



EPISODE 117 Are You An Excellent Communicator? Consider Working At A Consulting Firm

With guest Dr. Ron Jimenez

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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 and welcome back to the Doctor's Crossing Carpet podcast. You're listening to episode number 117. We've had several podcasts already on being a consultant as a physician, but these were more focused on work that you would be doing on the side or by starting your own business.

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Today we have a wonderful expert guest who has not only done work as an independent consultant, but has also worked at one of the big consulting firms for almost four years. Our guest is pediatrician and informatics specialist Dr. Ron Jimenez. Dr. Jimenez still practices clinically and is a CEO of his own startup CodeScribe.

Ron is going to give us an insider's perspective of what it's like to work for a large consulting firm, including what type of physician makes a good fit, what the work entails, some steps to get started, compensation, and more. It is my absolute pleasure and delight to welcome Dr. Ron Jimenez to the podcast. Well, hey Ron. How are you?

RJ: Hey, Heather. I'm doing really well today. Yeah, doing well.

HF: Well, I have to say you are just a wonderful human being. We connected on LinkedIn. You didn't know me from Adam. I said, "Would you like to come on the podcast and talk about consulting?" You said, "Absolutely." And you've done such a great job preparing too, so I really appreciate it.

RJ: Well, thank you for all of that. It's been very easy to prepare for this and to connect. It's been very, very easy. So, you're welcome.

HF: Well, obviously, even from the intro, people can tell that you're a mover and a shaker and you wear a number of hats. Today we're going to be focusing on this consulting role, and before we dive into a lot of the details, could you give us an example of what a physician consultant is actually doing when they're working for one of these big companies?

RJ: Sure. Probably the easiest way to describe it is to talk about the roles. As a physician consultant, you often are playing the role of liaison or ambassador between professional colleagues and a large organization sometimes and leadership, the C-suite often. You're



also trying to navigate the consulting role, if you will, so that physicians understand how change is going to impact them. That's one role.

There are others you can sometimes serve as an analyst, giving subject matter expertise to your internal team and actually being a subject matter expert to your client, letting them know that where they're going and what they're doing is a good idea or they may want to change their path.

Physician consultants can also play the role of interim or sometimes permanent leaders in a particular organization. Chief medical information officer, chief information officer. I've even seen physicians lead into the chief executive officer role. And that's a pretty big role to fill but as physician consultants, you're really called upon to be able to fill all of those from subject matter expert to C-suite.

HF: What are some examples of problems or challenges that the physician consultant might be helping the client to navigate?

RJ: Sure. I'll use my own experience as tangible examples. The roles I mentioned reflect the work in interesting ways. When an organization, a large enterprise acquires a new group of physicians into a practice or part of their business, getting those physicians oriented towards a new leadership structure, new tools, new technology is a huge change for physicians and helping manage that change is one of the roles I've played.

Helping organize strategic planning, understanding the clinical world because you're in it as a physician can be huge in supporting organizational mergers, acquisitions, planning for specialty systems, one of the tasks I had in an engagement was to support an organization whose transplant department needed to move to a new system quickly, but safely and effectively.

So, the task was understanding everything I possibly could about their current transplant system, helping map all the technical hurdles, if you will, to go from one system to another, and then helping the staff and physicians transition to a new system. And that might mean helping out with training schedules, helping out with teaching, in fact, some training, helping out with the relationship with the vendor. Helping out with contracting.

One of the roles I've played in the past as an internal consultant has been in contract negotiation and contract administration. So, knowing what's in the contract and what isn't in the contract is very important for organizations. And being a subject matter expert in that domain as well helped.

I helped a mental health facility craft its infrastructure for information technology, respecting privacy and confidentiality in particular, and that was very challenging, but very satisfying. I knew that when we were done, we had done a good job and we had provided great value to the client. Those are some specific examples. I have lots more.

