



EPISODE 233: From an Everyday ER Problem to Medical Innovation: A Roadmap for Physicians Who Want to Create Change

With guest Dr. Liz Clayborne

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LC (00:00)

You are exactly the type of person that needs to bring it to market because you thought of it. It is your particular experience, your clinical expertise, the way that you've seen this impact your patients that usually gives you that unique lens and the vision to solve a problem in a different way. And so the way I would think about it is no one else is going to do it unless you do it.

HF (00:32)

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 non-clinical 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 to the Doctor's Crossing Carpe Diem podcast. I'm your host, Dr. Heather Fork, and you're listening to episode number 233. Have you ever noticed something in your practice or even in everyday life and thought, there's got to be a better way to do this? Maybe you've imagined a small tweak that can make things easier, safer, or more efficient. Or wondered, if only we had something that could do this one thing, everything would run much smoother.

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Today's episode is about what happens when you take that thought seriously, when curiosity nudges you to solve a problem, and that spark opens a whole new path for your career. Our wonderful guest, Dr. Liz Clayborne is an emergency medicine physician and the founder and CEO of Nasaclip, the company behind a clever pocket-sized device tackling a surprisingly big problem.

Nosebleeds that send hundreds of thousands of people to the ER every year. Dr. Liz shares how one observation in the ER became her seed for the company. And now bringing her idea to life opened new doors she never imagined. She'll walk us through a roadmap you can follow if you've ever wanted to create something new, whether that's a device, an app, or just a better way of doing things. We'll talk about the challenges she faced, how she kept going when things got tough and our advice for those feeling that same creative nudge. It is my true honor and pleasure to welcome Dr. Liz Clayborne to the podcast. Hi, Liz, welcome.

LC (02:57)

Thank you for having me. I'm so excited to be here.

HF (03:00)

I am so excited to have you here. And I first found out about you on Dr. Alison Curfman's podcast, and she's been on the Doctors Crossing podcast as well. And I thought, I have to have Dr. Liz talk to us because I have not covered this topic yet.

LC (03:17)

Really? That's surprising because I feel like physicians really are truly innovative in so many different ways, in particular with specialties like emergency medicine, which I'm in. So I'm excited for your listeners to get a peek at something that might actually be on their mind and they didn't even know it.

HF (03:34)

Yes, and more and more I see physicians innovating and creating and taking the reins. So I love it. And as always, we love to start with your story. So take us back to where you would like to begin so we can understand how this great device, which I am holding here and we'll be talking about, came to life.



LC (03:56)

Absolutely. So when I was a resident in emergency medicine, I was really struck by the number of people who came to the ER for nosebleeds. We see about half a million ER visits a year in the US for nosebleeds, which is about 0.5 % of visits, meaning one in 200 people walking into an ED is for epistaxis, which just kind of blew my mind because it seems like such a simple problem. And I did not understand why people would come and spend hours to wait and see me over something that I thought they should be able to solve at home.

On top of that, if you speak to any kind of, you know, ER staff member, they will moan and groan when they hear that a nosebleed patient has arrived because it is a lower acuity problem, but it tends to be very time consuming and cumbersome to take care of. And so what I recognize is that, you know, instead of doing what I was trained to do, which is to take two tongue depressors and tape them together to makeshift a clip.

I was like, there should be something available widely for patients at home or in hospitals or schools or sports, wherever you might have a nosebleed that could make it quick and easy to stop a nosebleed fast so that they wouldn't have to come to a healthcare facility. And if they were there, I could get them out the door quickly with a smile on their face. So it really started with a pain point, right? Like this was one of my most loathed complaints as a resident. And I didn't understand why I was being asked to MacGyver something together..

And I was like, I feel like there should be a simple solution to this. And so I came up with one. And initially, I have to tell you, Heather, it was just this thought I had in my head. I had seen kayakers that use a clip that prevents water going up their nose when they're spinning around underneath the water. And I was like, ~ that's a small compact clip that I'm sure could provide the pressure needed, right?

