



EPISODE 127 Get Paid To Share Your Expertise As A Knowledge Consultant

With guest Dr. Alison Davis

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AD: “We have clients who may ask about appointment software or even medical record preference, or how do you insert the catheter into the mannequin? But it could be also what type of hand sanitizer do you purchase for your office and why?”

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.

Hi there and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 127. A few years ago, I did a blog interview with Dr. Robert Cooper, an endocrinologist who loves doing knowledge consulting. When you are doing knowledge consulting, you are typically helping a company with its decision making by sharing your expertise in its specific area. The companies that are seeking this assistance often come from sectors such as pharma, medical devices, biotech, healthcare, venture capital and consumer marketing. Knowledge consulting is typically done on an hourly basis as a very flexible and rewarding side gig.

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In the interview, Dr. Cooper talked about how this work could be done through phone consultations, surveys as well as participating in focus groups. And even mentioned a stint where he had to try and implant an insulin infusion device and a mannequin. It didn't quite work out, but he still got paid because he helped the company answer their question. Could a non-surgeon implant this device? Well, not really, and not very easily.

Dr. Cooper also talked about how there are matchmaking companies that connect clients seeking expert advice with the expert themselves. At the top of its list was an international company called GLG. Today you are in luck because we are going to be joined in just a minute by Alison Davis, who is none other than the general manager of corporate markets for GLG, where she has worked for almost 15 years. I am very honored that Ms. Allison Davis of GLG agreed to come on the podcast to share with us a lot of great information about how you can use your expertise in this niche area of knowledge consulting. Without further ado, I'd like to give a very warm welcome to Alison Davis. Hey, Alison. Welcome.

AD: Hi, Heather. Thank you for having me.

HF: It's a pleasure to have you. I never imagined that we would have a great representative like you from GLG to come on and help us learn more about this area.

AD: We are thrilled to be here. I'm thrilled to be here. GLG is a really innovative and cool company and so I'm always excited to talk about the neat things that we're doing.

HF: Let's start off with talking a little bit more about what exactly is a knowledge consultant. It's a new term for some of us.

AD: Yeah, it's a good question. And maybe I'll take a step back I guess tongue in cheek a little bit. Anyone can be a knowledge consultant. Experience equals expertise. And so, in our world we see almost anyone could be a part of our network. As an example, and this is

maybe a little bit out there, my grandmother was an excellent baker and in fact she was just legendary at making tortillas. If I wanted to know like the best way to make a tortilla, she was my gal. If I wanted to know what not to add in tortillas, she was my gal. She was an expert at making tortillas.

And that's essentially what GLG is. We have a million plus subject matter experts in our network who are consulting with clients every single day. And in maybe this realm, they would be answering questions like how do you deal with new drug therapies for chronic disease or at what point do you recommend a cancer patient for palliative care, which I can't even pronounce. And then how do you work with that specialist? Really a wide range of questions that folks can answer and really available to anyone.

HF: I love that story about your grandmother. And it's a funny thing, when I was in medical school, I really got into making tortillas from scratch. I don't know why, but they're so much better that way.

AD: There's so much better. She taught us from a very young age with the tortilla press and she had the heating implement. It was great.

HF: All right, anybody with a specific body of knowledge can be an expert. And you mentioned some different things that physicians can do to help companies interested in their expertise. Let's go back just a step because I'm curious how you actually got involved in your role.

AD: That's a great question. As you mentioned upfront, I've been here for about 15 years. The company itself was founded 25 years ago. And so, I started just as it was beginning to scale up. And I honestly didn't even really know what the company did when I joined. I definitely wouldn't get through an interview process today knowing what I did back then about this knowledge industry because I didn't really understand exactly the types of questions that people would ask and need answers to.

And so, when I first started out, I was working with consulting firms, and large strategy consulting firms, PR firms, ad agencies. And the use case there was interesting because they hire very, very, very smart people right out of college or maybe right out of their MBAs. And then they put them in front of these very experienced executives. And while they're very smart and have been taught how to solve all of the problems in the world, they don't know all of the different ins and outs on, for your example, what do you put in a mannequin with a catheter or how does a certain type of drug work? How do you get through certain levels of approval? How do you speak to hospitals? How do you speak to pharma execs?