HF: As I'm listening to you talk about these things, my mind's going to, "Well, how do you go from being a clinician where you're seeing patients one-on-one to being in this role where you're really coming up at a pretty high level and having to have a fair amount of knowledge and experience to be able to advise other people?"

RJ: I would say in hindsight, some of it was being in the right place at the right time and having opportunities presented to me. So, if I think about my own trajectory, it began with being available to serve, for example, as a medical director in a call center. That was one of my first introductions to anything beyond the bedside. I worked for a 90-seat call center. I worked for the public hospital system here in Silicon Valley, and we had a 90-seat call center taking in all kinds of calls for medical triage and scheduling.

And as a medical director, you're faced with a whole lot of problems to solve, not just technically because my background is in pediatrics and medical informatics, but also



understanding how a call center fits into the strategic plans and tactical and operations aspects of a large organization.

At the time, the health and hospital system was about a \$6 billion organization size-wise and budget-wise. So, this was not a small task. We were charged at the time, for example, of dealing with bioterrorism. How does a call center create the technology that would allow you to deal with a bioterrorism event? Those are the kinds of problems that I was facing early on.

As I moved along, I was asked to participate in more complex problems. I was then invited into the information technology world as an internal consultant again, having some expertise in medical informatics and supporting the transition from one electronic medical record to another. I was just serving as a subject matter expert.

And as time went on, I was allowed to learn more about contracting and negotiations and enjoyed that quite a bit. And then I got the chance to actually administer the contract and the business relationship. So this is where I began to learn how business works different from medicine and understanding how business relationships benefit both client and vendor in some respects.

Certainly, the vendor benefits in terms of the compensation for their products, but benefiting the internal client folks who I worked for meant understanding everything I could about the contracts so that we wouldn't stray far from the contractual terms and conditions that would allow us to execute on our strategic planning, for example.

Then as time went on even further, I was asked by one of our consultants to join them as more of a temporary or part-time consultant for an unusual engagement. I was given permission to work for them. They were no longer part of our consulting world, but this was Hamilton HMC. Many years ago, they were asked to help an organization adopt the EICU model, which at the time was very, very new. And I was able to construct, through

multiple interviews and a lot of research, a job description for an EICU medical director. I was able to help craft the proposal for an EICU for this organization and then move on to selecting a group for that proposal.

HF: Well, if we break this down, I think what you're really talking about is problem solving.

RJ: Yes.

HF: They can be little problems, they can be big problems, they can be complicated multi-sort of dimensional issues. And one thing I hear a lot from physicians is that they really like to solve problems and they get bored easily. So, they're looking for a job where the problems that they're solving change. And I think that's one of the benefits of consulting is that your clients are going to change the problems you're solving or change, but the way you approach problem solving may be a toolkit that keeps evolving over time.

RJ: That's a great point, and I think that's spot on. A lot of times it's being an observer to the problem and understanding what the core of the problem is, being a listener, having insights based on your experience, being a little restless about what you're looking at and wanting to make it better. Those are the kinds of things that really contribute to being satisfied as a physician consultant, because you do get to solve problems.

Remember, as a physician, you're presented problems with every patient. You're presented a problem to solve with every patient who needs a diagnosis, and that's incredibly satisfying when you get the diagnosis right and you're able to institute the right treatment.

The same can be true for consulting. When you get it right and you help a large organization merge five hospitals successfully, and being part of that team, gosh, that really feels good. It's very satisfying professionally.



HF: That's impactful.

RJ: It is impactful, yes.

HF: Could you help us understand what the day to day might look like for a consultant?

RJ: Sure. There's often a lot of travel. I would say most consulting roles require a minimum of 30% travel if you're with a large company. There are lots and lots of meetings. Knowing how to run a good meeting that is positive, that is productive, that is well structured and is oriented towards the success of both the team and the client is incredibly valuable. So, you're in a lot of meetings and nowadays it's remote, but at the time, it would be meetings on the campus for the client in various locations.