And if I combine that with some sponges that could be medicated where we could add a vasoconstrictor or hemostatic agent, that would be like the perfect combination to stop a nosebleed. Because when you do come to an ER for a nosebleed, you'll find that we usually try conservative measures first, like putting Afrin up your nose and holding pressure before we move on to more invasive measures like packing you or doing coterie. And so I really wanted to provide quote unquote doctor's solution to nosebleeds.

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And make it easy for anyone anywhere to stop their nosebleed fast. So I had this idea about this kayak clip and initially I was like, okay, I think that I could design this and add the sponges and it would be like the band-aid of nosebleeds. But when I first had the idea, I didn't really know where to go from there. It was just this thought, right? I was literally in SimLab, I remember this, and we were working with a model, an epistaxis model, and we were learning how to manage nosebleeds. And I had this thought and I was like, huh, that'd be interesting. I bet that would be useful.

And I just kind of let it simmer there for a while, but it took a whole bunch of additional steps that we can talk about before I started to really bring that dream to reality. But it did eventually get there. And as you know now, we now have Nasa Clip widely available on our website on Amazon. And it's really kind of blown me out of the water because in addition to treating my pain point as an emergency physician, it's also been used in schools, sports medicine, we're on all Disney cruise ships and parks.

We're looking at airlines, like it's become so much bigger than I could have ever imagined. And it's helping people in ways that I also could not have imagined.

HF (07:15)

This is so fascinating to me, so many things you said have resonated. When I was a kid, my brothers got really bad nosebleeds. I got them, I took accutane, I had nosebleeds from accutane, now whenever I go somewhere that's a bit arid, like I was in Colorado recently, I have this whole nosebleed prophylaxis that I have to go through. And so it's definitely on my mind and I didn't know there was something like this. And one thing I'm curious about is this.

How many nosebleeds did you have to try to treat with the tongue depressors and the tape before you started thinking there's got to be a better way?

LC (07:51)

Yeah, you it was right away that I, we do a lot of MacGyvering in emergency medicine. We're kind of like, you know, the cowboys of medicine. So it's not really uncommon for us to have to like makeshift things together. And a lot of ER docs will tell you, the tongue depressor clip thing is it works, right? It's just that it's not very comfortable for the patient

and it provides all these extra steps that we have. So immediately I was like, just surprised when I looked into the problem that there wasn't a solution. So the first thing I tell people when they have an idea is,

You should check, right? You need to do a patent search and like check to make sure there's not another technology out there. I was actually pretty blown away when I really looked into it that there didn't seem to be great solutions for nosebleeds over the counter or even in the medical space. Because I thought surely, like given how common nosebleeds are, right? 60 % of people get nosebleeds. They're particularly common in kids two to 10, older adults 55 to 80 who might be on blood thinners. And then I'm from Denver. So I totally get your pain point of anywhere dry or at elevation or in the winter months.

When the humidity drops and people are in heated indoor spaces, it just happens and it's an inconvenience to everyone. So it was like one of those common problems that I'm like, surely like somebody else has thought of this, you know, a solution for this. So I was pretty surprised when I did my patent search and started doing research that there really weren't great solutions inside or outside of the hospital. So that's really where I first started formulating, okay, like let's design something that is ergonomic, comfortable and provides effective first line rescue so that we really can keep patients out of the hospital, right? Like my main goal is to not have to deal with epistaxis in the hospital, but if they do come there, I have a tool that gets them out the door quickly.

HF (09:30)

Now, did you see some attempts when you did that patent search where people had come up with some idea but nothing ever actually made it to market?