And so, it's a different use case probably depending on which type of client is using us. But that's where I started. Now I'm the general manager of our corporate business, which has all types of Fortune 500 companies in it. We work with eight of the top 10 pharmaceutical, big pharma companies, med device, et cetera. And so, the example you were giving up at the top of a lab where the physician was doing a catheter in a mannequin, we organize all sorts of what I would consider as a layperson, crazy things. We'll do cadaver labs and have surgeons test bone saws. I didn't even know this was a thing before I got here.

And so, it's pretty cool stuff. And a lot of your listeners may not think that they're experts at something, but really our clients are so removed from the day-to-day and what these physicians would see both in volume of patient care but also just on the ground level that some of the questions probably to them will seem very basic.

HF: I'd love it if you could share even more examples about what clients are seeking, the kind of information and maybe touch upon what different specialties might do as well as primary care physicians.

AD: Yeah. It really does vary. For a primary care physician, there may be questions around what are the pros and cons around having your own private practice versus being part of

a larger physician network or for a cardiologist it might be around what types of drugs you would prescribe for a particular condition. There was one project that we did recently on video recording in surgery centers and what recording do you like and why? And how do you then distribute it without causing HIPAA issues.

And so, there's a bunch of different things that clients are constantly interested in. A lot of it is around what's the actual process for the physician regardless of their specialty and or preferences around using a particular device or drug or those types of things. Medical records. So, it really can vary but it's all around kind of the same themes, like what are you seeing every day as you use this particular thing, what do you like about it, not like about it.

HF: It was interesting that you mentioned a query about whether primary care physicians preferred being in private practice or in a hospital system. It doesn't even have to be medical knowledge per se, it can be just about your experience and your preferences.

AD: Correct, correct. Yeah. We have clients who may ask about certain types of appointment software or even medical record preference or things like that. So, it could be about how do you insert the catheter into the mannequin, but it could be also what type of hand sanitizer do you purchase for your office and why? And maybe you as the physician aren't able to answer that question, maybe it's your office manager or whatever.

HF: Lots and lots of different types of questions. Now could you give us an overview of how this actually works in terms of the clients coming to you and then you vetting physicians who might be in your data bank and how a physician actually gets into your data bank?

AD: Yes. Maybe we'll start with the first things first. If you would like to join GLG's network, you can email us at getstarted@glgroup.com, which we'll also send that to you Heather so that you can...



HF: Oh, it will be in the show notes. Absolutely.

AD: Once you email that email address, we will get you properly onboarded into our network. As I mentioned earlier, we offer a tutorial around what you can and cannot say. We have you sign terms and conditions, things like confidentiality that you affirm every year that you continue to be a network member. Our rate recommender will help you set your rate in the system and we'll ask you to set up a profile and we'll kind of help you with that profile. Name, specialty, any sort of interesting characteristics about you. So, if you are a physician that's in private practice, we would make note of that because some of our clients want to talk to someone like that versus someone at a big hospital system. And we'll probably depending on how much information you have, if you have a resume we can just upload that or if you just have some stats about yourself, we can ask questions or bio or whatever.

And then the way that it works once you're in the network is our client service professionals will be talking to clients every day and those clients will come in and say, "Hey, I need to talk to five physicians about this particular medical instrument." Then that client service professional looks at our network and says, "Okay, these five to 10 people are really good fits for this particular project."

He or she will then send a note through our system to those five to 10 physicians and say, "Hey, here is the specific instrument that our client wants to talk about. We think this will be a phone conversation for one hour and here's the type of client that it is." So that they know if they have any conflicts, assuming that all systems are go, we will go ahead and schedule the call between the network member physician and our client.

And sometimes those calls will happen the old fashioned way over the phone. Sometimes they'll happen via Zoom. It really depends and we can work around whatever the preference of the physician is.



HF: I know some of our listeners may be wondering, “Okay, do I need to be board certified? Do I need to have an active license? Are there a certain number of years I should be in practice?” All of these other questions about qualifications.