Those meetings might be with everyone from the staff in a particular clinic all the way on up to the C-suite. So, one has to be prepared. And in that regard, it's really good to develop a persona around who you are to that client. So, having a physician consultant persona is really important.

It's a lot of reading. You have to really understand your client deeply to be able to bring insights that have value. You have to be able to present and write. So, a lot of what I was doing at the time was writing and preparing, not just proposals or responses for RFP for responsive proposals, but more along the lines of content that would be consumed by the C level folks to make decisions.

So, making recommendations and making clear recommendations based on what you had learned and where the organization wanted to go was part of the work. It was euphemistically referred to many times as a sort of document review in terms of being able to get enough information together to get a good critical mass of facts together, to have insights and then presenting.

You really need to be able to not only be part of a high-level meeting, but present concepts and ideas that perhaps had not been considered before. I remember being in presentations where the first pass at a concept met with some very interesting responses because these were really different ideas than the leadership had considered before.

In one case I recall, we recommended moving a staff member who had very specific certification and training from one part of the organization to the other, and the first reaction was, "Well, absolutely not, we're not going to move." And then there was a pause, and then they thought about it and they thought, "We really can't train anybody that fast, can we? Yes. So, now you have to move that person from one place to the other." Bringing those kinds of insights in a meeting, you got to be able to deliver those.

Being a little bit of an actor, if you will, that is knowing how you come across very much like in medicine, how do you do your role case presentations, how do you present in a clinical case presentation. Same sort of thing, but a little bit different orientation. You're reading the room, you're reading the faces and the body language, and you're reacting and responding, but you're also delivering the message that there may need to be budget cuts here, personnel cuts there. You may need to think about rebuilding this.

So, understanding the problem that you're presenting to them and solving for them is a huge part of this. And then internal meetings, meeting with a team. Doctors are used to working with a team in a clinical setting, but working with a team in a business setting is very different. Understanding everybody's strengths and weaknesses, and as a physician consultant, you're often in a leadership role.

So, understanding how to be a leader beyond writing orders and expecting people to carry them out is really important. How do you influence, how do you encourage, how do you support a team that needs to work together? How do you understand team dynamics and then get the best and create a high-performance team? Those are all



really tough tasks and part of what you're really called to do as a physician consultant.

HF: It sounds like a lot of great communication skills. Also, a lot of emotional intelligence and self-knowledge. I want to dive in a little bit deeper to qualifications, but before we do that, I'm going to take a short break so I can share some resources with you, and then we'll be right back. Don't go away.

If you are applying to a nonclinical job, it's a great idea to convert your CV to a resume. A well-crafted resume helps recruiters see why you are the right person for the job. My resume kit is a downloadable PDF that walks you step by step through creating an impressive resume of your own. You'll have everything you need, including templates and a bonus on writing a winning cover letter.

To get immediate access to this kit that I use with my coaching clients, go to doctorscrossing.com/resumekit or simply go to the Doctors Crossing website and hit the products tab at the top of the page. Now back to our podcast.

All right, we're back here with Dr. Ron Jimenez, and we're talking about what the work is like being a consultant for a large consulting company. So, I'm curious, Ron, what's required in terms of clinical experience, if anything, board certifications, specialty, do you need to finish residency?

RJ: I've met physician consultants and colleagues who came right out of med school, who came right out of residency, others who have been in their field for decades. So, it's really all over the map. There really isn't any particular specialty that is favored. I've met general surgeons, I've met internists, family practice doc, few pediatricians, but they come from all walks in terms of disciplines within medicine. It really is not a specific preparation.

It really does help to have some experience in the business of medicine. And what I mean by that is if one is part of a large organization, having some responsibility beyond clinical work, and that might mean management of a clinic, it might mean being part of a task force or a committee.

So, those kinds of experiences are really sort of the jumping off point for understanding whether you would fit into the physician consulting world, because once you feel comfortable with the basics of working outside the clinic and outside the clinical setting, then it's a challenge of how you grow professionally to gain the skills you need whether it's graduate degrees or just training in organizational behavior and management, understanding contracts, all the myriad skills you need.