LC (09:39)

Yeah, it's very interesting when you start digging in like, you know, the patent landscape, you'll see a lot of, you know, really old patents that are like abandoned and there were a whole host of what I'll call clips, but there was definitely nothing that combined like the combination, which is what nasa clip has. So nasa clip provides adjustable external nasal compression with intranasal sponges that can be medicated. And so I'm going to demo, I know you can see the product, I'll walk everyone else through that's listening. So

If you're having a nosebleed, the mainstays of treating it is you have to provide firm constant pressure for about 10 to 20 minutes and you need to pinch over the flare of your nostril called your ala. That puts internal pressure over castelbeck's plexus, which is anatomically where most anterior epistaxis or nosebleeds come from. What I find patients are doing is they pinch up on their nasal bridge, which I don't know why. Like me, I'm like, clearly that is not.

HF (10:30)

That's what we were taught. That's what my mom showed us to do.

LC (10:33)

And they put their head back, right? Your head is not supposed to be back. Your head is supposed to be forward. So people are almost doing the opposite of what they're supposed to do. They'll have their heads back. They'll be pinching the wrong location. And most importantly, they don't hold constant pressure because it's really hard to pinch your nose and not let go a little bit, especially if you're a younger kid or over adult. So I was like, well, you need something that's going to provide the pressure for you because there's no way that you're going to do it. And so what Nasaclip has is these adjustable pinch arms that provide pressure where you can make it as tight as you need to stop your nosebleed without it being so tight that it's uncomfortable. And then we have these open cell medical grade sponges, which I really just helped to design to get the medication over Kiesselbach's plexus and keep it there. The device will work without using medication, but that combination of the sponge with the compression is really what anchored both my utility and design patent I had.

And when I looked at the literature, there was nothing that provides the adjustability that I had in addition to the combination of compression with sponges that can be medicated. Outside of that, I also noticed that there was not much for kids and kids make up about 40 % of nosebleed incidents and are sometimes the hardest to deal with because they're like running around. They don't like stuff in their face. So I knew we needed something that was comfortable, kind of low profile on the face. So it didn't stick off the face so they could tolerate it.

And so for all those reasons, I really thought carefully about what nasoclip needed to look like and how it would be well designed for kids and adults. And when I looked at the

patents, there was definitely nothing that filled that niche. And so that's really what gave me the green light that I could go ahead and design the device. And so now what you'll see is if you're having a nosebleed, you'd simply clear your nose of clot. You insert both the nasal sponges, rotate the clip into place and squeeze it shut. And what it does is it holds the pressure on you.

So you can keep doing what you need to do. I gotta tell you as a mom, because I have a daughter who has nosebleeds all the time, which is so ironic, But the biggest thing as a parent is when your kid has a nosebleed, there's blood everywhere. It's on carpet, clothes, and you're like, my gosh, I have to clean this up. But if you're just sitting there trying to pinch their nose, you can't get that done. And so it's really frustrating. So the nice thing with the nasa clip is you put it on, you sit them in front of like some cartoons, and then you start washing everything. And then by the time you're done, you take it off and they're good to go.

That's what we do. You release it after 10 to 20 minutes. It can be rinsed and reinserted. And then our new feature actually has sponges that can be replaced. So the sponges come off the device and you can buy sponge refills. And then of course in the medical space, we sell it more as a single use where we can send a patient home with a to-go device.

HF (13:05)

I wish everyone could see you wearing that clip. It is so great. And like I said, I have one right here in my hands. I just have to wait for the next opportunity. And so this is a huge deal, Liz. Like this is no small undertaking. How long did it take you from first getting that spark of an idea to actually seeing it out there where people could buy it?

LC (13:29)

Yeah, so the timeline was long and I think for a couple of reasons. I thought of the first idea in 2015 when I was a fourth year resident, but then I really had it on the back burner for about five years outside of getting the patents secured. And I also did a business plan competition, which at the time where I went to residency at George Washington, one of my attendings suggested that I do that. It did get me more in the idea of like, okay, what would it take to not just bring this to market, but to build a business around bringing this innovation to market?