AD: This will sound kind of basic, but if you are a practicing physician, we would expect that you would have a license in the state in which you practice or whatever, state county. If you're non-practicing, if you're an academic institution for example, or you're retired so it's expired, you won't need to have those. So, you can still be considered an expert in our mind. Again, experience equals expertise. It doesn't necessarily have to be perfectly current either.

HF: And I know this is probably hard to answer, but are there certain specialties that are more in demand or certain types of physicians or profile? Are there certain things too that if they have on their profile it's more likely they can get contacted?

AD: That's a good question. We do try to help all of our network members as they're onboarded because it helps us too to better understand the different nuances in their world because then it helps us better target them and our clients so we'll make a better match. And it leads to people getting paid more frequently.

We are usually pretty targeted in how we write the biographies and ask them the right questions and all of those things to make sure we can do a really good match. To answer the first part of your question, it really is so varied and physicians are always incredibly in high demand, regardless of specialty because there are so many nuances in the healthcare field and our clients are so much farther away from the day-to-day. Honestly, it's funny, every little piece of information helps, even if it doesn't seem like it's that important or interesting to your listeners.

HF: Do you have any examples that you can think of without obviously sharing any identities you can't share about some physicians who have helped you out?

AD: Yeah, good questions. I will say we do work with a lot of different physicians. When the COVID outbreak first happened, we had one of our experts, Dr. Astraf who was a leading expert in COVID-19 and the risk protocols come in and speak not only to our clients but also to our employees about this really unprecedented time. It could be anything. He's obviously a very niche infectious disease physician. So, kind of a little bit of a different example to even what we're talking about here. But he did a ton of work with us throughout the pandemic, trying to help people understand when will this end? Is it ending? Has it ended yet? And still does some work with us today.

HF: Yeah. And do you have any examples of say a primary care physician or emergency medicine, OB-GYN?

AD: Yeah. A lot of our clients, if I'm remembering this one correctly, we had a doctor of emergency medicine at a very large hospital that we actually had a client want to walk through exactly what their day looked like. How many patients come in at a given time? And they did basically like a time study, depending on the day of the week, the time of the day, the patient volume, and then the severity of the different cases. It was sort of like a day in the life of this emergency room physician.

We had someone looking specifically at the ovarian cancer space and wanting to understand at what point a patient would transition from a typical GYN relationship to a more specialized ovarian cancer specialist. We've had those types of things. Even physicians recently were asked about at what point do you take over heart medication prescribing versus a very tenured cardiologist in the event of some sort of heart event. A lot of different themes along those realms, but a lot of it is really trying to understand again, sort of the day-to-day for these physicians and what they're focused on and what they're facing.

HF: Are you able to give some insight as to why these companies might be asking these questions?



AD: It does vary depending on the type of company. In my particular world we work with a lot of medical device companies and/or big pharma companies. And actually we work with a lot of large tech companies that might want to understand as they're putting in place different healthcare technologies like what physicians ask or would recommend.

For example, we had a large technology company who was looking at wearable devices and wanted to talk to GPs on if you have a patient who is overweight or who is trying to improve their health, would you recommend a wearable? And if so, which one? And then how do you think about that in your day-to-day practice? So, in that case, it's this technology company trying to think about their messaging around their wearable to this influencer population, which are these GPs.

In our investor side of the world, they might ask the same GPs, how would you recommend a wearable? Because they're trying to decide if they want to invest in one of those companies. That's like a different use case. And then back to my original where I came from at GLG, the consulting firm teams, those guys may want to understand that same opinion from the physician to give advice to their client who might be working on behalf of a wearable or they might be working on behalf of a wearable technology company and may want to say, "Hey, you should do this to become more appealing to this particular audience."

HF: This is a great job for someone who's very curious.

AD: It is, it is. Honestly, the cool thing about GLG is we get so much really interesting questions from our clients and so much broad applications that it's just an incredible place to be. The one last piece that we didn't talk about yet is we also do have a division that does expert witness cases. And so, sometimes we'll use physicians for some of that testimony.

HF: Oh, fantastic. I'm trying to anticipate some of my listeners' questions and they might be wondering, "Okay, if nurses do this on anyone who really can be considered an expert, do you ever use residents or medical students or foreign medical graduates?"