It really has to be an active decision to move that way because it is to some degree moving away from the bedside. I would say however, though, leaving the bedside completely can be problematic. Let me talk about that a little bit. Being a physician and speaking to physicians, you need to have credibility. And often if you're not a practicing physician, folks might look at you differently. So, keeping your clinical skills up, presumably you enjoy what you're doing in the clinical setting and keeping that connection to patients and to the medical world into clinic operations, for example, has huge benefits in terms of credibility, helping doctors move.

HF: Sorry, Ron, can I interrupt for a sec here?

RJ: Sure. Absolutely.

HF: One thing I've heard about these big consulting jobs is that you may be working really long hours, you're doing this travel, which can even be four days a week. Let's say you're a surgeon. How do you keep clinically active with that kind of schedule?

RJ: The handful of surgeons who I have encountered have very limited practices. Often, they're practicing in an ambulatory surgical setting or they've transitioned from the hospital-based practice to a more ambulatory based practice and they've really focused on specific procedures or specific domains. It's not that many.

HF: And can you do this job effectively if you have closed that clinical door?

RJ: You can, but you have to be able to respond to the challenges you might get to your credibility. It really is one of those, and I think it's part of physician culture to have a somewhat implicit trust between physicians. And I'll give you an example. I worked with a physician who hadn't practiced for a long time, and he was working for a very large vendor, and it was very clear that his allegiance, if you will, was with the vendor, and that's understandable. That's who pays his paycheck.

And it was difficult to take his advice because I had to understand whether he was saying that because it was what the vendor wanted or what he thought was in the best interest of the client. Big difference. And they can be aligned very, very well, but you have to want to do that.

HF: We're getting close to time here, but there's a couple things we still want to talk about, which is the compensation, some steps to get started if you're interested in this area. And also, I like to talk briefly about where people would go to find jobs.

RJ: Sure. Compensation is usually not what is expected. It is always negotiable. However, I peg it usually somewhere around anticipated compensation, somewhere in the primary care range of physician compensation. And that can vary geographically because of fair market values, adding your additional skills if you're an MBA or a JD, certainly that increases your value, your fair market value. Having experience increases your fair market value. But it can really be at first a little bit of a shock because you don't have the



compensation structures for physicians that exist in private practices, certainly, or in large organizations.

Just being prepared for negotiating, number one, and for expecting or not expecting if you will, the high paid salaries that some physician consultants gain after years of working for a particular organization.

HF: It sounds like there is upward mobility, in terms of positions, but also compensation, the longer you're in in this area.

RJ: Oh, yeah.

HF: You mentioned some different steps to getting started, such as taking on nonclinical roles that help you learn different skills and diversify your platform. What are some other steps for someone interested in this area?

RJ: Sure. Taking on some business training, getting Lean certified, for example, or Six Sigma certified, understanding software development, Scrum, Agile, et cetera. Getting to know that world is really important because it gives you a fluency of concepts, but also introduces you to other domains and other ways of working that differ from the medical world. So, I think doing those kinds of things is really important to get that transition started.

HF: And how do you start looking for jobs and preparing yourself for interviews and being really ready to get hired?

RJ: The biggest asset there is networking, having a strong LinkedIn profile, having a good reputation as far as the folks who you have in your sphere of influence. And then networking, getting folks who know you and can recommend you, and then starting to knock on doors. Sometimes it's cold emails to companies. Often, it's looking for the right

opportunity in the right place. So, knowing, for example, that a McKinsey or an Accenture or a PWC, PricewaterhouseCoopers is looking for physicians. Now one has to remember physicians are a very rare commodity in the consulting world. I worked for an organization that had 400,000 worldwide, and I was one of 40 physicians.

HF: Whoa.

RJ: It's a rare opportunity, but they're out there. And often they're self-created. And what I mean by that is being able to do contracting work to begin with and finding an opportunity and then growing that into a larger position, larger role.