But then, you know, life got busy, right? After I graduated, I joined the faculty with University of Maryland. I was an academic doc. I had two kids. I got married. Like, you know, life was lifing. And so this was always on the back burner. And so the second thing I always tell people in addition to doing your patent search, securing that, is that you're eventually going to have to jump in and dedicate some time to making this idea to, you know, a reality. Now, I don't think you have to do it all at once. Like, I'm actually very encouraging of you continuing working clinically if that's what you're doing and kind of ease into it.

And in many ways that was actually very helpful for me. But eventually in 2020, I did my first big accelerator program right after the pandemic actually, which was a rough year for all of us. ~ during my maternity leave, because I was also pregnant during the pandemic, I was able to carve out some time, because I had nothing better to do with a brand new baby, to participate with this accelerator program. And that's really what gave me my first capital and executive management support.

Provided the landscape and the roadmap to like how I would raise money and be able to get my first prototypes done and get it to market. So I did that accelerator in 2020. I started fundraising in about 2021, 2022, raised my first million in capital and Nasaclip was introduced to the market late 2023. So we're approaching almost two years coming up that we've been in the market, but it was a slow growth, right? Like it takes a lot to bring a physical product to market because

There's all the manufacturing, the packaging, marketing, in addition to whatever regulatory hurdles you might have, depending on what device that you are developing. But that said, a lot of people say I was actually pretty quick to market. And once I got capital, I really did execute on things quickly. And so in 2023, I also ended up being full time with the company and just decided to dedicate myself to running Nasaclip and making this a billion dollar brand, which is what I'm building.

I still do about two to four shifts a month in the ER because people ask me this all the time. So I do practice. I was actually working yesterday. And I think that it just keeps my ear to the street. keeps me humble. I enjoy practicing. And I also get new ideas. Like the new iteration of the device I'll share with you came from me working clinically. But for



anyone who's looking at this, it is not necessarily a short path, but I certainly think it is a very rewarding one.

HF (16:15)

Right. So you mentioned some things that might feel a little daunting to the listeners, such as an accelerator program. Like, we don't know what that is, and we're not necessarily going to go into all the details here. We're more about, how do you even just get your head around doing something out of the box? So accelerator program, getting, you know, all this funding, you know, a million dollar funding to get started. People are probably thinking, well, who would ever fund my idea? How do I go and ask for money? So there's a lot of this, like, how do I do this, which obviously you learn as you go along. But one thing I just want to bring out too that it doesn't have to be a device, as we talked about. It could be an app or in the case of Dr. Allison Griffman, whose podcast you were on, she had a program. It was a way to keep children with chronic illnesses out of the emergency department. And so it was actually a program so we can really open up our ideas about what you can bring into the world.

So having done this whole big process and now having the company, what are some things you would say to someone when they get this idea and then they might think, well, who am I to bring this out in the world or who am I to go into this area that like talk to business people and venture capital people when I don't know anything about business?

LC (17:33)

Right. And it is really scary. I had absolutely no business background. I don't even think I took a business course in college. So I definitely understand that fear. And so the first thing I'll say is you are exactly the type of person that needs to bring it to market because you thought of it, right? It is your particular experience, your clinical expertise, the way that you've seen this impact on patients that usually gives you that unique lens and the vision to solve a problem in a different way. And so the way I would think about it is no one else is going to do it unless you do it. Having that foundational belief in self is really important in the beginning. Outside of that, think it's just about putting a little bit of your baby toe in the pond. If you're like, okay, I don't know about business, what you can start to do is actually just try to get yourself a little bit more involved in the ecosystem of



startups. If you're in an academic institution, a lot of times they're going to have an innovation entrepreneur center, they'll have events.

And then what I started doing is because I participated in the business plan competition that introduced me to the National Science Foundation, I-Corps program. I started meeting people there. And once you get into the ecosystem, you start meeting more people that have resources, they have programs, they can tell you about fundraising, and you just take one step at a time. In the beginning, most people are quote unquote bootstrapping, meaning they're not necessarily raising capital. You're using a little bit of your own capital. Like I funded all my initial patents by myself.