AD: That's interesting. We definitely have nurses. I don't know honestly if we have medical students. Maybe I could see an instance where someone might want to ask about how you get through medical school and the different tools you might want to use. There could definitely be a use case there. We are global in nature as you mentioned at the very top. And so, we do have physicians both in the US but also all around the world. That's definitely something if there are US listeners now that are planning on moving or whatever, vice versa, we're very open to global populations as well.

HF: That's excellent. That's great news. And you had mentioned earlier that there's a rate calculator physicians can use. Are you able to say anything more about compensation or not really?

AD: The rate recommender is really the primary lever to figure out, again, I think it'll be different if you're a nurse versus a cardiologist what the recommender would spit out in terms of hourly rates. I can tell you one of the things that our experts network members like the most is for phone consultations we do pay between three to five business days in a direct deposit format.

One of our network members, one of my favorites, was like, "This is great, I can take my wife out for dinner on Saturday night. And it's no big deal." It's sort of that extra little flush money that it's good for the little things too.

HF: Absolutely, and I can say that Dr. Cooper who I did the blog interview with felt very good about the compensation and he recommended the work and he did mention GLG. Obviously I'm sure there are other companies where physicians can be experts as well.



AD: Yes. Yes, there are. I think I mentioned this at the top, we did pioneer this industry 25 years ago. And so, of course, in my humble opinion, we are the best and the biggest with the most access to these incredible clients. But there are others out there usually either with an industry niche or regional niche, China or Japan or things like that where there will be different types of firms who offer similar services.

HF: Excellent. And do you recommend if physicians are doing knowledge consulting or are interested in it that they put it on their LinkedIn profile?

AD: Sure, they could definitely put it on their LinkedIn profile. That's a good way to get the word out there. I don't know how many physicians use LinkedIn all the time. But that is always a good interface for finding other career opportunities as well as this type of consulting opportunities.

HF: All right. Well, I have a few more questions to ask before I wrap up, but before I'm going to take a short break to share some resources.

Now that was kind of a leading question that I asked Alison about LinkedIn because I did want to tell you that I have a freebie on five tips for getting started using LinkedIn. You can get access to this freebie by going to the doctorscrossing.com website. At the top of the page, there is a freebie tab. And if you scroll down, you'll see this freebie on LinkedIn. And inside this freebie there'll be tips for how to write your "About section", how to connect with others and send messages that actually get a response.

There are also tips on searching for jobs and using your alumni network. And it definitely is a great place if you are doing knowledge consulting to mention this on your LinkedIn profile because it could be a key word that could bring GLG to your door. So, check out the freebie tab on doctorscrossing.com and let's get back now with our wonderful guest, Allison Davis.



Alison, we have just a little bit of time left. Is there anything you think that I haven't asked you that you would like to share?

AD: The only other thing is we've talked a little bit about phone consultations as being sort of the primary way that our clients interact with network members and in this case the physician population. We also do surveys and focus groups. The surveys tend to be shorter in nature, so if you're very busy and just want to do something quick, they're typically 15 to 20 minutes, typically double blinded.

And then also the focus groups, which I mentioned, the cadaver lab with the bone saw, and you also mentioned Dr. Cooper's stent trying into a mannequin. But they typically tend to be trying out different medical devices or products and offering your opinions.

HF: Excellent. And do you want to repeat the email address that physicians can reach out to you with and also put it in the show notes?

AD: Yes, it's getstarted@glgroup.com.

HF: Okay, perfect. And it's been such a pleasure to have you on the podcast to talk about this little known area where it sounds like physicians are in high demand.

AD: They are. And I would really encourage you, even if you aren't entirely sure that you want to join the network, if you email that email address, we can walk you through the process, and to answer any questions that you may have. So, please reach out regardless of whether or not you're sure. We're happy to talk about it.

HF: Well, thank you again, Alison. This has been a terrific interview.

AD: Thank you.



HF: All right, my dear listeners, thank you so much for showing up. Please share this podcast with anyone you think would be interested and can benefit. I love having you help me grow this podcast just so we can help more physicians and further your agenda of loving what you do and carpeing that diem. Thanks so much for listening. I'll see you in the next episode. Bye for now.

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Podcast details

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