continue that growth as you're building the business.

We have lots of support. The modules are very practical. I believe you have to show and teach and just be very practical so that people get the most out of it. But the biggest concerns people usually voice are, “What if I get busy and I don't have all the time to do it all right now?” Don't worry, you can do it at your own pace. Everything gets recorded and you will have lifetime access to that. And “Is it something that I can do?” And the answer is yes. As I've said, almost any physician who's doing clinical work can do work as an expert as well. And so, I teach you that plus how to niche down and help improve the chances of building a successful business doing this and one that gives back to you.

HF: Well, I have to say that I have seen your course and listened to some of the modules and it's excellent. I am a big proponent of these online courses. I've taken them myself. I used one to start this podcast and it's so helpful because in the privacy of your home or in your car or wherever you're at, you get the expert, you get Gretchen who's going to teach you all of this information that if you are paying for a time one-on-one, I'm sure it would be really high. But through this course it's very affordable to gather all this knowledge information.

I am an affiliate for her course, which means I get a percentage, but it doesn't change the price that you pay. And as a bonus for you, if you use the affiliate link that's in the show notes, you're going to get my LinkedIn course for physicians for free. And one of the advantages is that this will help you optimize your LinkedIn profile for being an expert witness. It doesn't speak specifically to expert witness, but it shows you how to do this for any side gig or job that you have.

So, feel free to check out the show notes, you can follow this link, you can learn more about this course which is launching very soon. And like you said, there's lifetime access. So, if you're not able to do it now, you can still do it later on and get the benefit.

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Gretchen, is there anything else you'd like to add that we haven't really covered that you know would be helpful for the listeners?

GG: We also offer CME. The good news is you can often use your workplace funds if you have a CME budget. A lot of students are able to do that, you should just check with your employer. That certainly helps defray the cost of the course. Also, if people are not using CME funds, you can certainly still earn up to 12 hours of CME through this course, but you can also generally expense this as a tax-deductible business expense.

And this is just one of the tips that I can teach moving forward that's going to help you with some of these unreimbursed expenses, cell phone, computer, some of these things that add up in expenses in our life. But it's possible to deal with those in a little bit more financially savvy way without getting tricky or too financial in the weeds.

The investment in the course, \$3,497 sounds high. And so, a lot of people will look at that and think that that's a pretty high number. And it is except that that's the money that you would get from being retained in your first case. By also knowing from the beginning how to not set your fees too low, I find if you ask physicians where do you think you should set your hourly rate, they will typically tell me something about half of what they should be making. And this is just because it's hard to know the market.

And so, by setting your fees appropriately from the beginning, you will save yourself untold amounts of money in a business that you're running correctly from the beginning. So yes, it's an investment, but like anything, what you get out will be what you put into it. And the potential for earning with this, I don't know of any other side gigs in medicine where if you do three to four hours of work a week, you can create a hundred thousand dollars six figure income in a year. There's just not that many where you can be that efficient. So, it's an investment in whatever you choose to make of it.



HF: Absolutely. And if we think about what we invested in this career being a physician, this is another career. You could think of it that way, that's really just a drop in the bucket. The link for this course through me is [doctorscrossing.com/expertwitness](https://doctorscrossing.com/expertwitness). And that will be in the show notes. And as I mentioned, if you use this link, you'll get my LinkedIn course for physicians for free. So, I'd love to have you check this out, see if it's something that you'd like to do. And I want to give a big thank you again to Dr. Gretchen Greene for coming on the podcast.

GG: Thanks for having me. And I think your LinkedIn bonus course is a great add-on because I know I've gotten cases through LinkedIn and it's only because I did optimize my LinkedIn profile with some of the tips that you teach that makes it possible for people to find me and to be a good match for a case. This is a particularly valuable resource that I think a lot of people can use as well. So, thank you.

HF: Well, thank you so much. And guys, as always, thanks for listening. Don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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