But if you are in an academic institution or not, you can go after grant money. There's other ways that you can raise money before you start doing dilutive fundraising, which might be from angel investors or friends and family around, and then eventually getting into ~ more robust fundraising where you're getting venture capital involved or other institutional fundraising organizations. So instead of not doing it because you're like, I don't know how I'm going to get to this million dollars,

Just start with like, okay, I have an idea, let me do my patent search. What's required for me to do that? Like, you know, who can I talk to? Like, let me go and see if there's some, you know, pitch competitions coming up where I could see somebody else who has a new idea and see what they're saying about their company. And then as you start getting involved in that ecosystem, you'll learn more and more. And I really just was like trial by fire. Like I was learning things on the fly, but it's amazing how much you can pick up. And so the other advantage we have as physicians is we're pretty good at retaining knowledge. We're pretty good at quick learning, retaining knowledge, and being kind of nimble on our feet when it comes to having to quickly adapt to different environments, different programs, and different ideas. So I wouldn't count yourself out when it is just because you don't have this business background. I find in many ways people think that I'm actually more sophisticated as a founder than people who come from a traditional business background. And I think that's because we have to be efficient in what we do as clinicians, right? Like we also, I think in many ways, possess many of the features that make great founders, right? We're used to dealing with resource poor environments. Most of us have very good emotional intelligence, because we have to read patients. We have good communication skills most of the time, because you're talking to other

physicians, you're talking to patients, you're talking to communities. And you also tend to be able to both macro and micro manage, right? Whether it's that individual physician-patient relationship or a whole organization or your practice, like you're able to actually kind of move the meat and then also kind of make sure they're paying attention to the details. So in many ways, I actually think physicians are great at being founders. And I think that just takes a little bit of practice and the willingness to take the risk and bet on yourself.

HF (21:02)

I love how you're translating these skills into a new area because the thing is when we start out day one as medical students in our short little white coats, we could not go in and do brain surgery. We could not replace a hip. We could not save someone who's bleeding to death or intubate them. But we learn all of these things depending on what our direction is. And I don't think anything you could ever learn could be harder than trying to save somebody's life.

LC (21:30)

Definitely. And it's just a different language and it's a different landscape. And so it's just more about still using all the skills that probably made you great at being a physician and applying that to like, how can I have a successful business? You definitely can get there, but you do have to decide you're gonna do it and decide that you're gonna take the risk for yourself and bet on yourself. And I promise that the hardest part is taking those first initial steps.

Instead of just being like, maybe I'll do it later or maybe I'll try it next year when I'm less busy. Like that's really where I feel like we don't get past that inertia as physicians because we're so busy and we already have really full lives in many ways. If you're practicing clinically, it's hard to say, how am I going to carve out time for this? And it seems really high risk. But if you can get past that first step and be like, start working on it and get the ball rolling, you'd be really surprised how far you can go.

HF (22:21)

Now Liz, obviously you were successful, but were there points along the way when you just said, no, I don't think this is going to work or you wanted to give up?

LC (22:29)

Yeah, I think that it's challenging all the time, even right now. I get so many compliments now because people just think, I feel like they think my life is amazing like roses. And I'm like, my gosh, I'm freaking out all the time. Being a founder is truly like being on a roller coaster. There's really high highs and there's really low lows. So I had to take a significant pay cut when I went full time with the company because I couldn't really afford to pay myself full time. So that's really stressful. When you start hiring people, now you have payroll.