HF: Well, this is such great information and it's interesting that this role is problem solving. And I was thinking if this is sounding daunting to someone that, "Oh gosh, there's no way I could step into these shoes", I guess one way to think of it is "This is a problem to solve, like how to prepare myself to become this person." And I think if you naturally, like you said, are restless a bit and your mind likes to chew on problems, you could just apply those skills to this whole new area.

RJ: Right. I think that's quite true. I think that's quite true.

HF: Is there anything else you would like to share with the listeners who may be thinking, "Hmm, could this be for me? I'm not sure. Would I really do well in this environment? Is it in me?" What might you say to them that we haven't really addressed yet?

RJ: I think I'd advise to just take the leap to get involved somewhere. To get an opportunity, to do physician training of the electronic medical record, for example. Or find a project within your organization that could benefit from your expertise and then run with it. Acquire the skills you need.

Physicians are quick to learn. They can learn a lot very quickly, very fast. And you'll pick it up. You don't have to have an MBA, although that would be great. You don't have to go through all of that. You just have to be prepared to problem solve, to pick up the skills you need as you go along. And there's lots of opportunity if you just look around.

HF: There are problems everywhere in medicine, right?

RJ: There are.

HF: So, no lack of opportunities. I love what you just said about, just start with a problem. Don't try to figure out how it's all going to work out. That will shut down the parade right away.

RJ: Right.

HF: I'd love to give you a chance to let listeners know a little bit more about you and anything you'd like to tell us.

RJ: Sure, thank you. Partly the roles I've had, I had an opportunity to be involved and have grown out of restlessness, as you talked about before. And that's really been a decade long process beginning way back in residency. And the trajectory that I've come to is not one that I expected, number one. So, don't plan too carefully. And the trajectory where I've arrived now is now to running my own company and being the CEO of CodeScribe. And all of what I've done before has kind of prepared me for that.

So, you never know where it's going to take you. And if you have ambitions in terms of working for yourself and working in a startup company, find one, go get your feet wet and try out your wings and keep moving forward. Physicians have a tremendous amount to offer in the consulting world and in the business world because we see problems that we can solve, but also, we think much bigger than in just one patient.



HF: Yes. And what you're doing at CodeScribe, it's fascinating. Do you want to just take a brief moment to tell us what you're working on?

RJ: Sure. CodeScribe, we're at codescribecpr.com. We're a small company that originally started out thinking we were going to be producing just intellectual property and patents. We've since started to pivot towards producing the software. We're a software company that will produce an augmented reality platform for training basic CPR and eventually advanced versions of CPR, but really in a very unique way, which is remote, using probably just an iPhone or a smartphone and Apple TV or a monitor or smart monitor that can mirror what you're looking at and be able to do some basic training.

Once that's out, we'll grow that business to include other forms of CPR, hopefully make an impact. We know that there are over 350,000 out of hospital cardiac arrests. If there's no one there to be a bystander and administer CRP, the odds of survival are pretty low. 10% maybe. We can double or triple that if you just know a little bit about basic CRP. No better example than Damar Hamlin recently, of the Buffalo Bills and his incredible story of recovery based on someone being aware that the CPR needed to be administered, administering it within minutes and getting him to the right place at the right time.

So, we know from European studies that if you can increase the number of bystanders, who are trained in CPR, you can make an incredible impact on survival. We know that in a European study, if 80% of the population is trained in basic CPR, you can double the survival rate. That's where we're going.

HF: That is fantastic. And please let us know when that's out and available, and I'll link to your company in the show notes so people can know about this. So, what a fantastic problem to be working on saving lives. Thank you so much, Ron, for coming on the podcast. It's just wonderful to have you here and you've given us a lot of value.



RJ: Thank you, Heather. I really appreciate the opportunity.

HF: My pleasure. Everyone, thanks so much for listening. It's great to have you here. As always, don't forget to carpe that diem, and I'll see you in the next episode. Bye for now.

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Podcast details

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