And then just the landscape of fundraising is very stressful. And I'll share this because I just did not know anything about it before I got into the area. We only give about two percent of venture capital to women, two percent of all venture capital dollars going to women, black women, zero point three, four percent. So you're talking about billions of dollars. It is a huge uphill battle for women to just establish themselves. So I think that in some respects, like you could just feel like this is just too much of a challenge. Like, I don't know if I'm going to do it, the amount of capital that I might need to raise is going to take me too long. It's too hard. And I think that sometimes it really does grind on me how hard I'm having to work to raise money. And I do feel like those are the moments where I feel the weakest. But to me, I think outside of introducing what I think is a simple but elegant solution to nosebleed emergencies, part of why I'm so passionate about Nasaclip is to now be this inspirational founder that can be an example to other women, to other clinicians, to other minorities in the space to let them know that like not only can you do this, but you can do it well. And I think that's really the only thing that's going to change the landscape when it comes to how we're allocating early capital in this segment is to have success stories like me so that in the future we're seeing more venture capitalists and more institutional dollars going to a much larger demographic because I'm sure you're aware that innovation probably exists all around us, right? Like a lot of people have good ideas and there might be a lot of them that are not even seeing the light of day because they don't have that access to capital. So it's to me, the passion comes, ~ it extends beyond just like what I wanna do with Nasaclip. I'm hoping that the story can be inspirational to others.

HF (24:38)

Well, it absolutely is and I'm glad we're spreading it here because it's true, like you brought this device out into the market. You birthed it, but you also are a trailblazer. It's

like the four minute mile you as a woman of color have shown that you can be successful and achieve what has been so hard for others. So now it will be a little bit easier for the next person. So thank you for that. Now, one thing I'm curious about is

What was it about you that made you decide to climb Everest and go through all the challenges that you face and continue to face to do this versus maybe another version of yourself might have been like, I'm too busy. I got a family, I got kids, I got this job, and then someone else can figure this out.

LC (25:28)

Yeah, I mean, I think I have a long tradition of being a little atypical and willing to take risks. I was a non-science major. You know, I went to Duke for undergrad. I designed my own major in medical ethics and religion, which was really different. But I found it very foundational for how I approach medicine in general. I did a dual degree in medical school. So Allison knows I did a masters in bioethics during the four years that I was in medical school. So it was very different to be writing philosophy papers like while you're in medical school. But again, it really kind of geared me to be a different type of physician that thinks about the patient as an entire entity, right? And not just like a disease process. And so I was always the person that could do things a little off the beaten path. So it's not that surprising when I look at all those practices that like when something else came up that was not as traditional, right, and a little bit risky.

I was like, you know, I think like that, that that could work. And so I think again, to echo what I said earlier, it's just really about willing to take a risk and willing to bat on yourself. And I've always been able to do those two things for myself.

HF (26:31)

All right, how about some advice for someone who may have a bit of the imposter syndrome and they're not as likely to go to bat for themselves. They're more of the person saying, well, why do you think you could do this?

LC (26:42)

Yeah, I get it a lot. mean, I think that ~ in general, I think medicine is interesting because it's like I even remember like back in medical school, right? Like, it is this weird play of like everyone wanting to appear really intelligent. And there'd be like, ~ how hard are you



working to get this done? Or I work too hard, or I don't have to work as hard because it's like naturally gifted to me. I always thought the dynamic was so weird, because it is important to us to appear to be really great at what we're doing in medicine. It's very competitive.

And so there's a similar kind of dynamic in business. And at the end of the day, what I'll say is that people are not as gifted as you might think they are, right? Like some people are in positions in many places we can see in government and politics and leadership and medicine and business, not necessarily because they're the smartest, brightest, hardest working person. They're just there.

It's like you might be hugely underwhelmed when you stumble upon people who you think are like these magical creatures that have all these gifts because they may not. They might have just been given that path or maybe they're just willing to take the risk, right? Like they just blindly have faith in themselves. And so I think that sometimes the imposter syndrome comes from a blind fear, right?

And if you step into that and lean into it, you'll find when you get there, you're much more comfortable and you're much more able to feel like you belong than you may have imagined. And that's been my experience. A lot of times I feel like I have imposter syndrome because I don't have an MBA, I don't have a business background. This is my first startup, right? When I'm pitching against people or I'm competing against others, there's people who have had a lot more experience in this space. But I get complimented all the time, like, you're doing a great job. We would never have guessed that. It seems like you have this background. And I'm like, OK, great. So I think that it's just, again, you know, lean into that fear and try it, right? And the other thing is humility will save you. Like I do think it's important to know what you don't know and work on it. I think part of why I've been successful is like I knew what I was good at and I knew I had the vision and the clinical experience, but where I didn't have experience, right? Building a business plan or building the Performa or all the kinds of financials, that was a gap for me. And so I brought in people to support me in that space and I didn't have an ego about that. It's like, I don't know this, I need help.

And when you're willing to ask for help, that also will just accelerate your success.

HF (29:06)

Everything you said is just golden and basically saying like believe in yourself, you know, and give yourselves the opportunity to be a learner, which we know we're great at, and do some agivory. Like I love how you talk about that in the ED, but it can apply here. So we're getting close to time here, but I have a couple other things I wanted to ask you, because I did mention that we would give the listeners some kind of roadmap. So not to put you on the spot here, because I know it's going to be different for different people, but

What would be your general roadmap for something innovative? Doesn't have to be the visor, could even just be, I want to start my own medical practice, but I've never done that before.

LC (29:46)

Yeah, so there's a couple of key steps. I mentioned one, which is the first thing is you want to make sure you're doing something that's unique and novel in some way. So if it's a device, it's like a patent search. If it's a type of business, you need to see what else is already out there and what your competitive advantage would be. The second step is you have to do some market research. Like a lot of times I think we get enamored with, you know, our baby and we think it's the best thing ever. But before you pour your blood, sweat and tears into something, you have to validate that there's a real market for that, that somebody would pay money.

For that solution, for that business, for that service. And the way you do that is by doing kind of customer discovery. So like actually going out. I did the National Science Foundation, ICORE I mentioned. So I've done over 160 interviews really asking people like, know, pharmacists, coaches, moms, doctors, nurses, how do you treat a nosebleed? Why do you do that? Who told you to do that? Would you pay for this type of solution? And that gives you a lot of insights. First I'll show you where your market exists, right? Where your beachhead or where you should focus first.

And then sometimes it will help you kind of tweak your solution to make sure that you're really feeding the needs of that actual customer. So that's number two. The third one then is then you do have to have some kind of business plan and understand what kind of capital raise you might need. So in a device space, you got to know regulatory wise,



how is this regulated? What kind of FDA approval would be needed? Is it going through a clinical trial? it, you know, I have a class one 510k exempt, which is the lowest bar. I purposely designed it without medication so that you can add it to it because it helped me get to market faster. So you got to kind of understand the kind of regulatory landscape. And then outside of that, you've got to start putting some structure together to be able to house this idea. So you need to have your LLC, you need to start, you know, making sure from a business perspective, you're putting your assets in something that can be protected as you move forward and grow.

And so you usually are going to need some legal help with that, right? So very early on, we did bring in counsel before our patents and to do our articles of incorporation in our initial documents. And then from there, I think that depending on what kind of business you have, it's really just about setting your next milestone. So what is it? What did I need to achieve in the next three months, six months and a year to kind of get this business to fruition? Or what's the next milestone I need to get to a point where then I can eventually get to business?

So for me, it's like I knew I needed to raise money to make the prototype in order to kind of get it to market. And I knew how much money I would need to do that. And then once I was in the market, it was like, these are the dollars I need to actually push it on both our kind of consumer market and our business market and grow from there. And don't forget along all these steps, ask for help. This is like the part of getting in the ecosystem, like you're not gonna know what you're supposed to do. So ask for help, get advisors. It's amazing what people will do if you just ask them.

You could go up to someone who's really world renowned and a great business owner, get an email or you reach out on LinkedIn, more often than not, they are willing to talk to you about your idea. They're willing to make an introduction. Like I'm always blown away by how many people I'll offer my email, which I'll do here, right? I'll offer my email and LinkedIn. You can reach out to me, E.Clayborne, C-L-A-Y-B-O-R-N-E at [nasaclip.com](mailto:e.clayborne@nasaclip.com) (e.clayborne@nasaclip.com) or on LinkedIn and ask for my advice. And I can tell you what I know. And a lot of other people are willing to do that. So those would be the key steps I have.



you know, and what you could do to take an initial idea and start bringing it to reality. Everyone's path is going to be different, but you can get there.

HF (33:07)

My gosh, that was the best impromptu roadmap I've ever heard. I love that. That was beautiful. I'm sure some people are going to be rewinding and then listening to that again. And guys, we do have a transcript in case you want the transcript. So that is also incredibly generous of you to share your email. We'll make sure that in your LinkedIn profile and other links are in the show notes.

For people who aren't interested in getting in touch with you, are there other ways, like for your website, do you want to give us your website address and how to get nasaclip?

LC (33:38)

Yes, definitely. So I would not be a founder if I didn't put my plug. So in addition to reaching out for business events, please, please, please, if you know anyone who wants their hands free, easy to use, no rescue device, check out nasaclip.com N-A-S-A-C-L-I-P. We're also on all socials, Instagram, TikTok, X, Facebook, at nasaclip. Or you can also follow me on socials at Dr. Elis PC, and I'll make sure you post that.

And please support us by buying on our website or Amazon and leaving a review, sharing your experience with a friend. A lot of times the way that my business has been growing is word of mouth. And so I really appreciate when people are talking about me and talking about Nasaclip and the Nasaclip story.

HF (34:20)

Now one thing I have to ask you, so have you been able to use a nasaclip when you're doing a shift?

LC (34:25)

Yes, definitely. The beginning, before we were in the market, I would like to sneak in, you know, our prototypes all the time. Because, you know, it wasn't like, I mean, to me, it was the same as MacGyver together tongue depressors, right? Right, right. And also any family members I had, I would give it to my doctor friends and like to have them use it.



But yeah, I actually get excited every time I have a patient on shift, because I'm like, today is your lucky day.

You happen to be being taken care of by the ER doctors who come up with a solution for you. And it's really exciting because a lot of times patients are like so enamored and like, this is so cool, you designed it. And so I'll share the website and they're like, we're gonna tell other people and they really think that it's special. So that's the most rewarding experience I have is when I'm actually clinically working and I get to treat a patient with my own device.

HF (35:14)

My God, that's amazing. That is just amazing. That can make a great promo video for sure. All right, well, I just want to thank you so much for coming on and being such a wonderful guest and doing what you're doing in the world to inspire others and solve a bad problem.

LC (35:29)

Thank you for having me, Heather. I'm super excited to be here and to double tap on the idea. Just believe in yourself. Like if you don't do it, no one else might. And so ~ I wouldn't be afraid of taking those risks and you never know what might happen.

HF (35:42)

Beautiful, beautiful. So my dear listeners, I have a contest for you and I think you're gonna love this because it's super easy to win. You can all be winners out there. The contest is to share the podcast with two people you haven't shared it with already. And then just email us at team at doctorscrossing.com. I'll put that in the show notes and let us know the episodes that you shared and you can give us the initials or however you want to identify.

The people that you shared it with, of course, that would be okay with them. And then we have a prize for you. Super simple. We just want to spread the podcast. Send them this one from Dr. Liz. Look, we have over 200 episodes. Go on doctorscrossing.com, go on Spotify, go on wherever you listen to podcasts. Pick out two, send them to your friends, colleagues, your family, your mother. I don't care if it's your mother, that's fine. Send it to her. You can still win.

www.doctorscrossing.com/episode233



And then email us at team at doctorscrossing.com. It'll be in the show notes and you'll be a winner and we'll win too and so will your friends. So as always, thank you so much for being here. Don't forget to carpe that damn and I'll see you in the next episode. Bye for now.

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